Home Health Certification and Plan of Care

Order ID: 1150/12602

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
19335651	06/09/2025	From: 08/08/2025 To: 10/06/2025	14125	217058

6. Patient's Name and Address
Francois Ferdinand
5019 Green Mountain Cir Unit 4 ,
COLUMBIA, MD 21044-
443-825-7373

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 09/03/1938 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
N39.0	Urinary tract infection site not specified	06/09/25

13. ICD	Other Pertinent Diagnoses	Date
B96.1	Klebsiella pneumoniae as the cause of diseases classd elswhr	06/09/25
E11.65	Type 2 diabetes mellitus with hyperglycemia	06/09/25
I10.	Essential (primary) hypertension	06/09/25
I35.0	Nonrheumatic aortic (valve) stenosis	06/09/25
E78.5	Hyperlipidemia unspecified	06/09/25
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	06/09/25

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

Amlodipine - Amlodipine Besylate 10mg, take (10mg) tablet by mouth once a day
Atorvastatin - Atorvastatin Calcium 40 mg, take (40 mg) tablet by mouth once a day
Losartan Potassium - Losartan Potassium 50 mg, take (50 mg) tablet by mouth once a day
Metoprolol Succinate - Metoprolol Succinate 25 mg, take (25 mg) tablet by mouth once a day
Polyethylene Glycol - Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 17 g, powder by mouth once a day
Basaglar - Insulin Glargine 15 units subcutaneous twice a day
Hydrochlorothiazide - Hydrochlorothiazide 25 mg by mouth in the morning Hypertension

14. DME and Supplies:
rolling walker, hospital bed, rollator

15. Safety Measures:
fall precautions, diabetic precautions, remove environmental barriers, bathroom safety, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET,

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Transfer bed/Chair, Up As Tolerated, Walker, Independent at Home

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: , SOCIAL ISOLATION: 2 independent, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: na, MOBILITY: na

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Urinary tract infection site not specified, 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 86-year-old male with a history of type 2 diabetes mellitus (T2DM), hypertension, aortic stenosis, and dementia. He is currently receiving home health services to support continued education and management of his T2DM. A new blood glucose monitoring device was provided, and the patient's spouse was trained on its use. The patient is alert and oriented to person and place but is unaware of the current day and date. He reports left shoulder pain and is taking Tylenol as prescribed. He is also receiving physical and occupational therapy services to assist with mobility and daily functioning.<o:p></o:p> Despite having a caregiver, the patient sometimes receives assistance with activities of daily living (ADLs) even when not needed. He is not consistently compliant with his home exercise program (HEP) and occasionally experiences balance issues due to his knees giving out. On assessment, vital signs were obtained and found to be within normal limits. Cardiopulmonary exam reveals lungs clear to auscultation (CTA), and all peripheral pulses are palpable with normal capillary refill. Bowel sounds are active; the patient reports his last bowel movement was yesterday and denies any nausea. Overall, the patient requires continued monitoring and support for both medical and functional needs.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 08/06/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 06/04/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Urinary Tract Infection Site Not Specified
 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>
 4 - Recertification OT Notes: due to UTI and delirium
 SN Eval Notes:<o:p></o:p> Physician: Dhanoa, Pardeep

SN Careplans

SN WK3: 1 (08/17/25-08/23/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: bathing, caregiver respite, daytime fatigue (BH), Home Safety, dependent edema (CR), limited range of motion (MS), Pain Interference with ADLs, weak hand grips (NR), discolored patches of skin (SK)

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange repair of inadequate lighting, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange access to adequate trash/sewage disposal, coordinate/arrange resources for vision-impaired, coordinate/arrange transportation services, assist with caregiver respite, assist with bathing

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * how to take the patient's blood pressure record the reading, 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, * low cholesterol dietary guidelines, 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts,

SN Goals

PATIENT-STATED GOAL: I want to get back to normal

GOALS
patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low cholesterol dietary guidelines
* 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
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep

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
Pardeep Dhanoa
7070 Samuel Morse Drive
Columbia, MD 21046
PHONE: FAX: NPI: 1730295155

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 : 06/04/2025

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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and threats, 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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, * 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, patient's transportation needs are met, patient living environment has adequate lighting, patient's living environment is clean/uncluttered, patient has access to adequate trash/sewage disposal, insects/rodents not present in the patient's living environment, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

* 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/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

patient has access to adequate trash/sewage disposal

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
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* 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's living environment is clean/uncluttered

patient living environment has adequate lighting

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 is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

insects/rodents not present in the patient's living environment

patient's transportation needs are met

OT Careplans

OT Goals

Signature of Physician:

Date

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

Date
08/06/2025

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OT WK2: 1 (08/10/25-08/16/25) ,WK3: 1 (08/17/25-08/23/25) ,WK4: 1 (08/24/25-08/30/25) ,WK5: 1 (08/31/25-09/06/25) ,WK10: 1 (10/05/25-10/06/25)

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:

HOSPITALIZATION RISKS: 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: lightheadedness, coughing, abnormal sputum production, pain radiating to arms/legs

PROCEDURES: Medication Review- Medications reviewed with patient and caregiver. : Patient and caregiver both are needed, equipment training, work simplification/energy conservation

TEACH PATIENT/CAREGIVER: 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, Therapeutic exercise , Work simplification and safety precautions training , Medication Review- Patient/Caregiver, related purpose and schedule of medications., ADLs/ Self care

PATIENT-STATED GOAL: Eval only

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

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Therapeutic exercise

Work simplification and safety precautions training

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Eating - 06. Independent

ADLs/ Self care

Medication Review- Patient/Caregiver recalls related purpose and schedule of medications.

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/06/2025