Home Health Certification and Plan of Care

Order ID: 1150/12723

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
77127067	09/25/2025	From: 09/25/2025 To: 11/22/2025	17597	217058

6. Patient's Name and Address
Wilbert Vann
1211 S Marlyn Ave,
ESSEX, MD 21221-
410-982-4682

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 10/08/1959 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
Z43.2	Encounter for attention to ileostomy	09/25/25

13. ICD	Other Pertinent Diagnoses	Date
I69.328	Oth speech/lang deficits following cerebral infarction	09/25/25
N17.9	Acute kidney failure unspecified	09/25/25
K65.1	Peritoneal abscess	09/25/25
E11.9	Type 2 diabetes mellitus without complications	09/25/25
I10.	Essential (primary) hypertension	09/25/25
I48.0	Paroxysmal atrial fibrillation	09/25/25
F32.89	Other specified depressive episodes	09/25/25
D50.9	Iron deficiency anemia unspecified	09/25/25
K50.90	Crohn's disease unspecified without complications	09/25/25
K21.9	Gastro-esophageal reflux disease without esophagitis	09/25/25
E78.5	Hyperlipidemia unspecified	09/25/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	09/25/25
Z79.82	Long term (current) use of aspirin	09/25/25
Z85.46	Personal history of malignant neoplasm of prostate	09/25/25
Z87.440	Personal history of urinary (tract) infections	09/25/25

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

Imodium - Loperamide Hydrochloride 2 mg Oral Cap,Take 1 capsule by mouth three times a day as needed for diarrhea or loose
Lipitor - Atorvastatin Calcium 40 mg Oral Tab,Take 1 tablet by mouth as necessary daily for cholesterol
Protonix - Pantoprazole Sodium 40 mg Oral TBEC DR Tab,Take 1 tablet by mouth twice a day GERD
Cholestyramine Light - Cholestyramine 4 gram Oral Pwd Pkt,Take 1 Packet by mouth as necessary HLD
Tylenol - Acetaminophen) 325 mg Oral Tab,Take 650 mg by mouth every 4 hours as needed for pain
Vitamin B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1,000 mcg SL Subl Tab,Dissolve 1 tablet by mouth as necessary under the tongue daily
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg (65 mg iron) Oral Tab,Take 1 tablet by mouth twice a day a day for 360 days
Flomax - Tamsulosin Hydrochloride 0.4 mg Oral Cap,Take 1 capsule by mouth at bedtime daily at bedtime
Colace - Docusate Sodium 100 mg Oral Cap,Take 1 capsule by mouth twice a day . Discontinue once bowel movements are soft and regular
Revatio - Sildenafil Citrate 20 mg Oral Tab,Take 4-5 tablets by mouth every hour as needed 1 hour prior to sexual activity. Do not exceed 5 tablets in 24 hours (Patient not taking: Reported on 6/9/2025)
Ascorbic Acid - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 500 mg Oral Tab,Take 1 tablet by mouth as necessary Patient not taking: Reported on 6/9/2025)
Drisdol - Ergocalciferol 1,250 mcg (50,000 unit) Oral Cap, Take 1 capsule by mouth once a week days (Patient not taking: Reported on 6/9/2025)
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 mcg (1,000 unit) Oral Tab,Take 1 tablet by mouth as necessary daily (Patient not taking: Reported

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 09/25/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Jerome Chambers
4920 Campbell Blvd
White Marsh, MD 21236
PHONE: 14109337600 FAX: NPI: 1053978189

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 : 09/17/2025

27. Attending Physician's Signature and Date Signed **10/06/2025**: 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.

Home Health Certification and Plan of Care

Order ID: 1150/12723

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
77127067	09/25/2025	From: 09/25/2025 To: 11/22/2025	17597	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Wilbert Vann 1211 S Marlyn Ave, ESSEX, MD 21221- 410-982-4682	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

on
6/9/2025)
Metamucil - Senna 3.4 gram/5.4 gram Oral Powd,Take 1 Application by mouth as necessary daily
(Patient not
taking:
Reported
on
6/9/2025)
Lasix - Furosemide 20 mg Oral Tab,Take 1 tablet by mouth in the morning
Cozaar - Losartan Potassium 50 mg Oral Tab,Take 1 tablet by mouth as necessary daily

14. DME and Supplies:	15. Safety Measures:
ostomy supplies, bath bench, walker, reacher, grab bars, commode, hospital bed, wound care supplies, cane	infectious material management, walker precautions, , , ambulates with device, ambulates with assistance, , hand rails, bathroom safety,

16. Nutrition:	17. Allergies:
regular	shrimp

18.A. Functional Limitations	18.B. Activities Permitted
Ambulation	Up As Tolerated

