Home Health Certification and Plan of Care

Order ID: 1150/11936

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
27146768	09/04/2025	From: 09/04/2025 To: 11/01/2025	17032	217058

6. Patient's Name and Address
Louis Hromada
614 Winslow Dr,
Bel Air, MD 21014-
410-893-0167

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 09/15/1943 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
K31.89	Other diseases of stomach and duodenum	09/04/25

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	09/04/25
A69.23	Arthritis due to Lyme disease	09/04/25
G51.0	Bell's palsy	09/04/25
K44.9	Diaphragmatic hernia without obstruction or gangrene	09/04/25

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

Norvasc - Amlodipine Besylate 5 MG tablet Take 5 mg by mouth once a day HTN
Acetaminophen - Acetaminophen 650 mg tablet,Take 1,300 mg by mouth once a day Take 1,300 mg by mouth 1 time daily as needed. For Pain
Ferrous Sulfate - Ferrous Sulfate: Folic Acid Take 1 Dose by mouth in the morning Supplement
Colchicine - Colchicine 0.6 MG tablet Take 1 tablet by mouth once a day Take 1 tablet by mouth daily for 7 days for pseudo gout
Lidocaine - Lidocaine 4 % Ptch Place 1 patch topical once a day Place 1 patch onto the skin every 24 hours for 30 days for pain
Hydrochlorothiazide - Hydrochlorothiazide 25 MG tablet,Take 25 mg by mouth once a day Diuretics
Cozaar - Losartan Potassium 25 mg take 1 tablet by mouth once a day HTN

14. DME and Supplies:
wheelchair, walker, cane

15. Safety Measures:
walker precautions, ambulates with assistance, standard precautions, bathroom safety, ambulates with device

16. Nutrition:
low sodium

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, 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: 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 Other diseases of stomach and duodenum, 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 an 81-year-old male with a past medical history significant for hypertension, osteoarthritis secondary to Lyme disease with resultant Bell's Palsy, among other conditions. He was recently hospitalized for vomiting brown-colored emesis and was diagnosed with a small bowel obstruction and a hiatal hernia. On examination, the patient is alert and oriented times four, in no acute distress, with normal breath sounds, a flat abdomen, and active bowel sounds. His skin is warm, dry, and intact. He denies nausea, vomiting, headache, or shortness of breath but reports a pain level of 5 and fatigue. Notably, +2 edema was observed on the left lower extremity. The patient ambulates with a rolling walker but presents with general weakness and an unsteady gait. He requires assistance with activities of daily living as well as safe transferring and ambulation. Education was provided on medication compliance, pain management, and the importance of foot elevation while sitting. The patient lives with his spouse in a single-family home. During the assessment, he demonstrated exercises including straight leg raises, lower extremity abduction/adduction, long arc quadriceps sets, marching, and ankle pumps, performing 10 repetitions once per exercise.<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: 08/31/2025
 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat dx: Other diseases of stomach and duodenum
 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: Hernandez, Jenaro

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: 7. Currently taking 5 or more medications, 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; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg,

SN Goals

PATIENT-STATED GOAL: To regain my strength.

GOALS
patient/caregiver recalls
* dietary guidelines
* lifestyle modifications to manage gastric condition
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette

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
Jenaro Hernandez
1001 Pine Heights Ave
Abingdon, MD 21229
PHONE: 410-515-5440 FAX: NPI: 1386935724

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 : 08/31/2025

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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Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

; 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1400 - Dyspnea, abnormal blood pressure, abnormal electrolyte panel, nausea/vomiting, muscle weakness, balance deficit, loss of appetite, bruising/discoloration

PROCEDURES: medication review: Medication review done by the patient/caregiver ., cough/deep breathing exercises, incentive spirometer

TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, 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, * dietary guidelines lifestyle modifications to manage gastric condition, related medication(s) purpose, schedule, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

PT Careplans

PT WK2: 2 (09/07/25-09/13/25) ,WK3: 2 (09/14/25-09/20/25) ,WK4: 2 (09/21/25-09/27/25) ,WK6: 2 (10/05/25-10/11/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, Pain Interference with ADLs, GG0170I1 - Walk 10 Feet, GG0130A1 - Eating, 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, GG0130B1 - Oral Hygiene, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing

PROCEDURES: Medication Review: The medication was reviewed with the patient, Home exercises : Ankle pumps, long arc, slr and le abd/add--10x2 , cough/deep breathing exercises, incentive spirometer, equipment training, 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, * 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 - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent

PT Goals

PATIENT-STATED GOAL: To get stronger and walk better

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

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/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

Signature of Physician:

Date

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

Date
09/04/2025

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* 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 - 05. Setup or clean-up assistance

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

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