Home Health Certification and Plan of Care

Order ID: 1150/11779

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
56147366	08/12/2025	From: 08/12/2025 To: 10/10/2025	16277	217058

6. Patient's Name and Address

William Tracey
1459 Pleasantville Dr,
GLEN BURNIE, MD 21061-
719-620-3416

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 07/10/1956 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
K74.69	Other cirrhosis of liver	08/12/25

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	08/12/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	08/12/25
N18.31	Chronic kidney disease stage 3a	08/12/25
D63.1	Anemia in chronic kidney disease	08/12/25
I48.91	Unspecified atrial fibrillation	08/12/25
J44.9	Chronic obstructive pulmonary disease unspecified	08/12/25
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	08/12/25
K21.9	Gastro-esophageal reflux disease without esophagitis	08/12/25
K76.82	Hepatic encephalopathy	08/12/25
E43.	Unspecified severe protein-calorie malnutrition	08/12/25
G47.00	Insomnia unspecified	08/12/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	08/12/25
I81.	Portal vein thrombosis	08/12/25
K55.069	Acute infarction of intestine part and extent unspecified	08/12/25
I85.00	Esophageal varices without bleeding	08/12/25
G89.29	Other chronic pain	08/12/25
M54.9	Dorsalgia unspecified	08/12/25
K42.9	Umbilical hernia without obstruction or gangrene	08/12/25
Z79.01	Long term (current) use of anticoagulants	08/12/25
Z87.891	Personal history of nicotine dependence	08/12/25
Z89.611	Acquired absence of right leg above knee	08/12/25

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

Lactulose - Lactulose 10gm/15ml 10 GM/15ML, Give 45 ml by mouth twice a day Give 45 ml by mouth two times a day for Hepatic Encephalopathy hold if >=3BM
ESLD
Metformin Hcl - Metformin Hydrochloride 500 MG,Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for DM administer with meals
Pantoprazole Sodium - Pantoprazole Sodium 40 mg 40 MG,Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for GERD
Propranolol Hydrochloride - Propranolol Hydrochloride 20 mg 20 MG,Give 1 tablet by mouth three times a day Give 1 tablet by mouth three times a day for HTN hold if spd is less then 110 or heart rate is less then 55
a fib/HTN
Spironolactone - Spironolactone 25 mg 25 GM; 4 TABS by mouth once a day Give 1 tablet by mouth one time a day for ascites
Therapeutic-M Oral Tablet (Multiple Vitamins w/Minerals) Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for supplernent
Vitamin B + C Complex Oral Tablet (B Complex w/ C) Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for supplement
Alvesco - Ciclesonide 160 MCG/ACT, 1 puff inhale inhalant twice a day 1 puff inhale orally two times a day for COPD
Atorvastatin Calcium - Atorvastatin Calcium 20 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth in the evening for HDL
Pradaxa - Dabigatran Etexilate Mesylate 150 mg 150 MG,Give 1 capsule by mouth twice a day Give 1 capsule by mouth two times a day for Blood Clot Prevention
Furosemide - Furosemide 80 mg 80 MG, Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for edema
Gabapentin - Gabapentin 300 mg 300 MG Give 2 capsule by mouth 300 MG Give 2 capsule by mouth every evening shift for Neuropathy
Gabapentin - Gabapentin 300 mg 300 MG Give 1 capsule by mouth in the morning 300 MG Give 1 capsule by mouth in the morning for Neuropathy
Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML (Ipratropium -Albuterol) Inhalation Solution 0.5-2.5 (3) MG/3ML, 3 ml inhale inhalant every 6 hours 3 ml inhale orally via nebulizer every 6 hours as needed for Wheezing
Albuterol Sulfate - Albuterol Sulfate 108 (90 Basa) MCG/ACT, 2 puff inhale inhalant every 6 hours 2 puff inhale orally every 6 hours as needed for wheezing/COPD/Asthma

14. DME and Supplies:

bath bench, walker, wheelchair, CRUTCHES, PROSTHETICS

15. Safety Measures:

wheelchair precautions, standard precautions, fall precautions, diabetic precautions, bleeding precautions, ambulates with device, walker precautions, medication safety, ambulates with assistance, transfer with assist, supervision at all times, anticoagulant precautions

16. Nutrition:

cardiac diet

17. Allergies:

clindamycin melatonin metoprolol sulfa antibiotics

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Endurance, Ambulation

18.B. Activities Permitted

Walker, Crutches, Exercises Prescribed, Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., 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: fair

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

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Other cirrhosis of liver, 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 08/12/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Karin Dodge
7670 Quaterfield Rd
Glen Burnie, MD 21061
PHONE: 18007777904 FAX: 14105087631 NPI: 1124186028

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 : 08/08/2025

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 was recently admitted to the facility following an episode of diarrhea and gastrointestinal bleeding, which has since resolved. His past medical history is significant for alcoholic cirrhosis with ascites, type 2 diabetes mellitus (on Metformin), peripheral vascular disease, stage 3 chronic kidney disease, chronic obstructive pulmonary disease, lower back pain, atrial fibrillation, portal vein and superior mesenteric vein thrombosis (on Pradaxa), esophageal varices, and hypertension. Skilled nursing services have been initiated for disease process education, medication teaching, and monitoring. Physical and occupational therapy evaluations have been ordered. The patient receives assistance with all ADLs and IADLs from family members. The patient is alert and oriented to person, place, and time. He denies pain but reports shortness of breath with exertion. Ascites is present; per patient report, 4 liters of fluid were removed at the last physician visit. He had a bowel movement today and is currently on lactulose. He has a right above-knee amputation and uses crutches for mobility at home, switching to a wheelchair or walker when outside. The patient reports decreased endurance, left leg weakness, and a history of falls. The skilled nurse reviewed all current medications, including doses, frequency, and relevant side effects. Teaching related to liver disease and RN/MD alert criteria was initiated, and both the patient and his brother-in-law verbalized understanding.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 08/12/2025<o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 08/08/2025<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Other cirrhosis of liver<o:p></o:p> Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p> <o:p> </o:p> 1 - SOC - SN Notes:<o:p></o:p> Physician: Dodge, Karin<o:p></o:p>

SN Careplans

SN WK1: 1 (08/12/25-08/16/25) ,WK2: 1 (08/17/25-08/23/25) ,WK3: 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: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, dependent edema, M1400 - Dyspnea, muscle weakness, limited strength, limited endurance, balance deficit, jaundice

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver., cough/deep breathing exercises, monitor intake & output

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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, 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, * dietary modifications for liver disorder, 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 GET MORE STRENGTH IN MY LEG

GOALS
patient/caregiver recalls
* dietary modifications for liver disorder
* 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
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* 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
* 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
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

patient self-administers medications as prescribed
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles SN RN

Date

08/12/2025

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PT WK2: 2 (08/17/25-08/23/25) ,WK3: 1 (08/24/25-08/30/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: cough/deep breathing exercises, home exercise program, work simplification/energy conservation, dynamic standing balance exercises, gait training on uneven surfaces, gait training/stair training, transfers training, assist with fall prevention

TEACH PATIENT/CAREGIVER: * 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance

PATIENT-STATED GOAL: I want to stay alive so I can get a new Liver

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles SN RN

Date
08/12/2025