

HOME HEALTH CERTIFICATION AND PLAN OF CARE

1. Patient's HI Claim No. 062W17935	2. Start Of Care Date 11/05/2025	3. Certification Period 01/04/2026 - 03/04/2026	4. Medical Record No. 27086	5. Provider No. 10200500
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6. Patient's Name and Address King, Paul L (27086) 708 Nichols Street Pulaski, TN 38478 Phone: (931) 638-0474		7. Provider's Name, Address and Telephone Number Quality First Home Care 106 N Locust Ave Lawrenceburg, TN 38464-3734 Phone: (931) 762-6900, Fax: (931) 300-4047
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8. Date of Birth: 02/24/1966	9. Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F
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10. Medications: Dose/Frequency/Route (N)ew (C)hanged

Medication	Dose	Frequency	Route	Status
Albuterol 90 mcg/inh inhalation aerosol	2 puffs	every 4 hours as needed	by mouth	LS - PRN/As Needed
Allopurinol 100 mg oral tablet	0.5 tablet	Once daily	by mouth	C
AmLODIPine 5 mg oral tablet	1 tablet	once daily	by mouth	LS
Atorvastatin 20 mg oral tablet	1 tablet	daily at bedtime	by mouth	LS
Carvedilol 12.5 mg oral tablet	1 tablet	twice daily	by mouth	LS
Cyclobenzaprine 10 mg oral tablet	1 tablet	daily at bedtime	by mouth	LS
FLUoxetine 20 mg oral capsule	3 capsules	daily at bedtime	by mouth	LS
Gabapentin 600 mg oral tablet	1 tablet	three times daily	by mouth	C
HydroCHLORothiazide 12.5 mg oral tablet	1 tablet	once daily	by mouth	LS
Insulin Glargine Solostar Pen 100 units/mL subcutaneous solution	40 units	daily at bedtime	under skin	LS
Lisinopril 40 mg oral tablet	1 tablet	everyday	by mouth	LS
OxyCODONE 5 mg oral tablet	1 tablet	every 6 hours as needed	by mouth	LS - PRN/As Needed
Ozempic 8 mg/3 mL (2 mg dose) subcutaneous solution	2 mg	once weekly	under skin	LS
Tamsulosin 0.4 mg oral capsule	1 capsule	everyday	by mouth	LS
TiZANidine 4 mg oral tablet	1 tablet	once daily	by mouth	LS
Vitamin B12 500 mcg oral tablet	1 tablet	once daily	by mouth	LS
Vitamin D3 125 mcg (5000 intl units) oral tablet	1 tablet	once daily	by mouth	LS
Zolpidem 6.25 mg oral tablet, extended release	1 tablet	once nightly	by mouth	LS

11. ICD-9 / 10 CM Principal Diagnosis		Date	O/E
Code	Code Description		
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease	11/05/2025	E

12. ICD-9 / 10 CM Surgical Procedure		Date	O/E
Code	Code Description		

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13. ICD-9 / 10 CM Other Pertinent Diagnosis		Date	O/E
N18.9	Chronic kidney disease, unspecified	11/05/2025	E
Z89.512	Acquired absence of left leg below knee	11/05/2025	E
Z89.511	Acquired absence of right leg below knee	11/05/2025	E
F33.1	Major depressive disorder, recurrent, moderate	11/05/2025	E
F43.12	Post-traumatic stress disorder, chronic	11/05/2025	E
I10	Essential (primary) hypertension	11/05/2025	E
E78.5	Hyperlipidemia, unspecified	11/05/2025	E
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris	11/05/2025	E
J44.9	Chronic obstructive pulmonary disease, unspecified	11/05/2025	E
D64.9	Anemia, unspecified	11/05/2025	E
F41.1	Generalized anxiety disorder	11/05/2025	E
E55.9	Vitamin D deficiency, unspecified	11/05/2025	E
F51.01	Primary insomnia	11/05/2025	E
M19.90	Unspecified osteoarthritis, unspecified site	11/05/2025	E
Z79.4	Long term (current) use of insulin	11/05/2025	E
Z86.711	Personal history of pulmonary embolism	11/05/2025	E
Z86.73	Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits	11/05/2025	E

