Home Health Certification and Plan of Care

Order ID: 1150/12886

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9WC5J80RD82	10/01/2025	From: 10/01/2025 To: 11/28/2025	17910	217058

6. Patient's Name and Address
David Bonsal
100 Brightwood Club Drive 208,
Lutherville, MD 21093-
410-952-1453

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 11/29/1939 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
N39.0	Urinary tract infection site not specified	10/01/25

13. ICD	Other Pertinent Diagnoses	Date
B96.1	Klebsiella pneumoniae as the cause of diseases classd elswhr	10/01/25
B96.89	Oth bacterial agents as the cause of diseases classd elswhr	10/01/25
J44.9	Chronic obstructive pulmonary disease unspecified	10/01/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	10/01/25
F03.A0	Unspecified dementia mild without beh/psych/mood/anx	10/01/25
K22.2	Esophageal obstruction	10/01/25
M54.9	Dorsalgia unspecified	10/01/25
G89.29	Other chronic pain	10/01/25
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	10/01/25
R33.8	Other retention of urine	10/01/25
Z85.528	Personal history of other malignant neoplasm of kidney	10/01/25
Z90.5	Acquired absence of kidney	10/01/25
Z79.2	Long term (current) use of antibiotics	10/01/25
Z79.891	Long term (current) use of opiate analgesic	10/01/25

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

Gabapentin - Gabapentin 300 mg take 600 mg tablet by mouth twice a day "I take it for neuropathy" 2 pills 2x daily
Sodium Chloride - Sodium Chloride 4 mL nebulization Nasal every 6 hours "I take it 1s a day. When I Don't take it, I get UTIS"
Extra Strength Tylenol - Acetaminophen 500mg by mouth twice a day "I take it as needed for pain"
Melatonin - Melatonin take 3 mg tablet by mouth once a day "I take it for sleep"
Uroxatral - Alfuzosin Hydrochloride 10 mg by mouth Bladder control supplement 1x daily
Vitamin D - Ergocalciferol 50,000 International Units sublingual once a day Supplement
ipratropium-albuterol sulfate 3 mL, inhalation inhalant every 6 hours Taken as needed
tamsulosin take 0.4 mg tablet by mouth once a day Teaching required
Oxycodone - Ibuprofen: Oxycodone Hydrochloride take 2.5 mg tablet by mouth every 6 hours Taken as needed for pain
vit C,E-Zn-coppr-lutein-zeaxan take 1 capsule by mouth twice a day Supplement

14. DME and Supplies:
None of the above

15. Safety Measures:
ambulates with device, wheelchair precautions, , no stair use, activity supervision

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Bowel/Bladder Incontinence, Dyspnea With Minimal Exertion, Endurance

18.B. Activities Permitted
Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 2. Sometimes, 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
another facility/provider will be responsible for managing treatment patient 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 85-year-old male with a past medical history significant for renal cell carcinoma status post left nephrectomy with urinary retention, chronic obstructive pulmonary disease (COPD), chronic low back pain secondary to lumbar spondylosis and spinal stenosis with claudication, Schatzki ring, mild dementia, obstructive sleep apnea managed with CPAP, and benign prostatic hyperplasia (BPH). He was recently hospitalized for a urinary tract infection and is now receiving skilled home health services following discharge. Upon <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert and oriented to person, place, and time but presented with notable weakness and fatigue. He resides in an independent senior living community where a nurse is available on-site if needed. The patient was met in the nurse's office and assisted back to his apartment in a wheelchair, where he required moderate to maximal assistance for transfers and standing balance. He demonstrates poor standing tolerance and requires moderate assistance to transition from sitting to standing. Bed mobility and transfers were not fully assessed during this visit due to fatigue. The patient is currently nonambulatory but is able to self-propel his manual wheelchair independently on indoor surfaces. He has multiple assistive devices at home, including a manual wheelchair, single cane, straight cane, rolling walker, and rollator. He reports difficulty with independent mobility and standing without the use of assistive devices, often requiring support from his nephew, who serves as his primary caregiver. The patient becomes short of breath with exertion and wears a prescribed pain patch for chronic back pain management. The on-site nurse and evaluating clinician agree that the patient would significantly benefit from 24-hour caregiver support to assist with activities of daily living (ADLs) and mobility due to safety concerns and his current level of physical dependence. During the visit, the patient was assisted to bed and made comfortable. Education was provided on energy conservation, safe use of assistive devices, and the importance of adequate caregiver assistance. Medication review was completed, and the patient was reminded of proper medication timing and adherence. The plan of care includes continued skilled nursing for ongoing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, medication management, and symptom monitoring, along with skilled physical therapy to address deficits in strength, balance, endurance, and functional mobility to promote independence and a safe return to prior level of function.
 Date of Order 10/01/2025 Orders Physician Face-to-Face Date: 09/25/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management PT eval and treat OT eval and treat 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
 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Hurwitz, David

