Home Health Certification and Plan of Care

Order ID: 1150/11939

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
45301688300	09/04/2025	From: 09/04/2025 To: 11/01/2025	3542	217058

6. Patient's Name and Address

Vernon Jones
1701 EUTAW PLACE APT-804,
BALTIMORE, MD 21217-
443-468-8103

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 11/15/1955 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.3	Aftercare following surgery for neoplasm	09/04/25

13. ICD	Other Pertinent Diagnoses	Date
C64.2	Malignant neoplasm of left kidney except renal pelvis	09/04/25
M79.81	Nontraumatic hematoma of soft tissue	09/04/25
I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	09/04/25
N18.6	End stage renal disease	09/04/25
D50.9	Iron deficiency anemia unspecified	09/04/25
I48.91	Unspecified atrial fibrillation	09/04/25
G47.30	Sleep apnea unspecified	09/04/25
Z90.5	Acquired absence of kidney	09/04/25
Z79.01	Long term (current) use of anticoagulants	09/04/25
Z99.2	Dependence on renal dialysis	09/04/25
Z86.718	Personal history of other venous thrombosis and embolism	09/04/25

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

Netarsudil-Latanoprost (ROCKLATAN) 0.02 0.005% solution 1 drop in both eyes Otic twice a day Patient able to state medicine freq, route and use for pressure in his eyes . Patient has glaucoma.
ferrous sulfate 325(65fe)mg tablet by mouth once a day Patient does not know why he has to take this med. He was instructed in s/e of meds: dark stools, constipation
Tylenol - Acetaminophen 500mg tablet 1-2 tabs every 4-6 hr. by mouth as necessary Patient able to state med is taken for pain. He cannot have more than 6 tabs total per day. He cannot have more than 3,00 mg per day.
Eliquis - Apixaban 5mg, tablet 1 tab by mouth twice a day Patient states dosage. purpose and freq. Per patient "it's my blood thinner."
Hydrocortisone - Hydrocortisone 1% cream topical as necessary Apply to affected itching area 1-2 x per day on rash,
Alphagan - Brimonidine Tartrate 0.2% ophthalmic solution 1 drop left eye Otic three times a day Per patient he is taking the medicine for the glaucoma in his eyes
Cosopt - Dorzolamide Hydrochloride: Timolol Maleate 22-3-6.8 mg/ml opthalmic solution 1 drop in both eyes Otic twice a day per patient drops are but in his eyes in the am and pm for glaucoma
Atorvastatin - Atorvastatin Calcium 40 mg 1 tab by mouth at bedtime Patient does not know what medicine is for. He is taking medicine for his cholesterol.
Auryxia - Ferric Citrate 210 mg 2 tabs by mouth three times a day New medicine for patient. Medicine is used for high levels of phosphorus in CKD patients
Apresoline - Hydralazine Hydrochloride 10 mg 1 tab by mouth three times a day New medicine Patient needs instruction in s/e, & purpose,
Zyrtec - Cetirizine Hydrochloride 10 mg 1 tab by mouth once a day OTC MEDICINE. Patient taking for allergies. He has a running nose.
diphenhydrAMINE-APAP, sleep, (TYLENOL PM EXTRA STRENGTH) 25-500 MG TABS 1-2 tabs every 6 hrs by mouth as necessary Patient made aware not to take more than (6) 500 mg tabs for pain. He cannot take more than 3,000mg per day. Sleep aid

14. DME and Supplies:

cane

15. Safety Measures:

medication safety, fall precautions, bleeding precautions, ambulates with device, standard precautions

16. Nutrition:

renal diet

17. Allergies:

pollen peanuts

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Cane, Up As Tolerated

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

Homebound status:

Due to diagnosis of Aftercare following surgery for neoplasm, 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:

