Home Health Certification and Plan of Care

Order ID: 1150/10730

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
44201539200	07/21/2025	From: 07/21/2025 To: 09/18/2025	14952	217058

6. Patient's Name and Address
Elton DuBose
3803 Milford Mill Rd,
WINDSOR MILL, MD 21244-
443-641-3986

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 07/26/1953 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J94.8	Other specified pleural conditions	07/21/25

13. ICD	Other Pertinent Diagnoses	Date
C34.90	Malignant neoplasm of unsp part of unsp bronchus or lung	07/21/25
I48.91	Unspecified atrial fibrillation	07/21/25
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	07/21/25
J44.9	Chronic obstructive pulmonary disease unspecified	07/21/25
D70.1	Agranulocytosis secondary to cancer chemotherapy	07/21/25
T45.1X5D	Adverse effect of antineoplastic and immunosup drugs subs	07/21/25
I10.	Essential (primary) hypertension	07/21/25
E11.9	Type 2 diabetes mellitus without complications	07/21/25
M32.9	Systemic lupus erythematosus unspecified	07/21/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/21/25
E78.5	Hyperlipidemia unspecified	07/21/25
K21.9	Gastro-esophageal reflux disease without esophagitis	07/21/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	07/21/25
Z45.2	Encounter for adjustment and management of VAD	07/21/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	07/21/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	07/21/25
Z87.891	Personal history of nicotine dependence	07/21/25
Z87.01	Personal history of pneumonia (recurrent)	07/21/25

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

Trelegy Ellipta 200-62.5-25 mcg inhalant once a day
Sucralfate - Sucralfate 1gm by mouth three times a day
Theragran - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tab by mouth once a day
Atorvastatin - Atorvastatin Calcium 40 mg by mouth once a day
Prilosec - Omeprazole 20 mg 1 cap by mouth once a day
Compazine - Prochlorperazine Maleate eq 10 mg base by mouth every 6 hours 1 tablet by mouth every 6 hours as needed for nausea
Lidocaine And Prilocaine - Lidocaine: Prilocaine 2.5 perc;2.5 perc topical as necessary
Flomax - Tamsulosin Hydrochloride 0.4 mg 1 cap by mouth once a day
Atrovent - Ipratropium Bromide 0.02 perc inhalant every 6 hours as needed for shortness of breath
Metformin - Metformin Hydrochloride 500mg by mouth once a day after meal for DM
Hydroxychloroquine Sulfate - Hydroxychloroquine Sulfate 200 mg by mouth once a day
Carvedilol - Carvedilol 12.5 mg by mouth once a day
Finasteride - Finasteride 5 mg by mouth once a day
Oxygen - Oxygen 3 LPM nasal cannula continuous

14. DME and Supplies:
oxygen supplies

15. Safety Measures:
standard precautions, medical alert/lifeline, transfer with assist, supervision at all times, fall precautions, O2 precautions, medication safety, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
lisinopril

18.A. Functional Limitations
Dyspnea With Minimal Exertion, Ambulation, Endurance

18.B. Activities Permitted
Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 8. Patient unable to respond, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair, No Advance Directive

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
add discharge plan

Homebound status: Due to diagnosis of Other Specified Pleural Conditions , 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: Elton is a 71-year-old male admitted on July 6, 2025, for sepsis secondary to pneumonia, presenting with upper respiratory symptoms including rhinorrhea. He has a known history of stage IV lung adenocarcinoma and is currently undergoing chemotherapy. His past medical history is also significant for malignant pleural effusion managed with an indwelling pleural catheter requiring daily drainage of approximately 250–300 mL, as well as systemic lupus erythematosus (SLE), chronic obstructive pulmonary disease (COPD), hypertension, and hyperlipidemia. The patient resides with his wife in a two-story home. At the time of assessment, the patient was found in bed, intermittently responsive and coherent, though not consistently alert. He was able to follow multi-step directions, indicating preserved comprehension despite fluctuating alertness. Date of Order 07/21/2025 Orders Physician Face-to-Face Date: 07/03/2025 Clinical Condition Requiring Home Care per Certifying Physician: pt eval &treat ot eval &treat due to Other Specified Pleural Conditions 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 - OT Notes: Physician Nkwanyuo, Joseph

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 07/21/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Joseph Nkwanyuo
8930 Liberty Road
Randallstown, MD 21133
PHONE: 4102657742 FAX: 14102983964 NPI: 1194805036

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 : 07/03/2025

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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OT Careplans

OT WK1: 1 (07/18/25-07/19/25)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 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

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130E1 - Shower/Bathe Self, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, M1700 - Cognition, M2102c - Med Admin, M2020 - Oral Med Management, lung sounds not clear, swelling in the arms/legs, coughing, M1400 - Dyspnea, M1033 - Exhaustion, abdominal pain, dark-colored urine, balance deficit, Pain Interference with ADLs, Pain Effect on Sleep

PROCEDURES: Medication Review-: Medications reviewed with patient/caregiver., cough/deep breathing exercises, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, home exercise program: Home exercise for upper extremities, work simplification/energy conservation, teach/coordinate/arrange medication packaging and/or administration

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 keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, related medication(s) purpose, schedule, * diet and fluids to control side effects exercise healthy sleep patterns to encourage withdrawal, related medication(s) purpose, schedule, * how to optimize range of motion with active and passive therapeutic exercises manage pain/discomfort fluid and diet intake to promote healing prevent constipation, 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, caregiver administers and/or packages medications appropriately, Oral Hygiene - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Toileting

OT Goals

PATIENT-STATED GOAL: Patients wants to improve his activity level

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 minimize chemotherapy and radiation side-effects including management of nausea or vomiting
* diarrhea
* appetite loss
* hair loss
* fatigue
* insomnia
* 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
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* diet and fluids to control side effects
* exercise
* healthy sleep patterns to encourage withdrawal
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to optimize range of motion with active and passive therapeutic exercises
* manage pain/discomfort
* fluid and diet intake to promote healing
* prevent constipation
* 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

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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation

Signature of Physician:

Date

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

Date
07/21/2025

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Hygiene - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent

* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

caregiver administers and/or packages medications appropriately

Oral Hygiene - 05. Setup or clean-up assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles SN RN

Date

07/21/2025