Home Health Certification and Plan of Care

Order ID: 1150/11327

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
35666398	04/03/2025	From: 08/01/2025 To: 09/29/2025	11792	217058

6. Patient's Name and Address
Steven Menefee
324 3rd Ave,
HALETHORPE, MD 21227-
410-294-2719

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 02/10/1949 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J10.1	Flu due to oth ident influenza virus w oth resp manifest	04/03/25

13. ICD	Other Pertinent Diagnoses	Date
E11.9	Type 2 diabetes mellitus without complications	04/03/25
I10.	Essential (primary) hypertension	04/03/25
N17.9	Acute kidney failure unspecified	04/03/25
H90.2	Conductive hearing loss unspecified	04/03/25
E87.1	Hypo-osmolality and hyponatremia	04/03/25
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	04/03/25
F32.9	Major depressive disorder single episode unspecified	04/03/25
F41.9	Anxiety disorder unspecified	04/03/25
R13.10	Dysphagia unspecified	04/03/25
D72.829	Elevated white blood cell count unspecified	04/03/25
K21.9	Gastro-esophageal reflux disease without esophagitis	04/03/25
R29.6	Repeated falls	04/03/25
Z95.2	Presence of prosthetic heart valve	04/03/25
Z79.4	Long term (current) use of insulin	04/03/25
Z79.82	Long term (current) use of aspirin	04/03/25
Z79.01	Long term (current) use of anticoagulants	04/03/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	04/03/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	04/03/25
Z91.81	History of falling	04/03/25

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

Atorvastatin Calcium - Atorvastatin Calcium 40 MG , Give 1 tablet by mouth once a day for HLD
Aspirin 81Mg - Aspirin 81 MG , Give 1 tablet by mouth once a day one time a day for prophylaxis
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg 0.4 MG , Give 1 tablet by mouth once a day one time a day for BPH
Metformin Hcl - Metformin Hydrochloride 1000 MG , Give 1 tablet by mouth once a day one time a day for DM
Fluoxetine Hydrochloride - Fluoxetine Hydrochloride eq 40 mg base 40 MG , Give 1 capsule by mouth once a day one time a day for mood
Pantoprazole - Pantoprazole Sodium 40 mg 40mg/tab by mouth once a day Take 1 tab by mouth daily before eating.
Lisinopril - Lisinopril 2.5 mg 4.5mg/tab by mouth once a day Take 1 tab, PO, daily for hypertension.
Coumadin - Warfarin Sodium 4.5mg by mouth two times per week Take 4.5mg, by mouth every Monday, Wednesday and Friday.
Warfarin - Warfarin Sodium 3 mg by mouth every other day Take 3mg Sunday, Tuesday, Thursday, and Saturday

14. DME and Supplies:
hospital bed

15. Safety Measures:
medication safety, fall precautions, bleeding precautions, anticoagulant precautions, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Hearing, Ambulation

18.B. Activities Permitted
Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: 2. On awakening or at night only, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: poor

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Flu due to other identified influenza virus with other respiratory manifestations, 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

Clinical Condition Requiring Homecare: The patient is being recertified for home health services due to respiratory and cardiac conditions. At the time of assessment, the patient was in bed and denied any pain. He is profoundly hard of hearing and responds primarily with yes/no head nods, though he follows commands appropriately. He is able to reposition in bed with minimal assistance. His INR level is 2.5. During the visit, the patient was noted to be incontinent of urine, and his daughter assisted with changing him. Lung sounds were diminished at the bases, while bowel sounds were present and pulses were palpable. A comprehensive review of the patient's medications was conducted with his daughter, and recent changes were discussed and noted. Overall, the recertification process has been completed, with continued skilled nursing services warranted based on the patient's ongoing medical needs and functional limitations. Date of Order 07/30/2025 Order Physician Face-to-Face Date: 03/25/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat dx: Flu due to other identified influenza virus with other respiratory manifestations Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home 4 - Recertification SN Notes: due to respiratory and cardiac disease Physician: Riaz, Syed

SN Careplans

SN WK2: 1 (08/03/25-08/09/25) ,WK3: 1 (08/10/25-08/16/25) ,WK4: 1 (08/17/25-08/23/25)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications

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

SN Goals

PATIENT-STATED GOAL: PER DAUGHTER, TO STAY WELL

GOALS
patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Leiter, Susan SN RN on 07/30/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Syed Riaz
518 S Camp Meade Rd
Linthicum, MD 21090
PHONE: 410-691-2302 FAX: 14106912306 NPI: 1366519480

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 : 03/25/2025

27. Attending Physician's Signature and Date Signed **08/20/2025**: 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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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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: weak pulses in feet, coughing, limited range of motion, withdrawal from conversations, pallor

PROCEDURES: Weekly INR: Nurse to use fingerstick/venipuncture to obtain blood sample for INR test weekly and PRN. Call results to Dr. Riaz at 410-691-2302. Therapeutic range is 2-3, if patient is 4 or higher please let MD know and do venipuncture, Medication Review- : Medications reviewed with patient/caregiver., cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, coordinate/arrange home modifications for hearing impaired, i.e. alarms, venipuncture: INR

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize genito-urinary condition including diet exercise home remedies, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing and prevent constipation

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize genito-urinary condition including diet
* exercise
* home remedies
* 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
* low-fat diet
* lifestyle modifications to manage esophageal condition
* recalls related medication(s) purpose, schedule

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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Leiter, Susan SN RN	07/30/2025

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* preventive care
* recalls related medication(s) purpose, schedule

caregiver performs medical/rehabilitation treatments with adequate competence

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

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