14. DME and Supplies:

DME: Bed Side Commode, Dentures, Glasses, Glucometer, Power Chair, Power Wheelchair, Tub/Shower Bench, Wheel Chair

15. Safety Measures:

911 Emergency / Protocol;Ambulation;Articles of necessities within reach;Assistance w/ADLs and IADLs;Body positioning;Covid precautions;Emergency Plan / Measures;Equipment Safety;Fall / Safety Precautions;Infection Control Standard Measures and Precautions;Keep Pathways Clear and Safe;Medication Safety / Storage;multiple meds;Safety in ADLs;Safety with Ambulation;Safety with Transfers;Slow Position Change

16. Nutritional Req.

Sodium Diet: Low, No Concentrated Sweets,

17. Allergies:

Medication Allergies: Asprin, Morphine Sulfate, NAPROXEN, Sulfa
Red dye

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18.A. Functional Limitations <input checked="" type="checkbox"/> 1- Amputation <input type="checkbox"/> 4- Hearing <input checked="" type="checkbox"/> 7- Ambulation <input checked="" type="checkbox"/> 2- Bowel/Bladder <input type="checkbox"/> 5- Paralysis <input type="checkbox"/> 8- Speech <input type="checkbox"/> 3- Contracture <input checked="" type="checkbox"/> 6- Endurance <input type="checkbox"/> 9 - Legally Blind <input checked="" type="checkbox"/> A- Dyspnea with minimal exertion <input type="checkbox"/> B- Other (Specify):	18.B. Activities Permitted <input type="checkbox"/> 1- Complete Bedrest <input type="checkbox"/> 5- Exercises Prescribed <input type="checkbox"/> 9- Cane <input type="checkbox"/> 2- Bedrest BRP <input type="checkbox"/> 6- Partial Weight Bearing <input checked="" type="checkbox"/> A- Wheelchair <input checked="" type="checkbox"/> 3- Up as Tolerated <input type="checkbox"/> 7- Independent at Home <input type="checkbox"/> B- Walker <input checked="" type="checkbox"/> 4- Transfer Bed/Chair <input type="checkbox"/> 8- Crutches <input type="checkbox"/> C- No Restrictions <input type="checkbox"/> D- Other (Specify):
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19. Mental Status <input checked="" type="checkbox"/> 1 - Oriented <input type="checkbox"/> 2 - Comatose <input checked="" type="checkbox"/> 3 - Forgetful <input checked="" type="checkbox"/> 4 - Depressed <input type="checkbox"/> 5 - Disoriented <input type="checkbox"/> 6 - Lethargic <input type="checkbox"/> 7 - Agitated <input type="checkbox"/> 8 - Other(Specify):
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20. Prognosis: <input type="checkbox"/> 1- Poor <input checked="" type="checkbox"/> 2- Guarded <input type="checkbox"/> 3- Fair <input type="checkbox"/> 4- Good <input type="checkbox"/> 5- Excellent <input type="checkbox"/> 6- Other (Specify):
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21. Treatments and Orders for Disciplines:

Frequency

SN Frequency: 1W4 Starting Week of 01/04/2026,

Statement

Educate patient/caregiver on signs and symptoms which warrant calling the home health agency and instruct patient/caregiver to call home health agency first.

Vitals Normal Range

BP Systolic: 90 - 160
 BP Diastolic: 60 - 90
 Pulse: 60 - 100
 Respiratory: 12 - 24
 Temperature: 96 - 101
 O2 Saturation: 90 - 100

SN**COGNITIVE STATUS:**

- Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions.

PATIENT PARTICIPATION AND INFORMED CONSENT:

- Patient and/or Caregiver informed of and agrees with the changes to the plan of care.
- The following written information was provided to the patient this visit: visit schedule, medication schedule and instructions, treatments and/or therapy services, other pertinent instructions, and name and contact information of the agency Clinical Manager.

