Home Health Certification and Plan of Care

Order ID: 1150/12335

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
48000853300	09/18/2025	From: 09/18/2025 To: 11/16/2025	17413	217058

6. Patient's Name and Address

Patrick Eppes
2723 Wilkins Ave,
BALTIMORE, MD 21223-
443-512-5451

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 01/18/1972 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
Z48.22	Encounter for aftercare following kidney transplant	09/18/25

13. ICD	Other Pertinent Diagnoses	Date
I13.2	Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD	09/18/25
I50.9	Heart failure unspecified	09/18/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	09/18/25
N18.6	End stage renal disease	09/18/25
D63.1	Anemia in chronic kidney disease	09/18/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	09/18/25
H54.8	Legal blindness as defined in USA	09/18/25
H33.41	Traction detachment of retina right eye	09/18/25
F41.9	Anxiety disorder unspecified	09/18/25
J44.9	Chronic obstructive pulmonary disease unspecified	09/18/25
F32.A	Depression unspecified	09/18/25
I65.22	Occlusion and stenosis of left carotid artery	09/18/25
M54.2	Cervicalgia (M54.2)	09/18/25
E55.9	Vitamin D deficiency unspecified	09/18/25
I87.1	Compression of vein	09/18/25
H35.30	Unspecified macular degeneration	09/18/25
Z99.2	Dependence on renal dialysis	09/18/25
Z86.718	Personal history of other venous thrombosis and embolism	09/18/25
Z86.711	Personal history of pulmonary embolism	09/18/25

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

mycophenolate take 720 mg tablet by mouth twice a day 720 mg, 2X daily
organ rejection
Prednisone - Prednisone 10 mg 10mg; 5 tabs by mouth twice a day 50 mg, 2X daily
for 3 days
prevent organ rejection
Prednisone - Prednisone 10 mg 10mg; 7 tabs by mouth once a day 70 mg, 1X daily
for organ rejection
Prednisone - Prednisone 10 mg 10mg; 5 tabs by mouth once a day 50 mg, 1X daily for 3 days
to prevent organ rejection
Prednisone - Prednisone 10 mg 10mg; 3 tabs by mouth once a day 30 mg, 1X daily for 3 days
Prednisone - Prednisone 10 mg 10mg; 2 tabs by mouth once a day 20 mg, 1X daily for 3 days
to prevent organ rejection
Prednisone - Prednisone 10 mg take 10 mg tablet by mouth once a day 10 mg, 1X daily
4 tabs
Tacrolimus - Tacrolimus eq 1 mg base 1 mg; 4 caps by mouth twice a day 4 mg, 2X daily
prevent organ rejection
Fluconazole - Fluconazole 100 mg take 100 mg tablet; 1 tab by mouth once a day 100 mg, 1X daily
to prevent infection
sulfamethoxazole-trimethoprim 400-80mg; take 1 tablet by mouth once a day to prevent infection
valGANciclovir take 450 mg tablet by mouth once a day to prevent infection
Asa 81 Mg - Aspirin 81mg; 1 tab by mouth once a day prophylactic
Atorvastatin - Atorvastatin Calcium take 40 mg tablet by mouth at bedtime 40 mg, nightly
cholesterol
Famotidine - Famotidine 20 mg take 20 mg tablet by mouth once a day 20 mg, 1X daily
stomach
Gabapentin - Gabapentin 300 mg take 300 mg capsules by mouth at bedtime 300 mg, nightly
nerve pain
Lantus - Insulin Glargine Recombinant 100 units/ml 10 units subcutaneous once a day IDDM
Humalog - Insulin Lispro Recombinant 100 units/ml 12 UNITS subcutaneous before meal THREE TIMES A DAY
IDDM
Lidocaine - Lidocaine take 1 patch topical once a day 1 patch, Q24H
SKIN
Nifedipine - Nifedipine 30 mg take 30 mg tablet by mouth once a day 30 mg, 1X daily
BLOOD PRESSURE
Senna - Senna 8.6 MG; take 2 tablets by mouth twice a day 2 tablet, 2X daily
bowel regimen
Sevelamer Carbonate - Sevelamer Carbonate take 800 mg tablet by mouth three times a day 800 mg, 3X daily WC
phosphate binder
Vitamin B Complex - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 0.8mg; 1 tab by mouth once a day supplement
Acetaminophen - Acetaminophen 500mg; 1 tab by mouth every 6 hours as needed for pain
Miralax - Polyethylene Glycol 3350 17gm/scoopful 1 packet by mouth once a day bowel regimen
Tramadol - Tramadol Hydrochloride take 50 mg capsules by mouth every 12 hours 50 mg, Q12H PRN
for pain
Trazadone - Trazodone Hydrochloride 50mg; 1 tab by mouth once a day as needed for pain

14. DME and Supplies:

diabetic supplies

15. Safety Measures:

, infectious material management, , , diabetic precautions, , ambulates with assistance, sharps precautions, activity supervision

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 09/18/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Sailu Ghimire
900 S. Caton Avenue
Baltimore, MD 21229
PHONE: 4437033207 FAX: 14437033207 NPI: 1104200906

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 : 09/15/2025

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.

