

Home Health Certification and Plan of Care						Order ID: 1150/12111
1. Patient's HI claim No. 3XY0CU2XC09		2. Start Of Care Date 09/06/2025		3. Certification Period From: 09/06/2025 To: 11/03/2025		4. Medical Record No. 17145
					5. Provider No. 217058	
6. Patient's Name and Address Robert Deaton 1303 HOWARD RD, GLEN BURNIE, MD 21060- 410-855-1705				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 06/26/1959 9.Sex Male				10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD N17.9	Principal Diagnosis Acute kidney failure unspecified		Date 09/06/25	Aspirin 81Mg - Aspirin 81 MG , Take 1 tablet by mouth once a day Take 1 tablet by mouth daily.		
13. ICD I95.9	Other Pertinent Diagnoses Hypotension unspecified		Date 09/06/25	CAD		
I21.A1	Myocardial infarction type 2		Date 09/06/25	B Complex-Folic Acid (B COMPLEX PLUS) TABS Take 1 tablet by mouth once a day Take 1 tablet by mouth daily.		
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny		Date 09/06/25	SUPPLEMENT		
I50.32	Chronic diastolic (congestive) heart failure		Date 09/06/25	Lasix - Furosemide 20 mg 20 MG, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily		
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease		Date 09/06/25	FLUID PILL/HF		
N18.31	Chronic kidney disease stage 3a		Date 09/06/25	Novolog - Insulin Aspart Recombinant 100 units/ml 15 UNITS subcutaneous three times a day DM		
D63.1	Anemia in chronic kidney disease		Date 09/06/25	BEFORE MEALS		
I25.10	Athscsl heart disease of native coronary artery w/o ang pctrs		Date 09/06/25	Lantus Insulin - Insulin Glargine Recombinant 100UNIT/ML; 60 UNITS subcutaneous in the morning DM		
G47.33	Obstructive sleep apnea (adult) (pediatric)		Date 09/06/25	Prevacid - Lansoprazole 15 mg 15 mg , Take 15 mg capsule by mouth once a day Take 15 mg by mouth daily. OTC		
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp		Date 09/06/25	STOMACH		
G43.909	Migraine unsp not intractable without status migrainosus		Date 09/06/25	OZEMPIC 2MG/DOSE; 2,G subcutaneous once a week DM		
E78.5	Hyperlipidemia unspecified		Date 09/06/25	Cyanocobalamin - Cyanocobalamin 1 mg 1000 MCG , Take 1,000 mcg Tablet by mouth once a day Take 1,000 mcg by mouth daily.		
I25.5	Ischemic cardiomyopathy		Date 09/06/25	SUPPLEMENT		
E27.40	Unspecified adrenocortical insufficiency		Date 09/06/25	Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin:		
M19.90	Unspecified osteoarthritis unspecified site		Date 09/06/25	Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide:		
E66.9	Obesity unspecified		Date 09/06/25	Pyridox 75 MCG (3000UT) by mouth once a day Take 1 tablet by mouth daily.		
Z68.41	Body mass index [BMI] 40.0-44.9 adult		Date 09/06/25	SUPPLEMENT		
Z79.4	Long term (current) use of insulin		Date 09/06/25	Tylenol - Acetaminophen 325 mg , Take 2 tablets by mouth every 6 hours		
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs		Date 09/06/25	Take 2 tablets by mouth every 6 hours as needed for MILD Pain		
Z87.891	Personal history of nicotine dependence		Date 09/06/25	(or if requested by patient for MODERATE or SEVERE Pain) or Breakthrough Pain.		
				albuterol 108 (90 BASE) mcg/act IN aerosol solution Take 2 puffs by inhalation inhale every 6 hours Take 2 puffs by inhalation every 6 hours as needed for Wheezing.		
				Naprosyn - Naproxen 500 mg 500 MG , Take 1 tablet by mouth at bedtime		
				Take 1 tablet by mouth nightly as needed for MODERATE Pain		
				(or if patient requests it for severe pain).		
				Nitrostat - Nitroglycerin 0.4 mg 0.4 mg , Place 1 tablet under the tongue by mouth as necessary Place 1 tablet under the tongue every 5 min as needed for Chest Pain.		
				Neurontin - Gabapentin 400 mg 400 MG , Take 1 capsule by mouth three times a day Take 1 capsule by mouth 3 times daily		
				NEUROPATHY		
				Jardiance - Empagliflozin 25mg 1Tablet by mouth once a day		
14. DME and Supplies: walker, cane, diabetic supplies				15. Safety Measures: supervision at all times, walker precautions, standard precautions, fall precautions, diabetic precautions, medication safety, sharps precautions		
16. Nutrition: cardiac diet, diabetic				17. Allergies: recorelv pcn oxycodone-acetaminopen		
18.A. Functional Limitations Endurance				18.B. Activities Permitted Walker, Cane, Exercises Prescribed		
19. Mental & Psychosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No						
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		
Homebound status: Due to diagnosis of Acute Kidney Failure Unspecified, 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.						
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles SN RN on 09/06/2025					25. Date HHA Received Signed POT	
24. Physician's Name and Address Souvonik Adhya 203 Hospital Dr Ste 200 Glen Burnie, MD 21061 PHONE: 4105538362 FAX: 14107611587 NPI: 1114541448				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 : 09/03/2025		
27. Attending Physician's Signature and Date Signed 09/17/2025 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. PAGE 1 of 3		