POC APPROVAL:

- Physician in agreement with plan of care effective 1/4/26

ANXIETY:

- Skilled nurse to instruct on measures to manage anxiety.

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- Skilled nurse to instruct patient/caregiver on ways to manage anxiety; prioritize getting a good nights sleep, limit consumption of caffeine, bedtime and wake-up roughly at the same time every day, stay connected with friends and build a support network over time by being a support to others, find healthy distractions such as reading a book, listening to music, light exercise, control breathing and practice deep breathing, and stay active.

CARDIOVASCULAR: HTN:

- Skilled nurse to instruct patient/caregiver related to management of hypertension, signs and symptoms of elevated blood pressure, symptoms of complications and emergency plan.
- Skilled nurse to instruct patient/CG in need to rise slowly from lying / seated position to avoid hypotension.

DEPRESSION:

- Skilled nurse to instruct patient/caregiver on s/sx of depression; sadness, hopelessness, loss of pleasure in activities, excessive guilt, difficulty concentrating, irritability, tiredness or difficulty sleeping, appetite changes such as loss of or overeating, and/or thoughts of death or suicide.

DIABETES:

- Skilled nurse to assess/perform/instruct diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care.
- Skilled nurse to assess and instruct patient /caregiver in s/s of complications of Diabetes.
- Skilled nurse to assess/perform/instruct patient/caregiver in preparation/administration of Insulin.
- Skilled nurse to assess blood sugar per fingerstick PRN s/s Hyper/Hypoglycemia.
- Skilled nurse to assess and instruct patient /caregiver on s/s of hypo/hyperglycemia.

FALL PREVENTION - BEST PRACTICE:

- Clinician to instruct on fall precaution/prevention such as: use of good body mechanics and proper positioning, wear well-fitting, non-skid shoes, proper use of assistive devices, use good lighting and night lights, avoid clutter and keep walkways clear. Remove throw rugs.

GENERAL: DISEASE PROCESSES:

- Skilled assessment of vital signs, pulse oximetry PRN, all body systems, knowledge of disease processes, the associated care and treatment; educate as needed PRN to reduce risk of ED use and ACH.

GENTOURINARY:

- Skilled nurse may collect urine specimen for UA with C&S ****PRN****if indicated via clean catch or straight cath size 14Fr (if unable to void) for s/sx UTI, such as increased confusion/agitation, odor to urine, fever, increased pain, burning/pain with urination.

GI:

- Skilled nurse to assess/perform digital exam with removal of fecal impaction and administration of fleet/ss enema PRN.
- Skilled nurse may check for impaction if no BM in > 3-5 days; may administer sodium phosphate/saline enemas 1- 2 PRN for impaction.

INFECTION CONTROL MEASURES:

- Skilled nurse to instruct related to infection control measures.

MEDICATIONS/DRUG EDUCATION:

- Clinician to perform drug regimen review and assess/instruct on all medications to include effectiveness, high risk, potential adverse effects, interactions, duplicate therapy, dose, route, and frequency.

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8. Date of Birth: 02/24/1966**9. Sex:** M F**MEASURES TO PREVENT SKIN BREAKDOWN-BEST PRACTICE:**

- Change and reposition every 2 hours while in bed or chair.
- Keep linens dry, clean and free of wrinkles/crumbs.
- Clinician to instruct on measures to prevent skin breakdown such as: use of special cushions, change and reposition every 2 hours while in bed or chair, keep linens dry, clean and free of wrinkles/crumbs, reduce shear and friction by using a draw sheet, pad bony prominences, clean areas affected by incontinence, take supplements as needed.

PAIN CONTROL - BEST PRACTICE:

- Clinician to instruct on pain control measures such as: take pain medications as ordered or at the first onset of pain, provision of a quiet, calm atmosphere, relaxation techniques, frequent position changes, proper body alignment, heat or cold as ordered; pillows to support painful areas, reduce unnecessary external stimulation.

