Home Health Certification and Plan of Care

Order ID: 1150/11689

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
43606320400	08/24/2025	From: 08/24/2025 To: 10/22/2025	16512	217058

6. Patient's Name and Address

Rodger Sorrell
6225 York Rd Apt N114,
Baltimore, MD 21212-
667-417-4064

7. Provider's Name, Address and Telephone Number

HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
410-321-8448
1487113239

8. DOB 09/07/1950 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J39.0	Retropharyngeal and parapharyngeal abscess	08/24/25

13. ICD	Other Pertinent Diagnoses	Date
J39.1	Other abscess of pharynx	08/24/25
J38.00	Paralysis of vocal cords and larynx unspecified	08/24/25
I69.391	Dysphagia following cerebral infarction	08/24/25
E43.	Unspecified severe protein-calorie malnutrition	08/24/25
I69.322	Dysarthria following cerebral infarction	08/24/25
J44.9	Chronic obstructive pulmonary disease unspecified	08/24/25
I10.	Essential (primary) hypertension	08/24/25
I48.0	Paroxysmal atrial fibrillation	08/24/25
G40.909	Epilepsy unsp not intractable without status epilepticus	08/24/25
B18.2	Chronic viral hepatitis C	08/24/25
E78.5	Hyperlipidemia unspecified	08/24/25
K21.9	Gastro-esophageal reflux disease without esophagitis	08/24/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	08/24/25
Z87.01	Personal history of pneumonia (recurrent)	08/24/25
Z86.19	Personal history of other infectious and parasitic diseases	08/24/25
Z79.01	Long term (current) use of anticoagulants	08/24/25
Z79.82	Long term (current) use of aspirin	08/24/25

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

Apixaban Oral Tablet 5 MG (Apixaban) 5 MG , Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for A-fib
Aspirin 81Mg - Aspirin 81 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for prophylaxis
Atorvastatin Calcium - Atorvastatin Calcium 80 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for hyperlipidemia
Carvedilol - Carvedilol 3.125 MG , Give 2 tablet by mouth twice a day Give 2 tablet by mouth two times a day for hypertension hold if SBP less than 110, or HR less than 60
Divalproex Sodium - Divalproex Sodium 500 MG, Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for seizure
Fluticasone-Salmeterol 250-50 MCG/ACT Aerosol Powder, breath activated 250-50 MCG/AC, 1 inhalation inhale inhalant twice a day 1 inhalation inhale orally two times a day for COPD
Ipratropium-Albuterol Solution 0.5-2.5 (3) MG/3ML 0.5-2.5 (3) MG/3ML, 3 ml inhale inhalant every 6 hours 3 ml inhale orally via nebulizer every 6 hours for SOB **Before treatment obtain LS, O2, Respiration **After treatment Obtain LS, O2, Respiration, number of minutes spent completing treatment LS 1=clear 2=diminished 3=crackles 4=wheezes 5=bronchospasms **Rise and spit after each use
Levetiracetam - Levetiracetam 500 MG, Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for seizure
Nicotine - Nicotine 7 MG/24HR , Apply 1 patch transdermally transdermal once a day Apply 1 patch transdermally one time a day for smoking cessation and remove per schedule
Pantoprazole Sodium - Pantoprazole Sodium 40 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for GERD for 90 Days
Oxygen - Oxygen 2L nasal cannula continuous Respiratory support

14. DME and Supplies:

grab bars, bath bench, hospital bed, oxygen supplies, rolling walker, walker

15. Safety Measures:

bathroom safety, medical alert/lifeline, precautions, walker precautions, supervision at all times, seizure precautions, standard precautions, no bp right arm, medication safety, fall precautions, bleeding precautions, aspiration precautions, anticoagulant precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

low sodium, low cholesterol

17. Allergies:

morphine

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Retropharyngeal And Parapharyngeal Abscess , the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 08/24/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Helen Scott-Bayley
2000 W Baltimore St 3rd Floor
Baltimore, MD 21223
PHONE: 410-362-3400 FAX: 14104695106 NPI: 1316599145

26. I certify/recertify that 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. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.

F2F date : 08/21/2025

27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face

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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Clinical Condition Requiring Homecare:

The patient is a 74-year-old male with a significant past medical history of chronic obstructive pulmonary disease (COPD), dysphagia with recurrent aspiration pneumonia, pharyngeal abscess, paralysis of the vocal cords, protein-calorie malnutrition, history of cerebrovascular accident (CVA) with residual right-sided weakness, atrial fibrillation, epilepsy, hyperlipidemia, hepatitis C, gastroesophageal reflux disease (GERD), and transient ischemic attack (TIA). He presents with swallowing difficulties requiring modified intake of liquids and bite-sized solids to reduce the risk of choking and aspiration. The patient ambulates with a rollator walker and requires assistance and the use of assistive devices for safety and fall prevention, making it a taxing effort for him to leave the home. He reports no recent falls. Tremors in the upper extremities are occasionally noted, and his speech is impaired with drooling observed. The patient is currently managed on supplemental oxygen and has a medical alert system in place. He was educated on the importance of carrying both oxygen and medical alert at all times in case of emergency. Although prescribed nebulizer treatments for respiratory therapy, he does not have a nebulizer at home; he was instructed to contact his primary care provider (PCP) for a prescription. No abnormal bleeding or wounds were noted on assessment. His daughter, who is his power of attorney (POA), manages his medication regimen by filling a pillbox weekly to support compliance. Medications were reviewed with both patient and caregiver, and all were available in the home. The patient denies any concerns with his current medications. The daughter has also scheduled a follow-up appointment for hepatitis C infection therapy. The patient is recommended for skilled nursing visits (2w1, 1w6) with LPN support, along with physical therapy (PT) and occupational therapy (OT) to address mobility, safety, and functional needs. Education was provided to reinforce adherence to dietary modifications, safe use of oxygen, fall prevention strategies, and medication compliance. The plan of care will focus on managing chronic conditions, reducing aspiration risk, supporting nutritional needs, and optimizing functional independence at home.
 Date of Order 08/24/2025 Orders Physician Face-to-Face Date: 08/21/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Retropharyngeal And Parapharyngeal Abscess Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: Physician Scott-Bayley, Helen

SN Careplans

SN WK1: 1 (08/24/25-08/30/25)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: meal preparation, M2020 - Oral Med Management, M1400 - Dyspnea, abn cholesterol > 200 mg/dL, swelling in the arms/legs, M1033 - Exhaustion, cough/gag/pain chew/swallow, increased urine output, muscle weakness, poor muscle tone, limited strength, muscle spasms, limited endurance, involuntary movement of extremity, impaired speech, balance deficit, drooling, loss of appetite

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver., cough/deep breathing exercises, incentive spirometer, coordinate/arrange preparation of missing meals

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * low cholesterol dietary guidelines, related medication(s) purpose, schedule, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, related medication(s) purpose, schedule, * how to manage seizure triggers implement lifestyle changes including getting enough sleep avoiding alcohol, related medication(s) purpose, schedule, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: to increase strength and mobility

GOALS
patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage seizure triggers
* implement lifestyle changes including getting enough sleep
* avoiding alcohol
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low cholesterol dietary guidelines
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low-fat diet
* lifestyle modifications to manage esophageal condition
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/24/2025

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meal preparation is available to patient for all meals

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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