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Clinical Condition Requiring Homecare: <div>The patient is a 66-year-old male with a past medical history significant for chronic kidney disease, insulin-dependent diabetes mellitus, hypertension, heart failure, coronary artery disease status post stenting, obesity, obstructive sleep apnea with noncompliance to CPAP, neuropathy, and a history of smoking. He was recently hospitalized for hypotension, poor oral intake, and abdominal fullness. The patient is alert and oriented, denies pain and shortness of breath, and reports an improving appetite. His last fingerstick blood glucose was 162 mg/dL, and he utilizes a Dexcom for monitoring. Lung sounds are diminished throughout, last bowel movement was 2-3 days ago, and bilateral lower extremities show hyperpigmentation. He has a walker and cane at home but does not use them. The patient resides in a one-level home with his spouse, who assists with all ADLs and IADLs as needed, and their granddaughter also lives in the home. He reports one fall in the past year while taking out the garbage but otherwise denies recent falls. Despite available assistive devices, he remains independent at home and declines the need for physical therapy; a one-time home safety assessment was completed with recommendations provided, and discharge from PT was made as there is no current skilled need. Skilled nursing reviewed all medications, dosing, frequency, and side effects, and initiated teaching regarding diet and the importance of adequate oral and fluid intake to prevent hypotension and hypoglycemia. The patient was receptive but requires further reinforcement.</div><div>
</div><div> </div><div>Date of Order</div><div>09/06/2025</div><div>Orders</div><div>Physician Face-to-Face Date: 09/03/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat due to Acute Kidney Failure Unspecified</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div>
</div><div> </div><div><div>1 - SOC - SN Notes:</div><div>PT Eval Notes:</div><div>Physician</div><div>Adhya, Souvonik</div></div> SN Careplans SN WK1: 1 (09/06/25-09/06/25) ,WK2: 2 (09/07/25-09/13/25) ,WK3: 1 (09/14/25-09/20/25) 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, 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:Living Will PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, lung sounds not clear, abnormal BS < 70/140 > mg/dL, limited endurance, balance deficit, bruising/discoloration PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, glucose testing via monitor 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 modification to manage blood condition including dietary changes bleeding precautions, 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, 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, meal preparation is available to patient for all meals SN Goals PATIENT-STATED GOAL: I want to continue to feel better GOALS 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 * diabetic medication management * blood sugar testing * diabetic foot care * exercise * diabetic diet * 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 meal preparation is available to patient for all meals 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 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 manage inflammatory process * optimize mobility with active and passive range of motion exercises * fluid and diet intake to promote healing * prevent constipation * home safety * 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						

PT Careplans

PT WK2: 1 (09/07/2025 - 09/13/2025)

PT Goals

PATIENT-STATED GOAL: to continue to feel better.

Signature of Physician:

Date

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Optional Name/Signature of Nurse/Therapist:

Date

Electronically Signed by Messick, Charles SN RN

09/06/2025

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PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170G1 - Car Transfer, 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, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0130B1 - Oral Hygiene, 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				

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/06/2025