Home Health Certification and Plan of Care

Order ID: 1150/11537

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4RP2WJ3QU95	08/16/2025	From: 08/16/2025 To: 10/14/2025	16477	217058

6. Patient's Name and Address

Richard Dorr
6225 York Rd Apt N200,
Baltimore, MD 21212-
410-728-5852

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 06/23/1953 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	08/16/25

13. ICD	Other Pertinent Diagnoses	Date
R33.8	Other retention of urine	08/16/25
F31.9	Bipolar disorder unspecified	08/16/25
E78.5	Hyperlipidemia unspecified	08/16/25
I10.	Essential (primary) hypertension	08/16/25
D64.9	Anemia unspecified	08/16/25
D69.6	Thrombocytopenia unspecified	08/16/25
G47.30	Sleep apnea unspecified	08/16/25
N20.0	Calculus of kidney	08/16/25
K59.00	Constipation unspecified	08/16/25
Z91.81	History of falling	08/16/25
Z86.19	Personal history of other infectious and parasitic diseases	08/16/25

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

Atorvastatin Calcium - Atorvastatin Calcium 40 MG , Give 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for HLD
Acetaminophen - Acetaminophen 500 MG , Give 2 tablet by mouth every 6 hours Give 2 tablet by mouth every 6 hours as needed for Pain *Use caution w/ APAP total daily dose greater than 3,000mg
Valproic Acid - Valproic Acid 250 mg 250 MG , Give 2 capsules by mouth twice a day Give 2 capsule orally two times a day for Bipolar disorder
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG , Give 2 capsule by mouth once a day Give 2 capsule by mouth one time a day for Urinarary Retention
Protonix - Pantoprazole Sodium eq 40 mg base 40 MG, Give 1 tablet by mouth once a day 40 MG. Directions: Give 1 tablet by mouth one time a day for Gerd
Temazepam - Temazepam 15 mg 15mg by mouth at bedtime 10pm sleep aid

14. DME and Supplies:

grab bars, walker, cane, bath bench

15. Safety Measures:

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

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

ampicillin

18.A. Functional Limitations

Bowel/Bladder Incontinence, Ambulation, Endurance

18.B. Activities Permitted

Walker, Cane, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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 Benign prostatic hyperplasia with lower urinary tract symptom, 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 Start of Care (SOC) was completed on 8/16/25 for a 72-year-old male with a complex medical history including COVID-19, hypertension, bipolar disorder, dementia, anemia, essential tremor, hyperlipidemia, obstructive sleep apnea (OSA), benign prostatic hyperplasia (BPH), neurocognitive disorder, and a recent hospitalization for Staphylococcus epidermidis bacteremia with severe sepsis and urinary retention. The patient lives alone in an elevator-accessible apartment and receives paid assistance for ADLs and IADLs approximately 10 hours per week. He is alert and oriented 3, reports intermittent lower back pain that is managed effectively with Tylenol, and uses a CPAP for OSA. Lung sounds are clear, appetite is fair, and he denies shortness of breath. He uses a walker for safe ambulation and takes medications via prefilled blister packs from a professional pharmacy. Skilled nursing completed a medication review, reinforced pain management education, and provided safety instruction to reduce fall risk. The patient was receptive to all instructions. The patient is homebound due to the considerable effort required to leave his home, supported by a Tinetti score of 16/28, indicating fall risk and decreased balance. He ambulates up to 30 feet indoors using a rolling walker under supervision and can do the same distance without a device, though he reports back pain and instability. Bed mobility is independent, while transfers to bed, toilet, and chair require supervision. Prior to hospitalization, the patient used a rollator for outdoor mobility and was independent in self-care, transfers, and functional ambulation. Outside mobility and car transfers were not assessed during this visit. Physical therapy was recommended to improve strength and functional mobility; however, occupational therapy determined that skilled OT services are not needed at this time, as the patient currently functions independently with self-care and basic mobility tasks.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 08/16/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 07/27/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Benign prostatic hyperplasia with lower urinary tract symptom
 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> <span style="font-size:11.0pt;line-height:107%;font-family:"Calibri",sans-serif; mso-ascii-theme-font:minor-latin;mso-fareast-font-family:Calibri;mso-fareast-theme-font: minor-latin;mso-hansi-theme-font:minor-latin;mso-bidi-font-family:"Times New Roman"; mso-bidi-theme-font:minor-bidi;mso-ansi-language:EN-PH;mso-fareast-language: EN-US;mso-bidi-language:AR-SA">Physician: Mccoy, Arita

SN Careplans

SN WK1: 1 (08/16/25-08/16/25) ,WK2: 2 (08/17/25-08/23/25) ,WK3: 1 (08/24/25-08/30/25) ,WK4: 1 (08/31/25-09/06/25)

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

SN Goals

PATIENT-STATED GOAL: TO WALK BETTER

GOALS
patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 08/16/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Arita Mccoy
601 N Caroline St
Baltimore, 0 21287
PHONE: 4109552954 FAX: 14105026737 NPI: 1285087379

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 : 07/27/2025

27. Attending Physician's Signature and Date Signed **08/27/2025**: 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.

Home Health Certification and Plan of Care

Order ID: 1150/11537

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4RP2WJ3QU95	08/16/2025	From: 08/16/2025 To: 10/14/2025	16477	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Richard Dorr 6225 York Rd Apt N200, Baltimore, MD 21212- 410-728-5852	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

HOSPITALIZATION RISKS: 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

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

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, meal preparation, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, M1610 - Urinary Incontinence, limited endurance, limited strength, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver., cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments

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, * 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, * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize genito-urinary condition including diet exercise home remedies, 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, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

* home
* recalls related medication(s) purpose, schedule remedies

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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* 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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

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

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize genito-urinary condition including diet
* exercise
* home remedies
* recalls related medication(s) purpose, schedule

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK2: 1 (08/17/25-08/23/25) ,WK3: 2 (08/24/25-08/30/25) ,WK4: 1 (08/31/25-09/06/25) ,WK5: 1 (09/07/25-09/13/25) ,WK6: 1 (09/14/25-09/20/25) ,WK7: 1 (09/21/25-09/27/25) ,WK8: 1 (09/28/25-10/04/25) ,WK9: 1 (10/05/25-10/11/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, 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,

PT Goals

PATIENT-STATED GOAL: Go back to using a cane in my house

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/16/2025

Home Health Certification and Plan of Care

Order ID: 1150/11537

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4RP2WJ3QU95	08/16/2025	From: 08/16/2025 To: 10/14/2025	16477	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Richard Dorr 6225 York Rd Apt N200, Baltimore, MD 21212- 410-728-5852	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

plantarflexion, squats. Sitting knee extension, ankle pumps , Static standing balance , Dynamic standing activities , gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, 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, Picking Up Object - 04. Supervision or touching assistance

works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

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

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 (08/16/25-08/16/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: Medication Review- : Medications reviewed with patient/caregiver., cough/deep breathing exercises, incentive spirometer, equipment training, 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, 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, Medication Review-

OT Goals

PATIENT-STATED GOAL: Evaluation only

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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Medication Review-

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/16/2025