Home Health Certification and Plan of Care

Order ID: 1150/12539

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
13290894	09/18/2025	From: 09/18/2025 To: 11/16/2025	17516	217058

6. Patient's Name and Address
Lamont Smith
704 Benninghaus Road,
BALTIMORE, MD 21212-
443-739-4126

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 08/14/1980 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	09/18/25

13. ICD	Other Pertinent Diagnoses	Date
I71.62	Paravisceral aneurysm of thoracoabdominal aorta w/o rupt	09/18/25
I72.3	Aneurysm of iliac artery	09/18/25
D62.	Acute posthemorrhagic anemia	09/18/25
I10.	Essential (primary) hypertension	09/18/25
E78.5	Hyperlipidemia unspecified	09/18/25
F32.A	Depression unspecified	09/18/25
F41.9	Anxiety disorder unspecified	09/18/25
G70.9	Myoneural disorder unspecified	09/18/25
E66.9	Obesity unspecified	09/18/25
Z79.82	Long term (current) use of aspirin	09/18/25

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

Metoprolol Tartrate - Metoprolol Tartrate take 75 mg tablet by mouth twice a day Used to manage HTN
Acetaminophen - Acetaminophen take 1,000 mg tablet by mouth every 6 hours OTC Med for pain management as needed
Aspirin 81Mg - Aspirin take 81 mg tablet by mouth once a day For thromboprophylaxis.
Oxycodone - Ibuprofen: Oxycodone Hydrochloride take 10 mg tablet by mouth every 4 hours Use post surgery for Pain management
Polyethylene Glycol - Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride take 17 g powder by mouth twice a day Used to maintain regular bowel elimination
Gabapentin - Gabapentin take 300 mg tablet by mouth three times a day Used for nerve pain management
Paroxetine - Paroxetine Hydrochloride take 20 mg tablet by mouth once a day Patient states "I don't really need it right now"
Sennosides - Senna take 2 tablet by mouth twice a day Used for regular BM maintenance
Hydrochlorothiazide - Hydrochlorothiazide take 25 mg tablet by mouth once a day Patient needs teaching on this medication.
Furosemide - Furosemide take 40 mg intravenous once a day Patient needs teaching on this medication

14. DME and Supplies:
hand held shower, bath bench, grab bars

15. Safety Measures:
, , , infectious material management, bedrails up while in bed, , no bending, cardiac precautions, activity supervision

16. Nutrition:
4gm sodium, cardiac diet

17. Allergies:
no known allergies

18.A. Functional Limitations
Dyspnea With Minimal Exertion, Endurance

18.B. Activities Permitted
Up As Tolerated, Exercises Prescribed, Transfer bed/Chair

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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

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
family/caregiver will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Encounter For Surgical Aftercare Following Surgery On The Circulatory System, 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 45-year-old male recently discharged from the hospital on 9/15 following surgical treatment for an aortic pathology requiring thoracoabdominal and iliac artery repair with aortic valve replacement. He is alert and oriented 4 but in visible pain, rating his pain 8/10 and describing tightness and pressure around his chest and surgical site; he declined his oxycodone because it causes drowsiness and preferred to remain alert for a scheduled appointment. On exam he was dyspneic, extremely fatigued, and experienced pain with minimal exertion. The patient lives with his wife and an 8-year-old daughter (not present at evaluation); his wife manages his medications and he requested that questions regarding medications or appointments be directed to her. He declined the RN's request to proceed beyond the kitchen and refused wound measurement or dressing change, stating this will be performed at his follow-up appointment tomorrow. He reports no assistive devices and no handrails near his bed, bathtub, or toilet; his home is a townhouse with five steps (with rail) and three steps (without rail), with bed and bath located on the second floor. Functionally he ambulates indoors up to 40 feet with supervision, completes a 14-step sequence with a step-to pattern under close supervision and with shortness of breath, performs bed mobility with cues for sternal precautions, and transfers to bed, toilet, and chair with supervision. His Tinetti score is 16/28, consistent with high fall risk/homebound status. He tolerated five repetitions of supine hip flexion, bridging, hook-lying rotation, straight leg raises and hip abduction, and performed sitting knee extensions and ankle pumps. The patient would benefit from home-based skilled therapy to increase strength, improve endurance and safety, and support a return to prior level of function.
 Date of Order 09/18/2025 Orders Physician Face-to-Face Date: 08/29/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval &t reat due to Encounter For Surgical Aftercare Following Surgery On The Circulatory System 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 PT Eval Notes:
 Physician Gao, Patricia

SN Careplans

SN WK1: 1 (09/18/25-09/20/25) ,WK2: 1 (09/21/25-09/27/25) ,WK3: 2 (09/28/25-10/04/25) ,WK4: 2 (10/05/25-10/11/25) ,WK5: 1 (10/12/25-10/18/25)

Authorization changes of SN skill Total Visits: 6 and Visit Freq: 2w1, 1w4

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

SN Goals

PATIENT-STATED GOAL: "I want to gain my strength back. Maybe even go back to work."

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

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
Patricia Gao
203 Hospital Dr
Glen Burnie, MD 21061
PHONE: FAX: NPI: 1821070608

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 : 08/29/2025

27. Attending Physician's Signature and Date Signed **09/30/2025**: 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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CAREGIVER: 2. Non agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications

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: M1720 - Anxiety, Home Safety, Home Safety, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M1400 - Dyspnea, chest pain, lung sounds not clear, limited range of motion, limited endurance, limited strength, Pain Effect on Sleep, balance deficit, lethargy, Pain Interference with ADLs, Pain Interference with Therapy activities, loss of appetite, #1 - Observable Surgical Wound - Anterior Left Abdomen - I was not able to measure the wound due to the patient complaining of extreme pain and fatigue. Measurements taken at the hospital are as follows: L- 100CM, W- 0.5CM, D- 0COM. Wound type surgical. Wound care order: Dry gauze and tape to drain site daily and PRN.

PROCEDURES: cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, apply compression bandage, physician-ordered wound care: To left chest/abdomen surgical site. Cover with dry clean dressing as needed. Staples to be removed at Physician office., teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange for adequate fire safety devices

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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient home enviroment has adequate fire safety devices, patient has access to adequate toileting facilities, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

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

patient home enviroment has adequate fire safety devices

patient has access to adequate toileting facilities

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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 modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* 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

PT Careplans

PT WK2: 1 (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) ,WK9: 1 (11/09/25-11/15/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, Pain Interference with ADLs, Pain Effect on Sleep, GG0170J1 - Walk 50 ft with 2 Turns, 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, GG0130B1 - Oral Hygiene, GG0170I1 - Walk 10 Feet, 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: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Sitting knee extension, ankle pumps. Standing knee

PT Goals

PATIENT-STATED GOAL: To be able to walk by myself without pain or shortness of breath

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

Chair to Bed to Chair - 06. Independent

Toilet Transfer - 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

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

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flexion, hip abduction, hip extension, plantarflexion, squats , Bed mobility training , incentive spirometer, equipment training, work simplification/energy conservation, 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 - 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 _ Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 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 works best to relieve pain
* teach relaxation skills and diversional activities
* 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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 _ Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

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