Home Health Certification and Plan of Care

Order ID: 1150/12111

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3XY0CU2XC09	09/06/2025	From: 09/06/2025 To: 11/03/2025	17145	217058

6. Patient's Name and Address

Robert Deaton
1303 HOWARD RD,
GLEN BURNIE, MD 21060-
410-855-1705

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 06/26/1959 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
N17.9	Acute kidney failure unspecified	09/06/25

13. ICD	Other Pertinent Diagnoses	Date
I95.9	Hypotension unspecified	09/06/25
I21.A1	Myocardial infarction type 2	09/06/25
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	09/06/25
I50.32	Chronic diastolic (congestive) heart failure	09/06/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	09/06/25
N18.31	Chronic kidney disease stage 3a	09/06/25
D63.1	Anemia in chronic kidney disease	09/06/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	09/06/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	09/06/25
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	09/06/25
G43.909	Migraine unsp not intractable without status migrainosus	09/06/25
E78.5	Hyperlipidemia unspecified	09/06/25
I25.5	Ischemic cardiomyopathy	09/06/25
E27.40	Unspecified adrenocortical insufficiency	09/06/25
M19.90	Unspecified osteoarthritis unspecified site	09/06/25
E66.9	Obesity unspecified	09/06/25
Z68.41	Body mass index [BMI] 40.0-44.9 adult	09/06/25
Z79.4	Long term (current) use of insulin	09/06/25
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	09/06/25
Z87.891	Personal history of nicotine dependence	09/06/25

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

Aspirin 81Mg - Aspirin 81 MG , Take 1 tablet by mouth once a day Take 1 tablet by mouth daily.
CAD
B Complex-Folic Acid (B COMPLEX PLUS) TABS Take 1 tablet by mouth once a day Take 1 tablet by mouth daily.
SUPPLEMENT
Lasix - Furosemide 20 mg 20 MG, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
FLUID PILL/HF
Novolog - Insulin Aspart Recombinant 100 units/ml 15 UNITS subcutaneous three times a day DM
BEFORE MEALS
Lantus Insulin - Insulin Glargine Recombinant 100UNIT/ML; 60 UNITS subcutaneous in the morning DM
Prevacid - Lansoprazole 15 mg 15 mg , Take 15 mg capsule by mouth once a day Take 15 mg by mouth daily. OTC
STOMACH
OZEMPIC 2MG/DOSE; 2,G subcutaneous once a week DM
Cyanocobalamin - Cyanocobalamin 1 mg 1000 MCG , Take 1,000 mcg Tablet by mouth once a day Take 1,000 mcg by mouth daily.
SUPPLEMENT
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 75 MCG (3000UT) by mouth once a day Take 1 tablet by mouth daily.
SUPPLEMENT
Tylenol - Acetaminophen 325 mg , Take 2 tablets by mouth every 6 hours Take 2 tablets by mouth every 6 hours as needed for MILD Pain
(or if requested by patient for MODERATE or SEVERE Pain) or Breakthrough Pain.
albuterol 108 (90 BASE) mcg/act IN aerosol solution Take 2 puffs by inhalation inhalant every 6 hours Take 2 puffs by inhalation every 6 hours as needed for
Wheezing.
Naprosyn - Naproxen 500 mg 500 MG , Take 1 tablet by mouth at bedtime Take 1 tablet by mouth nightly as needed for MODERATE Pain
(or if patient requests it for severe pain).
Nitrostat - Nitroglycerin 0.4 mg 0.4 mg , Place 1 tablet under the tongue by mouth as necessary Place 1 tablet under the tongue every 5 min as needed for Chest
Pain.
Neurontin - Gabapentin 400 mg 400 MG , Take 1 capsule by mouth three times a day Take 1 capsule by mouth 3 times daily
NEUROPATHY
Jardiance - Empagliflozin 25mg 1Tablet by mouth once a day

14. DME and Supplies:

walker, cane, diabetic supplies

15. Safety Measures:

supervision at all times, walker precautions, standard precautions, fall precautions, diabetic precautions, medication safety, sharps precautions

16. Nutrition:

cardiac diet, diabetic

17. Allergies:

recorlev pcn oxycodone-acetaminopen

18.A. Functional Limitations

Endurance

18.B. Activities Permitted

Walker, Cane, Exercises Prescribed

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:

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

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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 09/06/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Souvonik Adhya
203 Hospital Dr Ste 200
Glen Burnie, MD 21061
PHONE: 4105538362 FAX: 14107611587 NPI: 1114541448

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 : 09/03/2025

27. Attending Physician's Signature and Date Signed **10/03/2025**: 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.

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Clinical Condition Requiring Homecare:

The patient is a 66-year-old male with a past medical history significant for chronic kidney disease, insulin-dependent diabetes mellitus, hypertension, heart failure, coronary artery disease status post stenting, obesity, obstructive sleep apnea with noncompliance to CPAP, neuropathy, and a history of smoking. He was recently hospitalized for hypotension, poor oral intake, and abdominal fullness. The patient is alert and oriented, denies pain and shortness of breath, and reports an improving appetite. His last fingerstick blood glucose was 162 mg/dL, and he utilizes a Dexcom for monitoring. Lung sounds are diminished throughout, last bowel movement was 2-3 days ago, and bilateral lower extremities show hyperpigmentation. He has a walker and cane at home but does not use them. The patient resides in a one-level home with his spouse, who assists with all ADLs and IADLs as needed, and their granddaughter also lives in the home. He reports one fall in the past year while taking out the garbage but otherwise denies recent falls. Despite available assistive devices, he remains independent at home and declines the need for physical therapy; a one-time home safety assessment was completed with recommendations provided, and discharge from PT was made as there is no current skilled need. Skilled nursing reviewed all medications, dosing, frequency, and side effects, and initiated teaching regarding diet and the importance of adequate oral and fluid intake to prevent hypotension and hypoglycemia. The patient was receptive but requires further reinforcement.
 Date of Order 09/06/2025 Orders Physician Face-to-Face Date: 09/03/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-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: PT Eval Notes: Physician Adhya, Souvonik

SN Careplans

SN WK1: 1 (09/06/25-09/06/25) ,WK2: 2 (09/07/25-09/13/25) ,WK3: 1 (09/14/25-09/20/25)

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: 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, 9. Other risk(s) not listed in 1- 8

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: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, lung sounds not clear, abnormal BS < 70/140 > mg/dL, limited endurance, balance deficit, bruising/discoloration

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, glucose testing via monitor

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 modification to manage blood condition including dietary changes bleeding precautions, 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, 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 continue to feel better

GOALS
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

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* 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

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/caregiver recalls
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* 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

PT Careplans

PT WK2: 1 (09/07/2025 - 09/13/2025)

PT Goals

PATIENT-STATED GOAL: to continue to feel better.

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles SN RN

Date

09/06/2025

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PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170G1 - Car Transfer, 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, GG0170I1 - Walk 10 Feet, GG0130B1 - Oral Hygiene, 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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/06/2025