Home Health Certification and Plan of Care

Order ID: 1150/12549

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
67244268	09/23/2025	From: 09/23/2025 To: 11/21/2025	17681	217058

6. Patient's Name and Address

Warren Everett
4218 Oakford Ave,
BALTIMORE, MD 21215-
410-499-7250

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 08/24/1953 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
T83.511A	I/I react d/t indwelling urethral catheter init	09/23/25

13. ICD	Other Pertinent Diagnoses	Date
N39.0	Urinary tract infection site not specified	09/23/25
L89.159	Pressure ulcer of sacral region unspecified stage	09/23/25
L89.899	Pressure ulcer of other site unspecified stage	09/23/25
L89.619	Pressure ulcer of right heel unspecified stage	09/23/25
S81.811D	Laceration w/o foreign body right lower leg subs encntr	09/23/25
G20.A1	Parkinson's dis w/o dyskinesia w/o mention of fluctuations	09/23/25
I10.	Essential (primary) hypertension	09/23/25
M84.452D	Pathological fracture left femur subs for fx w routn heal	09/23/25
E43.	Unspecified severe protein-calorie malnutrition	09/23/25
J44.89	Other specified chronic obstructive pulmonary disease	09/23/25
E78.5	Hyperlipidemia unspecified	09/23/25
E04.9	Nontoxic goiter unspecified	09/23/25
M62.569	Muscle wasting and atrophy NEC unsp lower leg	09/23/25
E87.6	Hypokalemia	09/23/25
R33.9	Retention of urine unspecified	09/23/25
Z79.01	Long term (current) use of anticoagulants	09/23/25
Z74.01	Bed confinement status	09/23/25
Z87.891	Personal history of nicotine dependence	09/23/25
Z86.718	Personal history of other venous thrombosis and embolism	09/23/25
Z86.711	Personal history of pulmonary embolism	09/23/25

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

Hydra-Zide - Hydralazine Hydrochloride: Hydrochlorothiazide 50 mg;50 mg 50mg by mouth three times a day Medication indication understood by caregiver
Coumadin - Warfarin Sodium 10 mg take 10 mg tablet by mouth once a day 10 mg, 1 time daily for a fib
Crestor - Rosuvastatin Calcium take 5 mg tablet by mouth once a day 5 mg, 1 time daily at bedtime
Flomax - Tamsulosin Hydrochloride take 0.4 mg capsules by mouth once a day 0.4 mg, 1 time daily every evening for Urinary retention
Tylenol - Acetaminophen take 650 mg Tablet by mouth every 6 hours 650 mg, Oral, every 6 hours PRN for fever and pain
Santyl - Collagenase 250u/gram take 250 UNIT/GM, 1 Application ointment topical once a day 1 Application, 1 time daily
Mupirocin - Mupirocin 2% topical once a day Once daily for wound care
Vancomycin - Vancomycin Hydrochloride 125mg by mouth four times a day Antibiotic taking for C diff. Daily for 10 days
Advair - Fluticasone Propionate: Salmeterol Xinafoate 100-50 MCG/ACT , take 1 puff inhaler inhalant twice a day 1 puff, 2 times daily
Senokot - Senna take 17.2 mg tablet by mouth twice a day 17.2 mg, Oral, 2 times daily PRN
Miralax - Polyethylene Glycol 3350 take 17 g powder by mouth once a day 17 g, Oral, 1 time daily, Stir and dissolve 1 packet in any 4-8 ounces of non-carbonated beverage. PT taking as needed
Keflex - Cephalexin eq 500 mg base take 500 mg capsule by mouth four times a day 500 mg, Oral, 4 times daily for 5 days for C diff infection
Pulmicort - Budesonide Take 0.5 mg inhalant twice a day 0.5 mg, 2 times daily

14. DME and Supplies:

wound care supplies, Bordered gauze, Saline

15. Safety Measures:

, , , , infectious material management, bathroom safety, activity supervision, hand rails

16. Nutrition:

cardiac diet

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation, Bowel/Bladder Incontinence, Contracture

18.B. Activities Permitted

Complete Bedrest

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: poor

22. A Rehabilitation Potential:

SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Infection and inflammatory reaction due to indwelling urethral catheter, initial encounter, 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 who is bedbound and fully dependent on care. He is alert, oriented, and presents as pleasant. His wife, who is his primary caregiver, manages all aspects of his care at home. The patient reports no pain and maintains intact vision and hearing. He is currently being treated for a C. difficile infection, resulting in loose stools, which his wife finds challenging to manage alongside his wound care. He has an indwelling urinary catheter with clear urine output, though his wife reports frequent clogs and a catheter-associated UTI. Multiple pressure ulcers were noted, including unstageable wounds on both heels and the left second toe, a Stage II ulcer above the right ankle, and a Stage II sacral wound. The RN assisted with hygiene and wound care during the visit and advised that concerns regarding catheter management and wound care would be addressed with the healthcare team. The patient's wife expressed difficulty in managing his care alone and requested a home health aide and additional wound care supplies, expressing concerns about insurance coverage. The RN assured her these concerns would be relayed to the case manager and noted that a follow-up would also be made with their Kaiser social worker regarding catheter supplies. The patient is scheduled for a virtual follow-up on September 30 due to difficulty transferring him, as he cannot bend his knees and requires full assistance with repositioning. A recent PT evaluation noted significant physical decline following a femur fracture earlier this year, resulting in bilateral knee contractures. PT recommended the use of a bolster for passive stretching and initiation of a home exercise program to reduce further contractures and prevent skin breakdown. The patient would benefit from continued skilled PT services.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 09/23/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 09/19/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Infection and inflammatory reaction due to indwelling urethral catheter, initial encounter
 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:<o:p></o:p> Physician: Eseonu Ewoh, Nkechinyerem

