Home Health Certification and Plan of Care

Order ID: 1150/13016

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
87149031	10/05/2025	From: 10/05/2025 To: 12/02/2025	17825	217058

6. Patient's Name and Address

Roosevelt Grimes
7845 Americana Circle Apt 104,
GLEN BURNIE, MD 21060-
443-469-9389

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 10/01/1940 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G93.41	Metabolic encephalopathy	10/05/25

13. ICD	Other Pertinent Diagnoses	Date
N13.2	Hydronephrosis with renal and ureteral calculous obstruction	10/05/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	10/05/25
N18.32	Chronic kidney disease stage 3b	10/05/25
E78.5	Hyperlipidemia unspecified	10/05/25
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	10/05/25
G47.00	Insomnia unspecified	10/05/25
H40.9	Unspecified glaucoma	10/05/25
J30.9	Allergic rhinitis unspecified	10/05/25
D12.6	Benign neoplasm of colon unspecified	10/05/25
R63.6	Underweight	10/05/25
Z87.440	Personal history of urinary (tract) infections	10/05/25

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

Latanoprost Ophthalmic Solution 0.005% , Instill 1 drop in both eyes (eye drops) both eyes once a day Instill 1 drop in both eyes one time a day for Glaucoma
Amlodipine Besylate - Amlodipine Besylate eq 5 mg base 5 MG Give 2 tablets by mouth once a day 5 MG
Give 1 tablet by mouth one time a day for HTN
Atorvastatin - Atorvastatin Calcium 10mg; 2 tabs by mouth in the evening cholesterol
Dorzolamide Hydrochloride - Dorzolamide Hydrochloride 2-0.5% , Instill 1 drop in both eyes (eye drops) both eyes every 12 hours Instill 1 drop in both eyes every 12 hours for Glaucoma
Olanzapine - Olanzapine 10 mg 10 MG Give 1 tablet by mouth once a day 10 MG
Give 1 tab by mouth in the evening for Metabolic encephalopathy
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG Give 2 capsules by mouth at bedtime 0.4 MG
Give 1 capsule by mouth at bedtime for Urinary retention
Vancomycin Hcl - Vancomycin Hydrochloride 250mg/5ml; 2.5mg by mouth every 6 hours for c. diff
for 10 days
Zofran - Ondansetron Hydrochloride eq 4 mg base 4mg; 1 tab by mouth every 6 hours vomiting/nausea

14. DME and Supplies:

urinary/catheter supplies, walker, wheelchair, bath bench, wound care supplies, cane

15. Safety Measures:

walker precautions, , infectious material management, , ambulates with device, transfer with assist, ambulates with assistance,

16. Nutrition:

low sodium, CHOPPED

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Walker, Cane, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:

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.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Metabolic Encephalopathy , 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 84-year-old male recently admitted to home health services following hospitalization for delirium secondary to urinary tract infection (UTI) complicated by right hydronephrosis, chronic kidney disease (CKD) stage III, and urinary retention managed with a 16 Fr Foley catheter (5-15 cc balloon). Additional diagnoses include metabolic encephalopathy, acute kidney failure, essential hypertension, hyperlipidemia, severe protein-calorie malnutrition, obstructive and reflux uropathy, history of renal calculi, benign prostatic hypertrophy, glaucoma, leukocytosis, hypernatremia, deconditioning, and C. difficile colitis currently being treated with a 10-day course of vancomycin. The patient also has a stage 2 right buttock pressure ulcer managed with calcium alginate with silver dressing and a scabbed area on the left buttock. His medical history further includes underweight status and prior episodes of confusion. He lives alone in a multi-level apartment with six outdoor steps and seven interior steps leading to his main living area. He receives weekday assistance from a paid caregiver (hours unspecified) and his daughter, Rhonda, who stays with him at night. Upon assessment, the patient was alert and oriented 2 but easily reoriented, displaying mild cognitive deficits. He denied shortness of breath, and lung sounds were clear bilaterally. Appetite was fair, and last bowel movement was on the day of assessment. The Foley catheter was noted to be draining yellow urine with visible sediment in the tubing. The patient was diapered for comfort and hygiene. Mobility evaluation revealed poor balance, slow gait, and decreased endurance. A front-wheeled walker (FWW) was recently delivered, though he primarily "furniture walks" within his apartment and plans to use the walker only outdoors. He denied recent falls. Skilled nursing reviewed and reconciled all current medications, ensuring correct dosage, frequency, and indication. The nurse provided detailed education on infection prevention, including meticulous hand hygiene due to active C. difficile treatment, and reinforced Foley catheter care, wound management for the right buttock ulcer, and signs of infection to report promptly. Foley management remains under urology oversight. The patient and daughter were also educated on safe ambulation techniques, fall prevention, and energy conservation strategies, given the patient's unsteady gait and home environment with multiple stairs. Physical therapy evaluation identified bilateral lower extremity weakness, impaired balance, difficulty with transfers and stair negotiation, and poor safety awareness-all contributing to a high fall risk. The patient demonstrates limited functional mobility and requires assistance with activities of daily living (ADLs), particularly lower body dressing and bathing due to catheter management challenges and visual deficits from glaucoma. His aide assists with hygiene related to the buttock wound, and his daughter participates actively in care and safety education. The plan of care includes skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> twice weekly for wound and Foley monitoring, infection prevention, and medication adherence reinforcement. Physical therapy will be conducted twice weekly (Tuesdays and Thursdays beginning 10/7/25) to improve strength, balance, and functional mobility, while occupational therapy will address ADL retraining and home safety. The patient has follow-up appointments scheduled with his primary care provider

