Home Health Certification and Plan of Care

Order ID: 1150/13106

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
11106275	10/09/2025	From: 10/09/2025 To: 12/07/2025	18312	217058

6. Patient's Name and Address
Achyut Shrestha
2099 St James Rd,
MARRIOTTSVILLE, MD 21104-
240-543-0504

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 09/28/1951 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
E87.1	Hypo-osmolality and hyponatremia	10/09/25

13. ICD	Other Pertinent Diagnoses	Date
D64.9	Anemia unspecified	10/09/25
I10.	Essential (primary) hypertension	10/09/25
E11.29	Type 2 diabetes mellitus w oth diabetic kidney complication	10/09/25
E78.5	Hyperlipidemia unspecified	10/09/25
J45.909	Unspecified asthma uncomplicated	10/09/25
M54.12	Radiculopathy cervical region	10/09/25
M47.897	Other spondylosis lumbosacral region	10/09/25
K59.09	Other constipation	10/09/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	10/09/25

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

Proscar - Finasteride 5 mg, Take 1 tablet by mouth once a day Take 1 tablet (5 mg total) by mouth 1 (one) time each day. Do not crush, chew or split.

Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Take 1 tablet by mouth once a day Take 1 tablet by mouth 1 (one) time each day.

Proventil - Albuterol 90 mcg, Inhale 1 Puff inhalant every 4 hours Inhale 1 puff by mouth Every 4 hours as needed.

Vitamin C - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 500 mg ,Take 1 tablet by mouth once a day Take 1 tablet (500 mg total) by mouth 1 (one) time each day.

Colace - Docusate Sodium 100 mg, Take 1 capsule by mouth once a day Take 1 capsule (100 mg total) by mouth 1 (one) time each day

Glucophage Xr - Metformin Hydrochloride 500 mg, Take 2 tablets by mouth once a day Take 2 tablets (1,000 mg total) by mouth 1 (one) time each day. Do not crush, chew, or split.

Crestor - Rosuvastatin Calcium 20 mg, Take 2 tablets by mouth once a day Take 2 tablets (40 mg total) by mouth 1 (one) time each day.

Sitagliptin Phosphate - Sitagliptin Phosphate Take 100 mg, tablet by mouth once a day Take 100 mg by mouth 1 (one) time each day.

Flomax - Tamsulosin Hydrochloride 0.4 mg, Take 1 capsule by mouth at bedtime Take 1 capsule (0.4 mg total) by mouth at bedtime.

Spiriva - Tiotropium Bromide Monohydrate 18 mcg, Place 1 capsule inhalant once a day Place 1 capsule (18 mcg total) into inhaler and inhale 1 (one) time each day.

Wixela Inhub fluticasone - salmeterol 250-50 mcg, inhale 1 puff inhalant twice a day Inhale 1 puff by mouth 2 (two) times a

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 10/09/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Thomas Stallard
6525 Belcrest Rd
Hyattsville, MD 20782
PHONE: FAX: NPI: 1467866285

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 : 10/07/2025

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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day. Rinse mouth with water after use to reduce aftertaste and incidence of candidiasis. Do not swallow.

14. DME and Supplies:
sock aid, walker, , , nebulizer, , diabetic supplies, cane

15. Safety Measures:
walker precautions, sharps precautions, remove environmental barriers, , , , diabetic precautions, bathroom safety, avoid temperature extremes, ambulates with device

16. Nutrition:
vegetarian diet, diabetic

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Dyspnea With Minimal Exertion, Ambulation

18.B. Activities Permitted
Cane, Walker, 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: good

