Home Health Certification and Plan of Care

Order ID: 1150/11392

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
48202694600	08/06/2025	From: 08/06/2025 To: 10/04/2025	14966	217058

6. Patient's Name and Address

William Barnes
3318 Ingleside Ave,
BALTIMORE, MD 21215-
443-423-3188

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 03/24/1953 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	08/06/25

13. ICD	Other Pertinent Diagnoses	Date
J96.11	Chronic respiratory failure with hypoxia	08/06/25
J96.22	Acute and chronic respiratory failure with hypercapnia	08/06/25
D64.9	Anemia unspecified	08/06/25
E11.9	Type 2 diabetes mellitus without complications	08/06/25
G20.C	Parkinsonism unspecified	08/06/25
E43.	Unspecified severe protein-calorie malnutrition	08/06/25
F41.0	Panic disorder [episodic paroxysmal anxiety]	08/06/25
F32.9	Major depressive disorder single episode unspecified	08/06/25
K76.0	Fatty (change of) liver not elsewhere classified	08/06/25
E78.5	Hyperlipidemia unspecified	08/06/25
F10.20	Alcohol dependence uncomplicated	08/06/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/06/25
Z79.01	Long term (current) use of anticoagulants	08/06/25
Z86.0100	Personal history of colonic polyps	08/06/25

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

Albuterol Sulfate - Albuterol Sulfate 2.5 MG/0.5ML , 0.5 ml inhale inhalant every 4 hours 4 hours as needed for SOB/Wheezing
Alprazolam - Alprazolam t 0.5 MG , Give 1 tablet by mouth four times a day for anxiety for 3 Days
Buprenorphine Hydrochloride - Buprenorphine Hydrochloride 8 Mg, Give 1 tablet sublingual once a day
Buspirone Hcl - Buspirone Hydrochloride 5 MG ,Give 1 tablet by mouth twice a day
Folic Acid - Folic Acid 1 MG Give 1 tablet by mouth once a day
Gabapentin - Gabapentin 100 MG Give 1 capsule by mouth at bedtime
Ipratropium - Ipratropium Bromide 0.5-2.5 (3) MG/3ML 3 ml inhale inhalant every 6 hours
Mirtazapine - Mirtazapine 30 MG Give 1 tablet by mouth at bedtime
Montelukast Sodium - Montelukast Sodium 10 MG , Give 1 tablet by mouth once a day
Pioglitazone Hydrochloride - Pioglitazone Hydrochloride 30 Mg, Give 1 tablet by mouth once a day
Pantoprazole Sodium - Pantoprazole Sodium 20 MG , Give 2 tablet by mouth once a day
Quetiapine Fumarate - Quetiapine Fumarate 100 MG , Give 1 tablet by mouth at bedtime
Sertraline Hcl - Sertraline Hydrochloride 50 MG Give 1 tablet by mouth once a day
Fluticasone - Fluticasone Furoate 100-62.5-25 MCG/ACT , 1 puff inhale inhalant once a day
Levaquin - Levofloxacin 750 mg 750mg by mouth once a day X7 days 8/1/25 to 8/7/25 for COPD EXACERBATION
Metformin Hcl - Metformin Hydrochloride 500 MG,Give 1 tablet by mouth once a day DM
Oxygen - Oxygen 3-4 LPM nasal cannula continuous

14. DME and Supplies:

oxygen supplies, walker, wheelchair

15. Safety Measures:

medication safety, fall precautions, precautions, bathroom safety, diabetic precautions, standard precautions, walker precautions, supervision at all times, anticoagulant precautions, ambulates with assistance, activity supervision

16. Nutrition:

diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Endurance

18.B. Activities Permitted

Wheelchair, Up As Tolerated

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: 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

patient will be responsible for managing treatment
patient will be responsible for managing treatment
another facility/provider will be responsible for managing treatment

Homebound status: Due to diagnosis of Chronic Obstructive Pulmonary Disease With Acute Lower Respiratory Infection, 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 72-year-old male with COPD (recent exacerbation and pneumonia), hypertension, diabetes mellitus, Parkinson disease, depression/anxiety and a history of substance use, who resides in an assisted living facility with 24-hour staff support. He requires continuous supplemental oxygen at 3-4 L/min via nasal cannula and is intermittently oriented (A&Ox2-3). Staff report he is compliant with a seven-day Levaquin course started 8/1/25 and that he attends an adult day program several days per week. He is deconditioned following hospitalization and rehab, demonstrating generalized weakness, exertional dyspnea and poor endurance: transfers and ambulation require contact-guard assistance, dressing and bathing are fatiguing and require assistance, and he needs verbal cues for safe sit-to-stand and toilet transfers; he uses a stair lift for stair negotiation and ambulates with staff supervision. No wounds were noted on assessment. Given his diminished strength, endurance, balance and functional tolerance, skilled physical therapy is indicated to address strengthening, endurance, gait and transfer safety; occupational therapy is recommended for ADL training and energy-conservation techniques; and skilled nursing follow-up is advised for oxygen/medication management and ongoing monitoring to support a safe return to prior level of function.Date of Order08/06/2025OrdersPhysician Face-to-Face Date: 07/02/2025Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Chronic Obstructive Pulmonary Disease With Acute Lower Respiratory InfectionHomebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home1 - SOC - SN Notes:PT Eval Notes:OT Eval Notes:PhysicianSrinivas, Priya

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 08/06/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Priya Srinivas
9091 Snowden River Pkwy # 1085
Columbia, MD 21046
PHONE: 2405479524 FAX: 14432320693 NPI: 1811445745

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 : 07/02/2025

27. Attending Physician's Signature and Date Signed **08/22/2025**: 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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William Barnes 3318 Ingleside Ave, BALTIMORE, MD 21215- 443-423-3188	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

SN WK1: 1 (08/06/25-08/09/25) ,WK2: 2 (08/10/25-08/16/25)

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: 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, meal preparation, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, lightheadedness, abnormal BS < 70/140 > mg/dL, limited strength, limited endurance, balance deficit, weak hand grips (NR), involuntary movement of extremity (NR)

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver., cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals

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 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, 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 performs medical/rehabilitation treatments with adequate competence

PATIENT-STATED GOAL: to feel better all the time

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

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

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

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
* dietary guidelines for managing nutritional deficit
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* 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
* 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

caregiver performs medical/rehabilitation treatments with adequate competence

patient is adequately supervised

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 2 (08/06/25-08/09/25) ,WK2: 1 (08/10/25-08/16/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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: Medication Review: Review medications with patient/caregiver , cough/deep breathing exercises, strengthening exercises, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition

PT Goals

PATIENT-STATED GOAL: To be able to go back to day care

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

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/06/2025

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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, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 04. Supervision or touching assistance, 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, Picking Up Object - 04. Supervision or touching assistance, Medication Review

* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching

1 - Step (curb) - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Medication Review

Sit to Stand - 04. Supervision or touching assistance

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

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

OT Careplans

OT WK1: 1 (08/06/25-08/09/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, 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

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, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: Eval only

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

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

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

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