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 10/05/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Uchemadu Nwaononiwu
7670 Quarterfield Road
Glen Burnie, MD 21061
PHONE: FAX: NPI: 1770710451

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 : 10/01/2025

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.

Home Health Certification and Plan of Care

Order ID: 1150/13016

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
87149031	10/05/2025	From: 10/05/2025 To: 12/02/2025	17825	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Roosevelt Grimes 7845 Americana Circle Apt 104, GLEN BURNIE, MD 21060- 443-469-9389	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

on Tuesday and another physician on 10/17. Ongoing goals include promoting independence with ADLs, preventing infection, reducing fall risk, and optimizing overall functional recovery in coordination with family and caregiver support.
 Date of Order 10/05/2025 Orders Physician Face-to-Face Date: 10/01/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Metabolic Encephalopathy 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 Nwaononiwu, Uchemadu

SN Careplans

SN WK1: 2 (10/05/25-10/11/25) ,WK2: 2 (10/12/25-10/18/25) ,WK3: 1 (10/19/25-10/25/25) ,WK4: 1 (10/26/25-11/01/25) ,WK5: 1 (11/02/25-11/08/25) ,WK6: 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 < 50 > 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

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: M1700 - Cognition, M1745 - Behavioral Issues, M2020 - Oral Med Management, meal preparation, M1400 - Dyspnea, M1600 - UTI, M1610 - Urinary Catheter, urine retention, cloudy urine, limited endurance, limited strength, balance deficit, open sores/lesions, #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Right Buttock - PALE PINK WOUND BED WITH SLOUGH NOTED MODERATE SS DRAINAGE NOTED

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, physician-ordered wound care: SN/CG TO CLEANSE RIGHT BUTTOCK PRESSURE ULCER WITH NSS, WOUND CLEANSER OR SOAP AND WATER, PAT DRY, APPLY CA ALGINATE AG, COVER WITH BORDER GAUZE, EVERY 2-3 DAYS OR AS NEEDED FOR SOILED DRESSING. CG TAUGHT WOUND CARE., catheter change, care & irrigation: MD MANAGING. SN TO TEACH MANAGEMENT OF FOLEY

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 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 manage sleep disorder including changes to daytime habits and bedtime routine maintaining a journal to track sleep patterns, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver, 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, 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, * 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, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize genito-urinary condition including diet exercise home remedies, 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: CG WANTS TO MANAGE HIS CARE PROPERLY

GOALS
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
* 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
* how to manage sleep disorder including changes to daytime habits and bedtime routine
* maintaining a journal to track sleep patterns
* 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 keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* 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
* 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/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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	10/05/2025

Home Health Certification and Plan of Care

Order ID: 1150/13016

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
87149031	10/05/2025	From: 10/05/2025 To: 12/02/2025	17825	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Roosevelt Grimes 7845 Americana Circle Apt 104, GLEN BURNIE, MD 21060- 443-469-9389	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize genito-urinary condition including diet
* exercise
* home remedies
* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

PT Careplans

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

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: 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: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, 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: No specific stated goal

GOALS
Chair to Bed to Chair - 06. Independent

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

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

OT Careplans

OT WK1: 1 (10/05/25-10/11/25) ,WK2: 1 (10/12/25-10/18/25) ,WK3: 1 (10/19/25-10/25/25) ,WK4: 1 (10/26/25-11/01/25) ,WK5: 1 (11/02/25-11/08/25) ,WK6: 1 (11/09/25-11/15/25)

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: 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 - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: stated by daughter to be more oriented to surrounding

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 - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	10/05/2025