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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypo-Osmolality And Hyponatremia , 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 74-year-old male with a past medical history significant for asthma, hypertension (HTN), hyperlipidemia (HLD), type 2 diabetes mellitus (T2DM), hyponatremia, brachial neuritis, cervicalgia, constipation, lumbosacral spondylosis without myelopathy, microscopic hematuria, and rotator cuff capsule sprain. He was admitted on September 8, 2025, for kidney stone removal, which was complicated by bloody urine and urinary retention. Following the procedure, he was initially treated at Doctors Hospital and subsequently transferred to Holy Cross Hospital, where a CT scan was performed to identify the source of bleeding. The patient underwent surgical intervention to control the bleeding, and a Foley catheter was placed postoperatively. The catheter was removed on October 8, 2025, and the patient has since been voiding independently without difficulty. He is scheduled for urology follow-up on October 15 for further evaluation and management. Upon assessment, the patient was alert and oriented 4, cooperative, and in no acute distress. He reported generalized tiredness but denied chest pain, palpitations, or dizziness. He exhibited mild shortness of breath at rest, though lung sounds were clear bilaterally with no wheezing or crackles appreciated. The patient reported a last bowel movement earlier that morning and demonstrated normoactive bowel sounds. No edema was observed in the extremities, and pedal pulses were palpable bilaterally. The patient currently resides in Lanham with his sister, who provides caregiving assistance, while his wife remains in Ohio with their daughter. He previously lived independently and was functioning at his prior level of function (PLOF) without assistance for ambulation or activities of daily living (ADLs). Since hospitalization, he has demonstrated reduced endurance, balance deficits, and decreased functional mobility. The Timed Up and Go (TUG) test was completed in 19 seconds, indicating a high risk for falls. Manual muscle testing and gait observation revealed generalized lower-extremity weakness and instability with prolonged standing. The patient performs deep breathing exercises regularly as part of his recovery routine. A home exercise program (HEP) emphasizing seated and standing therapeutic exercises was reviewed and demonstrated, with the patient verbalizing understanding and proper technique. The patient was educated on energy conservation strategies, the importance of hydration, gradual activity progression, and fall prevention within the home environment. He was also advised to monitor for any recurrence of hematuria, urinary retention, or signs of infection such as fever, flank pain, or dysuria, and to report these findings promptly to his healthcare provider. The patient will continue to receive skilled nursing and physical therapy services to monitor overall clinical stability, reinforce medication and hydration adherence, and improve endurance, standing balance, and mobility safety. Skilled interventions will focus on progressive strength training, gait training, and fall prevention education to promote a safe and independent return to his prior level of function. Coordination with urology will be maintained for follow-up evaluation post-Foley removal, and the interdisciplinary care team will continue to collaborate to ensure continuity of care, prevent readmission, and optimize the patient's overall recovery and independence at home.
 Date of Order 10/09/2025 Orders Physician Face-to-Face Date: 10/07/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Hypo-Osmolality And Hyponatremia 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 Stallard, Thomas

SN Careplans	SN Goals

Signature of Physician:

Date

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

Date
10/09/2025

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SN WK1: 6 (10/09/25-10/11/25)

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: 2. Non-agency caregiver(s) need training/supportive services to 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
Advance Directive:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M2102f - Patient Supervision, M2102c - Med Admin, M1400 - Dyspnea, abnormal blood pressure, abn cholesterol > 200 mg/dL, wheezing, M1033 - Exhaustion, abnormal BS < 70/140 > mg/dL, constipation, decreased urine output, dark-colored urine, cloudy urine, muscle weakness, limited strength, balance deficit, B1000 - Vision Deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange resources for vision-impaired

TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * prescribed dietary modifications monitoring intake and output monitoring weight loss or weight gain monitor changes in neurological status, related medication(s) purpose, schedule, * how to promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent constipation, 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, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PATIENT-STATED GOAL: I want to walk without walker

GOALS
patient/caregiver recalls
* prescribed dietary modifications
* monitoring intake and output
* monitoring weight loss or weight gain
* monitor changes in neurological status
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to promote optimized mobility with strength
* balance
* dexterity
* range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing
* prevent constipation
* 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/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT 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) ,WK7: 1 (11/16/25-11/22/25)

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: Therapeutic exercise , Dynamic standing balance , Medication Review- Medications reviewed with patient/caregiver., gait training on uneven surfaces, gait training/stair 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

PT Goals

PATIENT-STATED GOAL: To improve balance and endurance

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

OT Careplans

OT 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) ,WK7: 1 (11/16/25-11/22/25)

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

OT Goals

PATIENT-STATED GOAL: Feel better and stronger

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

Signature of Physician:

Date

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

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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 - 06. Independent, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

Lower Body Dressing - 06. Independent

Shower/Bathe Self - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
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