Home Health Certification and Plan of Care

Order ID: 1150/12165

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
19234287	09/03/2025	From: 09/03/2025 To: 11/01/2025	16989	217058

6. Patient's Name and Address

Dianzhong Gao
1421 Goodwood Ave,
21221, MD Essex-
202-365-5935

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 07/04/1937 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G93.41	Metabolic encephalopathy	09/03/25

13. ICD	Other Pertinent Diagnoses	Date
N39.0	Urinary tract infection site not specified	09/03/25
B96.1	Klebsiella pneumoniae as the cause of diseases classd elswhr	09/03/25
B95.2	Enterococcus as the cause of diseases classified elsewhere	09/03/25
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma	09/03/25
I10.	Essential (primary) hypertension	09/03/25
I48.91	Unspecified atrial fibrillation	09/03/25
I48.92	Unspecified atrial flutter	09/03/25
I95.9	Hypotension unspecified	09/03/25
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	09/03/25
E78.5	Hyperlipidemia unspecified	09/03/25
R13.11	Dysphagia oral phase	09/03/25
R21.	Rash and other nonspecific skin eruption	09/03/25
R33.9	Retention of urine unspecified	09/03/25
R39.14	Feeling of incomplete bladder emptying	09/03/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	09/03/25

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

Mycostatin - Nystatin 100000 UNIT/GM , Apply 1 Application powder topical twice a day Apply 1 Application to the skin 2 times daily for 14 days.
Lipitor - Atorvastatin Calcium eq 40 mg base 40 mg , take 40 mg Tablet by mouth at bedtime cholesterol
Cardizem - Diltiazem Hydrochloride 60 mg 60 MG , Take 1 tablet by mouth three times a day dilTIAZem XR 180 MG capsule extended release 24 hr blood pressure/heart
Cardura - Doxazosin Mesylate eq 2 mg base 2 MG , Take 1 tablet by mouth Take 1 tablet by mouth every evening for 30 days prostate
Proscar - Finasteride 5 mg , take 5 mg Tablet by mouth once a day prostate
Glucophage Xr - Metformin Hydrochloride 500 mg 500 mg , take 500 mg Tablet by mouth twice a day dm
Nystatin - Nystatin 100,000 units/gm 100,000unit/gm; 1 application topical twice a day rash to groin area

14. DME and Supplies:

urinary/catheter supplies, rolling walker, diabetic supplies, walker, , cane

15. Safety Measures:

standard precautions, fall precautions, diabetic precautions, walker precautions, medication safety, transfer with assist, supervision at all times, sharps precautions

16. Nutrition:

pureed,

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Cane, Walker, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, 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 Metabolic encephalopathy, 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 88-year-old Chinese-speaking male admitted to home health services for skilled nursing (SN), physical therapy (PT), and occupational therapy (OT) evaluations. He was admitted with multiple complex medical issues, including altered mental status, metabolic encephalopathy, hypoglycemia, hyponatremia, urinary retention (with Foley catheter removed prior to discharge), deconditioning, and difficulty swallowing requiring a pureed diet. The patient recently completed treatment for a urinary tract infection and had Metoprolol discontinued. Past medical history includes aortic valve regurgitation, hypertension, thoracic aortic aneurysm, diabetes mellitus, atrial flutter, and cerebrovascular accident (CVA) with left-sided weakness. He is currently alert and oriented, tolerating his diet, and uses various mobility aids in the home. However, he requires maximum assistance for transfers and is essentially wheelchair-bound. His daughter, who is his primary caregiver and interpreter, resides with him in a two-story home where the bedroom is located on the second floor. The patient is dependent in all activities of daily living (ADLs), including personal hygiene, and cannot ambulate without significant assistance. During the initial SN visit, all medications were reviewed, and teaching was initiated regarding diabetes management and glucometer use, which the daughter received well. From a therapy standpoint, the patient exhibits decreased balance, standing tolerance, upper extremity strength, and overall activity tolerance, all of which limit his ability to perform functional tasks such as self-feeding, transfers, and ambulation. Skilled occupational therapy is recommended to address these deficits and support the patient's goal of regaining functional independence.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 09/03/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 08/28/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Metabolic encephalopathy
 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:
 OT Eval Notes:<o:p></o:p> Physician: Shrestha, Rosina

SN Careplans | **SN Goals**

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 09/03/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Rosina Shrestha
4920 Campbell Blvd
Baltimore, MD 21236
PHONE: FAX: NPI: 1760895346

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 : 08/28/2025

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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SN WK1: 1 (09/03/25-09/06/25) ,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) ,WK6: 1 (10/05/25-10/11/25)

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: 3. Multiple hospitalizations (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 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, 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: M1700 - Cognition, M1745 - Behavioral Issues, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, M1600 - UTI, muscle weakness, limited strength, limited endurance, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, glucose testing via monitor: CG TO MONITOR TWICE A DAY, 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, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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, * 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

PATIENT-STATED GOAL: DAUGHTER WISHES HIM TO GET BETTER

GOALS
patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* 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
* 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 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
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* 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 self-administers medications as prescribed
* 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
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (09/03/25-09/06/25) ,WK2: 2 (09/07/25-09/13/25) ,WK3: 2 (09/14/25-09/20/25) ,WK4: 2 (09/21/25-09/27/25) ,WK5: 2 (09/28/25-10/04/25) ,WK6: 1 (10/05/25-10/11/25)

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: Medication Review: The medication was reviewed with the patient's daughter, Home exercises : SLR, LE ABD/ADD, LONG ARC , MARCHING AND HEEL RAISES--10X2 REPS , cough/deep breathing exercises, incentive spirometer, gait training on uneven surfaces, gait training/stair training, transfers training

PT Goals

PATIENT-STATED GOAL: The patient's daughter wants him to walk again

GOALS
Chair to Bed to Chair - 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

Signature of Physician:

Date

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

Date
09/03/2025

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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 - 05. Setup or clean-up assistance, 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

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 06. Independent

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

Walk 10 Feet - 04. Supervision or touching assistance

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

OT Careplans

OT WK1: 1 (09/03/25-09/06/25) ,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) ,WK6: 1 (10/05/25-10/11/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, 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: equipment training, work simplification/energy conservation, transfers training, assist with bathing, assist with toilet transferring, assist with lower body dressing, assist with upper body dressing, 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, Oral Hygiene - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Toileting Hygiene - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance

OT Goals

PATIENT-STATED GOAL: Go to the bathroom

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

Shower/Bathe Self - 04. Supervision or touching assistance

Oral Hygiene - 03. Partial/moderate assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Toileting Hygiene - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/03/2025