Home Health Certification and Plan of Care

Order ID: 1150/12335

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
48000853300	09/18/2025	From: 09/18/2025 To: 11/16/2025	17413	217058

6. Patient's Name and Address
Patrick Eppes
2723 Wilkins Ave,
BALTIMORE, MD 21223-
443-512-5451

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

16. Nutrition:
cardiac diet, diabetic

17. Allergies:
tessalon sensipar hydralazine

18.A. Functional Limitations
Endurance

18.B. Activities Permitted
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: 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: After undergoing Kidney Transplant Surgery, 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 post-kidney transplant recipient with a significant past medical history of hypertensive nephrosclerosis stage 1, end-stage renal disease, type 2 diabetes mellitus, and heart failure. She is scheduled for follow-up with her transplant physician on 09/19/2025. Skilled nursing services are in place for education and management of her disease process, post-operative monitoring, medication teaching, reinforcement of adherence to the plan of care, and ongoing assessment of recovery. The frequency of skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> is scheduled as 1W12W21W6. The patient's family provides assistance with medication administration, activities of daily living (ADLs), and instrumental activities of daily living (IADLs) as needed. On assessment, the patient was alert and oriented 3, with decreased visual acuity and reported inability to distinguish colors. She reported back pain rated 4/10, for which she is taking Tramadol with adequate relief. Last recorded fingerstick glucose was 192 mg/dL; she remains on insulin therapy and is also taking Prednisone. The patient denies shortness of breath, and lung sounds were clear bilaterally. Appetite is reported as fair. She is voiding without difficulty. Physical examination revealed a left arm arteriovenous fistula with palpable thrill and audible bruit. Surgical site assessment showed a right abdominal incision measuring approximately 17 cm, open to air, with staples intact and no signs or symptoms of infection. An adjacent old right-sided drain site was scabbed over, open to air, and without evidence of infection. The patient does not use any assistive devices for mobility. Medication reconciliation was performed, including review of dosages, frequencies, and pertinent side effects. The patient and her daughter were educated that Prednisone may elevate blood glucose levels and were instructed on the importance of maintaining a blood glucose log. Education was initiated regarding signs and symptoms of acute rejection and criteria for when to notify the RN or MD. Both the patient and her daughter verbalized understanding. The plan of care includes continued skilled nursing for post-transplant monitoring, reinforcement of medication adherence, glycemic control education, incision and fistula assessment, and coordination with the transplant team to ensure safe recovery and complication prevention.
 Date of Order 09/18/2025 Orders Physician Face-to-Face Date: 09/15/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management due to Kidney Transplant Surgery Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc Physician Ghimire, Sailu

SN Careplans

SN WK1: 1 (09/18/25-09/20/25) ,WK2: 2 (09/21/25-09/27/25) ,WK3: 1 (09/28/25-10/04/25) ,WK4: 1 (10/05/25-10/11/25) ,WK5: 1 (10/12/25-10/18/25) ,WK6: 1 (10/19/25-10/25/25) ,WK7: 1 (10/26/25-11/01/25) ,WK8: 1 (11/02/25-11/08/25)

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, 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, meal preparation, M1400 - Dyspnea, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, B1000 - Vision Deficit, #1 - Observable Surgical Wound - Other - Right Abdomen -

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: TO ABODOMINAL

SN Goals

PATIENT-STATED GOAL: TO FEEL BETTER

GOALS
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 cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* 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
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

Signature of Physician:

Date

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

Date
09/18/2025

Home Health Certification and Plan of Care

Order ID: 1150/12335

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
48000853300	09/18/2025	From: 09/18/2025 To: 11/16/2025	17413	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Patrick Eppes 2723 Wilkins Ave, BALTIMORE, MD 21223- 443-512-5451	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

SURGICAL SITE, OPEN TI AIR. MD TO REMOVE STAPLES.

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, * 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, * 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

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
* 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
* 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 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
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* recalls related medication(s) purpose, schedule

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

meal preparation is available to patient for all meals

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/18/2025