Home Health Certification and Plan of Care

Order ID: 1150/12819

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
281098189	09/27/2025	From: 09/27/2025 To: 11/25/2025	17878	217058

6. Patient's Name and Address

Leo Moran
1007 Uhuru Rd,
GLEN BURNIE, MD 21060-
443-801-9171

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 05/16/1949 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
N17.9	Acute kidney failure unspecified	09/27/25

13. ICD	Other Pertinent Diagnoses	Date
I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	09/27/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	09/27/25
N18.5	Chronic kidney disease stage 5	09/27/25
D63.1	Anemia in chronic kidney disease	09/27/25
N13.2	Hydronephrosis with renal and ureteral calculous obstruction	09/27/25
I48.0	Paroxysmal atrial fibrillation	09/27/25
E78.5	Hyperlipidemia unspecified	09/27/25
H40.9	Unspecified glaucoma	09/27/25
G25.81	Restless legs syndrome	09/27/25
E11.65	Type 2 diabetes mellitus with hyperglycemia	09/27/25
E43.	Unspecified severe protein-calorie malnutrition	09/27/25
I45.10	Unspecified right bundle-branch block	09/27/25
F32.A	Depression unspecified	09/27/25
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	09/27/25
Z79.4	Long term (current) use of insulin	09/27/25
Z79.82	Long term (current) use of aspirin	09/27/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	09/27/25

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

Aspirin 81Mg - Aspirin take 81 mg tablet by mouth once a day 81 mg, Oral, 1 time daily
prophylactic
Lipitor - Atorvastatin Calcium eq 40 mg base take 80 mg tablet by mouth once a day 80 mg, 1 time daily
cholesterol
Insulin glargine-SEMGLEE 100UNIT/ML; 20 UNITS subcutaneous once a day NIGHTLY
DM
Xalatan - Latanoprost 0.005 perc 0.005 %, take 1 drop solution drops at bedtime 1 drop both eyes
nightly
Metoprolol Tartrate - Metoprolol Tartrate 50 mg 50mg; 1 tab by mouth twice a day HTN
VITRON-C 1 TAB by mouth once a day SUPPLEMENT
albuterol 108 (90 BASE) mcg/act IN aerosol solution 108 (90 BASE) mcg/act , take 1 puff (inhaler) inhalant every 6 hours 1 puff, every 6 hours PRN FOR SOB
Tylenol - Acetaminophen take 650 mg tablet by mouth as necessary FOR PAIN
Fish Oil - Cod Liver Oil 1 TAB by mouth once a day SUPPLEMENT
Famotidine - Famotidine 20 mg 1 tab by mouth twice a day
Amlodipine - Amlodipine Besylate 10 mg 1 tab by mouth in the morning blood pressure. DO NOT take blood pressure medication if readings are less than 120/60. As per pts After visit summary on 10/2/25 as per MD Abigail Hamilton.

14. DME and Supplies:

diabetic supplies, bath bench, commode, 4 wheeled walker, cane

15. Safety Measures:

infectious material management, , , diabetic precautions, , ambulates with device, walker precautions, , ambulates with assistance, transfer with assist, supervision at all times, sharps precautions, activity supervision

16. Nutrition:

cardiac diet, diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Cane, Up As Tolerated, Walker, Exercises Prescribed

19. Mental & Psychosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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

family/caregiver will be responsible for managing treatment
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.

Clinical Condition Requiring Homecare:

The patient is a 76-year-old male with a significant medical history including hyperlipidemia, type 2 diabetes mellitus, hypertension, chronic kidney disease, glaucoma, and a prior cerebrovascular accident resulting in residual left-sided weakness. He was recently hospitalized for elevated creatinine and anemia, during which he was diagnosed with a left ureteral stone and underwent cystoscopy with left ureteral stent insertion. The patient was discharged home under skilled nursing and therapy services for continued monitoring and rehabilitation. Upon evaluation, the patient was alert and oriented to person, place, and time (A&O3) with a finger-stick glucose level of 97 mg/dL. He reported generalized pain managed with acetaminophen taken prior to the visit and denied shortness of breath, chest pain, or dizziness. Lung sounds were clear bilaterally. He reported fair appetite, regular bowel movements, and normal voiding patterns. Mild bilateral lower extremity edema (+1 to +2) was observed. The patient ambulates safely within the home using a front-wheeled walker and reports no recent falls. He resides with his spouse, Susan, who provides continuous support and assistance with all activities of daily living (ADLs) and instrumental activities of daily living (IADLs). They live in a three-story home, but the patient remains primarily on the main level to minimize stair use. He uses a walker for household ambulation and demonstrates mild shortness of breath with activity. Physical therapy assessment revealed bilateral lower extremity pain, decreased strength, reduced functional mobility, impaired balance, and difficulty with transfers and stair negotiation. The patient also demonstrated poor safety awareness, placing him at increased risk for falls and further functional decline. Skilled physical therapy is indicated to improve lower extremity strength, enhance balance, promote safe ambulation and transfer techniques, and support overall functional independence. The patient and caregiver were educated on effective pain management, safe transfer and ambulation techniques, and fall prevention strategies. Both verbalized understanding of all education provided. Home physical therapy services are scheduled to begin on 9/30/25, with a frequency of 2 times per week for 3 weeks, followed by 1 time per week for 4 weeks. The patient and caregiver are in full agreement with the plan of care.
 Date of Order <span

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 09/27/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Abigail Hamilton
1701 Twin Springs Rd
Halthorpe, MD 21227
PHONE: 410-737-5000 FAX: 14107375401 NPI: 1821592817

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 : 09/24/2025

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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style="font-size: 14px;">09/27/2025 Orders Physician Face-to-Face Date: 09/24/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Acute Kidney Failure Unspecified 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 Hamilton, Abigail

SN Careplans

SN WK1: 1 (09/27/25-09/27/25) ,WK2: 2 (09/28/25-10/04/25) ,WK3: 2 (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)

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: 3. Multiple hospitalizations (2 or more) in the past 6 months, 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
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, limited range of motion, limited strength, limited endurance, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit, pallor

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, glucose testing via monitor: PT/CG TO MONITOR BLOOD GLUCOSE LEVELS DAILY

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, * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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 STAY OUT OF THE HOSPITAL

GOALS
patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* 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
* 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
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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 self-administers medications as prescribed
* 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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/27/2025

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patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

PT Careplans

PT 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: 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)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., dynamic standing balance exercises, gait training on uneven surfaces, gait training/stair training, transfers training, assist with fall prevention

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, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 06. Independent, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: I want to be able to walk without pain.

GOALS
Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

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

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Car Transfer - 04. Supervision or touching assistance

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/27/2025