May Accept Orders From:

FITZGERALD, SARAH NP - Nurse Practitioner

Risk of Hospitalization

Risks: History of falls (2 or more falls - or any fall with an injury - in the past 12 months); Multiple hospitalizations (2 or more) in the past 6 months; Multiple emergency department visits (2 or more) in the past 6 months; Decline in mental, emotional, or behavioral status in the past 3 months; Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months; Currently taking 5 or more medications; Currently reports exhaustion;

Interventions: Referrals - SN; Medication Management - Reconciliation, Assess patients: Knowledge, Ability, Resources & Adherence, Education; Patient/Family Education; Phone Monitoring; Fall Prevention Program; Individualized Patient Emergency Care Plan; Care Coordination (Physicians, Hospitals, Nursing homes...); Tele monitoring

Psychosocial Assessment

Primary Language -English;

Sleep Rest:Adequate;

Advance Directive

Education needed and provided; Patient/Caregiver reports no Advanced Directives in place

Patient does not have an advance directive;

Have an Advanced Care Plan and it is documented in the medical record : No - Did not wish to provide an ADC or name a SDM;

Have a Surrogate Decision Maker and information documented in the medical record: No - Did not wish to provide an ADC or name a SDM;

22. Rehabilitation Potential/Discharge Plans/Goals :**Goals****SN****PATIENTS GOAL: - LTG**

- Patient goal: to be able to function independently and drive

REHAB POTENTIAL: - LTG

- Rehab Potential: Fair for stated goals.

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SKILLED CARE DC PLAN: - LTG

- Discharge when skilled services are no longer needed or goals are met. Patient/caregiver/and/or patient representative agreed with and participated in the discharge plans.

CARDIOVASCULAR: HTN: - STG

- Blood pressure will remain within established parameters through 3/4/26
- Patient/caregiver will verbalize understanding of management of HTN, signs and symptoms of exacerbation, complications and emergency plan through 3/4/26

DIABETES: - STG

- Patient/Caregiver will demonstrate ability to perform proper diabetic foot care by 3/4/26
- Patient FSBS results will remain within physician ordered parameters by 3/4/26
- Patient /caregiver will be able to demonstrate/return demonstration correct use of glucometer by 3/4/26

DIET: - LTG

- Patient/caregiver will verbalize understanding of ADA DM, low sodium, low cholesterol diet by 3/4/26

INFECTION CONTROL MEASURES: - STG

- Patient/caregiver will state infection control measures by 3/4/26

INJECTIONS: - STG

- Patient/caregiver will demonstrate proper technique for injecting insulin by 3/4/26

MEDICATIONS/DRUG EDUCATION: - STG

- Patient/caregiver will be able to verbalize/demonstrate correct action, side effects, dose, route, and frequency of new or changed medication as evidenced by demonstrated compliance with drug regimen through end of episode.

MEASURES TO PREVENT SKIN BREAKDOWN-BEST PRACTICE: - LTG

- Patient will remain free of skin breakdown by 3/4/26

23. Clinician's Signature and Date of Verbal SOC Where Applicable: (Electronically Signed) 12/31/2025 Signed By: Corbin, Linda "Danielle" - RN on 01/05/2026 03:20 PM	 12/31/2025	25. Date HHA Received Signed POT:
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24. Physician's Name and Address JESSICA KEETER NP 9019 Overlook Blvd, Suite C1 Brentwood, TN 37027-2736,NPI: 1376302547, License#: 35581,Phone: (615) 274-9767, Fax: (833) 450-4801	26. I recertify this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy, or continues to need occupational therapy. This patient is under my care, and I have authorized the services on this plan of care, and will periodically review the plan. I further certify this patient had a face-to-face encounter that was performed by a physician or Medicare allowed non-physician practitioner that was related to the primary reason the patient requires home health services.
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27. Attending Physician's Signature and Date Signed:	28. Anyone who misrepresents,falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.
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