<p class="MsoNoSpacing">The patient is a 69-year-old African American male with a history of left nephrectomy due to kidney cancer. He is alert, oriented, and currently undergoing hemodialysis at DaVita Midtown on Mondays, Wednesdays, and Fridays. A dialysis fistula is present in both arms, though only the left is currently functional, as the right has clotted. He resides alone in a one-bedroom, elevator-accessible senior apartment, which is clean and decorated with memorabilia from his singing career. During the skilled nursing visit, medications were reviewed and reconciled; however, the patient was unfamiliar with the purpose, dosage, and side effects of several medications. Education was provided regarding ferrous sulfate and apixaban, and the patient verbalized understanding. Vital signs were within normal limits, lungs were clear, and no edema was observed. Pedal pulses were present, and all admission forms were explained and signed. Skilled nursing visits are scheduled weekly for four weeks to provide further medication education. Functionally, the patient ambulated indoors for 30 feet twice with supervision and verbal cues to maintain posture, using no assistive device during assessment, though he previously used a cane. He is independent in bed mobility and requires supervision for transfers to the bed, chair, and toilet. The therapist did not assess outdoor mobility, stair navigation, or car transfers. Prior to his recent hospitalization and rehabilitation stay, the patient was fully independent on all surfaces with a cane. He tolerated 10 repetitions of supine and seated exercises. He is considered homebound due to the considerable effort required to leave the home, as supported by a Tinetti score of 18/28, indicating fall risk. The patient would

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 09/04/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Joanne Wills
6565 N Charles St
Baltimore, MD 21204
PHONE: 4438492707 FAX: 14438498066 NPI: 1942395447

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 : 08/20/2025

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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benefit from continued home physical therapy to improve strength, balance, and functional independence.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 09/04/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 08/20/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Aftercare following surgery for neoplasm
 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>
 1 - SOC - SN Notes:
 PT Eval Notes:<o:p></o:p> Physician: Wills, Joanne

SN Careplans

SN WK1: 1 (09/04/25-09/06/25) ,WK2: 1 (09/07/25-09/13/25) ,WK3: 1 (09/14/25-09/20/25) ,WK4: 1 (09/21/25-09/27/25) ,WK5: 1 (09/28/25-10/04/25)

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: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 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, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, M1033 - Exhaustion, decreased urine output (GU), muscle weakness, limited strength, limited endurance, balance deficit, #1 - IV Access - Peripheral - Anterior Left Abdomen - healed incision from left kidney removal., #2 - IV Access - Peripheral - Anterior Left Elbow/Forearm - dialysis fissular, #3 - IV Access - Peripheral - Anterior Right Elbow/Forearm - dialysis fistular site not in use.

PROCEDURES: Medication review each visit: Review medicines each visit and Instruct in new medicines s/e, purpose, dosage and frequency., cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: Leave open to air, wound vacuum, monitor intake & output, 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, * 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * strategies to increase caloric intake, 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, * dietary guidelines for managing nutritional deficit, 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

SN Goals

PATIENT-STATED GOAL: "I want to get my strength back and know what these new medicines are for."

GOALS
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
* 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
* 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
* dietary guidelines for managing nutritional deficit
* 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 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 achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase caloric intake

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/04/2025

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* recalls related medication(s) purpose, schedule

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

PT Careplans

PT WK1: 2 (09/04/25-09/06/25) ,WK2: 2 (09/07/25-09/13/25) ,WK3: 2 (09/14/25-09/20/25) ,WK4: 1 (09/21/25-09/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, 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,hip abduction, plantarflexion squats. Sitting knee extension, ankle pumps, Dynamic and static standing balance training, cough/deep breathing exercises, gait training on uneven surfaces, gait training/stair training, transfers training

09/10/2025 procedure: equipment training, Notes: , work simplification/energy conservation,

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 - 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 assistance, 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

PT Goals

PATIENT-STATED GOAL: Be able to walk myself to the stores in the neighborhood

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

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

Oral Hygiene - 06. Independent,
Target Date: 11/01/2025,
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

Signature of Physician:

Date

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

Date
09/04/2025