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 10/01/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
David Hurwitz
5505 Hopkins Bayview Circle
Baltimore, MD 21224
PHONE: 4105500925 FAX: 14105500182 NPI: 1063079283

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 : 09/25/2025

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
David Bonsal 100 Brightwood Club Drive 208, Lutherville, MD 21093- 410-952-1453	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

SN WK1: 2 (10/01/25-10/04/25) ,WK2: 2 (10/05/25-10/11/25) ,WK3: 2 (10/12/25-10/18/25)

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: 4. Assistance needed, but no non-agency caregiver(s) available

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

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: D0700 - Social Isolation, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, meal preparation, A1250 - Lack of Necessary Transportation, M1400 - Dyspnea, M1033 - Exhaustion, weak pulses in feet, abnormal electrolyte panel, urine retention, M1610 - Urinary Incontinence, M1600 - UTI, poor muscle tone, muscle weakness, limited range of motion, limited endurance, limited strength, weak hand grips, lethargy, balance deficit, B1000 - Vision Deficit, Pain Interference with Therapy activities, Pain Interference with ADLs

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, bladder training, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange resources for vision-impaired, coordinate/arrange long-term socialization activities

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 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, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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, * strategies to increase socialization, 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

PATIENT-STATED GOAL: "I want to walk with my cane"

GOALS
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
* 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 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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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

patient/caregiver recalls
* strategies to increase socialization
* recalls 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

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 vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

PT Careplans	PT Goals

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	10/01/2025

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PT WK1: 1 (10/01/25-10/04/25) ,WK2: 1 (10/05/25-10/11/25) ,WK3: 2 (10/12/25-10/18/25) ,WK4: 2 (10/19/25-10/25/25) ,WK5: 2 (10/26/25-11/01/25) ,WK6: 2 (11/02/25-11/08/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet

PROCEDURES: Therapeutic exercise , Gait training, Dynamic standing balance , Medication Review- Medications reviewed with patient/caregiver., wheelchair training, transfers training

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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Pt will ambulate x10 ft with unilateral railing and modA, WC follow for safety., Pt will tolerate standing with UE support x2 minutes without LOB and minA

PATIENT-STATED GOAL: To improve standing, transfers, and walking.

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Pt will ambulate x10 ft with unilateral railing and modA, WC follow for safety.

Pt will tolerate standing with UE support x2 minutes without LOB and minA

OT Careplans

OT WK2: 1 (10/05/25-10/11/25) ,WK3: 2 (10/12/25-10/18/25) ,WK4: 2 (10/19/25-10/25/25) ,WK5: 1 (10/26/25-11/01/25) ,WK6: 1 (11/02/25-11/08/25) ,WK7: 1 (11/09/25-11/15/25) ,WK8: 1 (11/16/25-11/22/25) ,WK9: 1 (11/23/25-11/26/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: Medication review : Medications reviewed with patient/caregiver., cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation

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, Oral Hygiene - 06. Independent, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Therapeutic exercise , Medication review , Balance training , Standing tolerance

OT Goals

PATIENT-STATED GOAL: Pt wants to ambulate using cane, stand to be able to perform ADLs

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

Oral Hygiene - 06. Independent

Lower Body Dressing - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Medication review

Therapeutic exercise

Standing tolerance

Balance training

Signature of Physician:

Date

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

Date
10/01/2025