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 09/23/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Nkechinyerem Eseonu Ewoh
7070 Samuel Morse Dr
Columbia, MD 21246
PHONE: FAX: NPI: 1114247541

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 : 09/19/2025

27. Attending Physician's Signature and Date Signed **10/01/2025** 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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SN WK1: 10 (09/23/2025 - 09/27/2025), WK2: 1 (09/28/2025 - 10/04/2025), WK3: 2 (10/05/2025 - 10/11/2025), WK4: 2 (10/12/2025 - 10/18/2025), WK5: 1 (10/19/2025 - 10/25/2025)

Authorization changes of SN skill Total Visits: 8 and Visit Freq: 8
Authorization changes of SN skill Total Visits: 8 and Visit Freq: CUSTOM

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

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; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

; 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: A1250 - Lack of Necessary Transportation, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M2102f - Patient Supervision, M2102c - Med Admin, meal preparation, M1400 - Dyspnea, M1620 - Bowel Incontinence, diarrhea, M1600 - UTI, urine retention, M1610 - Urinary Catheter, muscle spasms, limited strength, limited range of motion, limited endurance, swelling of affected area, poor muscle tone, muscle weakness, weak hand grips, skin breakdown r/t incontinence, open sores/lesions, discolored patches of skin, #1 - 1 - Intact skin with non-blanchable redness of a localized area usually over a bony prominence. - Posterior Left Heel - , #2 - 6 - Unstageable due to coverage of wound bed by slough and/or eschar. - Posterior Left Heel - 2nd left toe. Small reddened surface , #3 - 6 - Unstageable due to coverage of wound bed by slough and/or eschar. - Posterior Right Heel - Wound is unstageable due to thickened, dried skin over the surface, #4 - 6 - Unstageable due to coverage of wound bed by slough and/or eschar. - Posterior Right Ankle/Foot - , #5 - 1 - Intact skin with non-blanchable redness of a localized area usually over a bony prominence. - Posterior Sacrum -

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: Cleanse all wounds with normal saline, pat dry Patient with unstageable pressure injuries noted to bilat heels, present on admission. Wounds present as thin black eschar. No erythema noted. No drainage noted. Recommend offload in heel offloading boots at all times. Remove for assessment of skin and replace. Patient with loss of pigment and several partial thickness wounds noted to bilat buttocks, present on admission. Wounds etiology from a combination of pressure, stage 2, friction, shear, incont associated skin damage. Recommend foam dressing is stool incontinence can be managed. Change every three days. Patient with stage 2 pressure injury to right lateral lower leg, present on admission. Wound mostly epithelialized. Small partial thickness wound noted with pink base. Recommend foam dressing and change every three days., monitor intake & output, catheter change, care & irrigation: 16F 30cc Foley Catheter Foley management -if not flushing well please change foley as needed bases. Please teach and train pt and wife on how to irrigate foley with 10-20 ml of saline daily-twice a day to avoid clogging.., teach/coordinate/arrange medication packaging and/or administration

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

PATIENT-STATED GOAL: "Continue to get better and stronger"

GOALS
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
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

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
* 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
* diet
* weight-bearing exercises to promote bone healing and strengthening
* fluids to prevent constipation
* home safety
* pain control
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* dietary guidelines for managing nutritional deficit
* 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
* pain control
* therapeutic exercises for muscle strengthening and flexibility
* diet and fluids to optimize and prevent constipation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

caregiver recalls how to
* inspect regularly for gaps where patient can become trapped between the mattress, rail, or bed frame
* ensure the top of the bed rail is at least 4 inches (100mm) above the mattress
* to avoid using bed rails with a soft mattress to decrease entrapment risk

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/23/2025

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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, * 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, * 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, 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, * pain control therapeutic exercises for muscle strengthening and flexibility diet and fluids to optimize and prevent constipation, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, 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, caregiver, how to inspect regularly for gaps where patient can become trapped between the mattress, rail, or bed frame ensure the top of the bed rail is at least 4 inches (100mm) above the mattress to avoid using bed rails with a soft mattress to decrease entrapment risk

patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls related medication(s) purpose, schedule

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

patient's transportation needs are met

caregiver performs medical/rehabilitation treatments with adequate competence

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

PT Careplans

PT WK1: 10 (09/23/25-09/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 Dyspnea, GG0170F1 - Toilet Transfer, GG0170A1 - Roll left & Right, GG0170B1 - Sit to Lying, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet

PROCEDURES: Medication Review- : medications reviewed with patient/caregiver, cough/deep breathing exercises, therapeutic exercises

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, Roll left & Right - 01. Dependent, Sit to Lying - 01. Dependent, Medication Review-

PT Goals

PATIENT-STATED GOAL: To be able to move his legs more

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

Roll left & Right - 01. Dependent

Sit to Lying - 01. Dependent

Medication Review-

HHA Careplans

HHA WK1: 1 (09/23/25-09/27/25) ,WK2: 2 (09/28/25-10/04/25) ,WK3: 2 (10/05/25-10/11/25) ,WK4: 2 (10/12/25-10/18/25) ,WK5: 2 (10/19/25-10/25/25) ,WK6: 1 (10/26/25-11/01/25)

PROCEDURES: assist with bathing: Aide to do bed bath on each visit. Apply lotion (if available) to sking, assist with toileting hygiene: Aide to do toileting hygiene on each visit, assist with lower body dressing: Aide to do lower body dressing on each visit after bath, assist with upper body dressing: Aide to do upper body dressing on each visit after bath, assist with light housekeeping: Aide to change linen if clean linen is available, and clean area around patient on each visit, assist with grooming, oral care: Aide to do grooming and oral care on each visit

HHA Goals

Signature of Physician:

Date

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

Date
09/23/2025