19. Mental & Pyschosocial 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:	22.B.Discharge Plans
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.	patient will be responsible for managing treatment family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Encounter For Attention To Ileostomy, 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 65-year-old male with a significant past medical history including acute kidney injury (AKI), chronic kidney disease (CKD), cerebrovascular accident (CVA), gross hematuria, presacral abscess, ileostomy, bilateral total knee replacements (TKR), and right total hip replacement (THR). He was most recently hospitalized for hypotension and deconditioning and was subsequently transferred to a rehabilitation facility. Since February, he has been independently managing an ileostomy and currently has a drainage catheter in place for a presacral abscess on the right buttock. The abscess site was not observed during this visit as the dressing had just been changed prior to arrival; the patient was instructed to avoid changing the dressing before the next skilled nursing visit to allow for direct <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>. The patient resides with his fiance, who serves as his primary caregiver. He reports severe pain rated 9/10 related to the abscess, along with intermittent fatigue and shortness of breath. He denies nausea, vomiting, diarrhea, or loss of appetite. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, lung sounds were clear to auscultation bilaterally. He presents with generalized weakness, deconditioning, and an unsteady gait. At home, he ambulates with the assistance of a cane and demonstrates the ability to negotiate stairs to the second floor using both the railing and the cane. He sleeps in an unusually high bed, requiring use of a stepping stool for transfers, which poses an increased fall risk. Despite recommendations to lower the bed height for safety, the patient declined. The patient is 6'2" in height and was instructed in a tailored home exercise program to address strength and conditioning. Education was provided on safe mobility techniques and fall prevention. He was also counseled on the importance of wound and ostomy care, medication adherence, energy conservation, and monitoring for signs of infection, increased pain, or worsening shortness of breath.
 Date of Order 09/25/2025 Orders Physician Face-to-Face Date: 09/17/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Encounter For Attention To Ileostomy 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 Chambers, Jerome

SN Careplans	SN Goals
SN WK1: 1 (09/25/25-09/27/25) ,WK3: 1 (10/05/25-10/11/25) ,WK4: 1 (10/12/25-10/18/25) ,WK5: 1 (10/19/25-10/25/25) ,WK6: 1 (10/26/25-11/01/25) ,WK7: 1 (11/02/25-11/08/25) ,WK8: 1 (11/09/25-11/15/25) 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: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion 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	PATIENT-STATED GOAL: To go back to work GOALS patient/caregiver recalls * ostomy management including how to clean stoma * change ostomy pouch * recalls related medication(s) purpose, schedule patient/caregiver recalls * lifestyle modifications * low-residue dietary guidelines * alternative medicine options for ulcerative colitis * recalls related medication(s) purpose, schedule patient/caregiver recalls * low-fat diet * lifestyle modifications to manage esophageal condition * recalls related medication(s) purpose, schedule

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/25/2025

Home Health Certification and Plan of Care

Order ID: 1150/12723

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
77127067	09/25/2025	From: 09/25/2025 To: 11/22/2025	17597	217058

6. Patient's Name and Address
Wilbert Vann
1211 S Marlyn Ave,
ESSEX, MD 21221-
410-982-4682

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

Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abn cholesterol > 200 mg/dL, heartburn/indigestion, limited strength, Pain Interference with ADLs, daytime fatigue, balance deficit, M1630 - GI Ostomy, open sores/lesions, #1 - GI Ostomy - Anterior Right Abdomen - , #2 - Other - Posterior Right Buttock -

PROCEDURES: Medication Review: Medication reviewed with the patient/caregiver., physician-ordered wound care: Presacral abscess: Clean with NSS, apply drain sponge and foam dressing daily and PRN., apply collection/fistula pouch: Ileostomy: Change bag every 7 days and PRN due to detachment or leakage., ostomy care & irrigation

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, * 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, related medication(s) purpose, schedule, * ostomy management including how to clean stoma change ostomy pouch, 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

patient/caregiver recalls
* low cholesterol dietary guidelines
* 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
* 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
* 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
* 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

PT Careplans

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

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: Medication Review: The medication was reviewed wit the patient , Home exercises: Slr, le abd/add, long arc , mini squats and heel raises --10x2 reps , cough/deep breathing exercises, incentive spirometer, gait training on uneven surfaces

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

PT Goals

PATIENT-STATED GOAL: To get stronger and walk better

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

OT Careplans

OT WK1: 6 (09/24/25-09/27/25)
10/04/2025 Problems : GG0170I1 - Walk 10 Feet
M1400 Dyspnea
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
GG0130B1 - Oral Hygiene
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

OT Goals

Signature of Physician:

Date

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

Date
09/25/2025