Home Health Certification and Plan of Care

Order ID: 1150/11142

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1F24QM8DC01	08/02/2025	From: 08/02/2025 To: 09/30/2025	14299	217058

6. Patient's Name and Address
Lorenzo Snipes
114 N MONASTERY AVE,
BALTIMORE, MD 21229-
443-314-7723

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 04/21/1958 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
K25.9	Gastric ulcer unsp as acute or chronic w/o hemor or perf	08/02/25

13. ICD	Other Pertinent Diagnoses	Date
D62.	Acute posthemorrhagic anemia	08/02/25
I10.	Essential (primary) hypertension	08/02/25
M17.0	Bilateral primary osteoarthritis of knee	08/02/25
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	08/02/25
E55.9	Vitamin D deficiency unspecified	08/02/25
G47.00	Insomnia unspecified	08/02/25
F10.10	Alcohol abuse uncomplicated	08/02/25
F17.210	Nicotine dependence cigarettes uncomplicated	08/02/25
Z85.46	Personal history of malignant neoplasm of prostate	08/02/25
Z91.81	History of falling	08/02/25

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

Pantoprazole Sodium - Pantoprazole Sodium 40 mg 40 MG, Give 1 tablet by mouth twice a day two times a day for GERD
Gabapentin - Gabapentin 100 mg 100 MG, Give 1 capsule by mouth twice a day pain
Celecoxib - Celecoxib 200 MG, Give 1 Phone capsule by mouth twice a day arthritic pain
Losartan Potassium - Losartan Potassium 100 mg 100 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HTN
Dutasteride And Tamsulosin Hydrochloride - Dutasteride: Tamsulosin Hydrochloride 0.4 MG, Give 1 capsule by mouth at bedtime BPH
Furosemide 20 mg 1 tab by mouth once a day
Vitamin D - Ergocalciferol 2000 units by mouth once a day Supplement
Melatonin - Melatonin 5 mg by mouth at bedtime Prn insomnia
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg 1 tab by mouth at bedtime BPH
Acetaminophen - Acetaminophen 500 mg by mouth every 6 hours Prn pain
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 65 mg by mouth in the morning Anemia
Tadalafil - Tadalafil 20MG ONE TABLET by mouth as necessary As needed

14. DME and Supplies:
rolling walker, cane

15. Safety Measures:
medication safety, standard precautions, fall precautions

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance

18.B. Activities Permitted
Walker, Cane, Exercises Prescribed

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: good

22. A Rehabilitation Potential:
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

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

Homebound status: Due to diagnosis of Gastric ulcer, unspecified as acute or chronic without hemorrhage or perforation, 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 a 67-year-old male recently discharged from the hospital and subacute rehabilitation following a syncopal episode with collapse. His past medical history includes hypertension, alcohol abuse, peptic ulcer disease, and impaired mobility. During hospitalization, the patient was found to have melena and anemia, requiring transfusion of 2 units of packed red blood cells. An EGD revealed a gastric ulcer, for which he was prescribed Protonix. He reports smoking but denies current alcohol use. The patient resides in a multi-level home with his sister and several others, where the bedroom and bathroom are located on the second floor. He reports difficulty with stair navigation and ambulation and is currently homebound due to the significant effort required to leave the home, supported by a Tinetti score of 18/28. At the time of the skilled nursing visit, the patient was alert and oriented ×3, denied pain or shortness of breath, and had clear lungs on auscultation. Appetite is improving, and he had a bowel movement on the day of the visit. Though he has a rolling walker and cane available, he is not currently using either for ambulation. The patient ambulates indoors up to 30 feet with supervision and uses a handrail with supervision to ascend 14 steps. Bed mobility is independent. Occupational therapy assessment revealed the patient requires standby or contact guard assistance for bathing and dressing. He currently bathes at the sink and lacks safety equipment, such as grab bars or a shower chair. The skilled nurse reviewed all medications, including doses, frequencies, and side effects, and labeled bottles for clarity. Education on peptic ulcer management was initiated, and the patient demonstrated understanding. Skilled PT and OT services are recommended to address strength, coordination, and safety for ADLs and mobility. Date of Order 08/02/2025 Order Physician Face-to-Face Date: 07/15/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Gastric ulcer, unspecified as acute or chronic, without hemorrhage or perforation 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: PT Eval Notes: OT Eval Notes: Physician: Dewberry, Chelsea

SN Careplans

SN WK1: 1 (08/02/25-08/02/25) ,WK2: 1 (08/03/25-08/09/25) ,WK3: 2 (08/10/25-08/16/25) ,WK4: 1 (08/17/25-08/23/25) ,WK5: 1 (08/24/25-08/30/25) ,WK6: 1 (08/31/25-09/06/25) ,WK7: 1 (09/07/25-09/13/25) ,WK8: 1 (09/14/25-09/20/25) ,WK9: 1 (09/21/25-09/27/25)

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: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance

HOSPITALIZATION RISKS: 6. Reported or observed history of difficulty complying with any medical

SN Goals

PATIENT-STATED GOAL: TO BE ABLE TO WLAK UP AND DOWN THE STAIRS

GOALS
patient/caregiver recalls
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* recalls related medication(s) purpose, schedule

patient/caregiver recalls

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 08/02/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Chelsea Dewberry
700 Gelpe Road
Catonsville, MD 21228
PHONE: 6672342100 FAX: 14107445117 NPI: 1396372173

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 : 07/15/2025

27. Attending Physician's Signature and Date Signed **08/12/2025** 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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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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, limited strength, limited endurance, Pain Interference with ADLs, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver., cough/deep breathing exercises, teach/coordinate/arrange medication packaging and/or administration

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, * 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 manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, 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, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

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

caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

PT Careplans

PT WK2: 2 (08/03/25-08/09/25) ,WK3: 1 (08/10/25-08/16/25) ,WK4: 1 (08/17/25-08/23/25) ,WK5: 1 (08/24/25-08/30/25) ,WK6: 1 (08/31/25-09/06/25) ,WK7: 1 (09/07/25-09/13/25) ,WK8: 1 (09/14/25-09/20/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, 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: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps , Dynamic and static standing balance training: Side stepping, tandem gait, braiding, walking backwards, walk on toes, walk on heels Unilateral stance, tandem stance , Medication Review- : Medications reviewed with patient/caregiver., cough/deep breathing exercises, gait training on uneven surfaces, gait training/stair training, transfers training

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 - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assista, Toilet Transfer - 06. Independent, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assist, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Medication Review-

PT Goals

PATIENT-STATED GOAL: Be able to walk and not be unsteady

GOALS
Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assist

1 - Step (curb) - 05. Setup or clean-up assistance

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

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Medication Review-

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assista

Car Transfer - 04. Supervision or touching assistance

OT Careplans

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles SN RN

Date

08/02/2025

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OT WK2: 1 (08/03/25-08/09/25) ,WK4: 1 (08/17/25-08/23/25) ,WK5: 1 (08/24/25-08/30/25) ,WK6: 1 (08/31/25-09/06/25) ,WK7: 1 (09/07/25-09/13/25) ,WK8: 1 (09/14/25-09/20/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, M1400, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: ADLS , Medication : Patient/caregiver recalls related purpose and schedule of medications, cough/deep breathing exercises, transfers training, therapeutic exercises

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, * 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, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Patient will demonstrate improved bilateral upper extremity muscle strength from 4-/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks , Medication Review-

PATIENT-STATED GOAL: Patient wants to get stronger

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

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 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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Patient will demonstrate improved bilateral upper extremity muscle strength from 4-/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

Medication Review-

Signature of Physician:

Date

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

Date
08/02/2025