Home Health Certification and Plan of Care

Order ID: 1150/13174

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9JF3R20XY72	10/14/2025	From: 10/14/2025 To: 12/12/2025	18437	217058

6. Patient's Name and Address

William Hayes
27 Cedar Ave,
TOWSON, MD 21286-
410-491-7424

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 12/09/1942 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J13.	Pneumonia due to Streptococcus pneumoniae	10/14/25

13. ICD	Other Pertinent Diagnoses	Date
J44.0	Chr obstructive pulmon disease with (acute) lower resp infct	10/14/25
I48.91	Unspecified atrial fibrillation	10/14/25
I48.92	Unspecified atrial flutter	10/14/25
J84.10	Pulmonary fibrosis unspecified	10/14/25
E11.9	Type 2 diabetes mellitus without complications	10/14/25
I25.5	Ischemic cardiomyopathy	10/14/25
I11.0	Hypertensive heart disease with heart failure	10/14/25
I50.23	Acute on chronic systolic (congestive) heart failure	10/14/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	10/14/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	10/14/25
I25.2	Old myocardial infarction	10/14/25
E78.5	Hyperlipidemia unspecified	10/14/25
D47.2	Monoclonal gammopathy	10/14/25
E03.9	Hypothyroidism unspecified	10/14/25
F32.A	Depression unspecified	10/14/25
R53.2	Functional quadriplegia	10/14/25
Z79.01	Long term (current) use of anticoagulants	10/14/25
Z79.82	Long term (current) use of aspirin	10/14/25

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

Cefpodoxime Proxetil - Cefpodoxime Proxetil 200 MG, Take 1 tablet by mouth twice a day
Digoxin - Digoxin 125 MCG, Take 1 tablet by mouth once a day Start taking on: October 13, 2025
Spironolactone - Spironolactone e 25 MG, Take 1 tablet by mouth once a day Start taking on: October 13, 2025
Furosemide - Furosemide 40 MG, Take 1 tablet by mouth once a day
Commonly known as: LASIX
Start taking on: October 13, 2025
What changed:
medication strength
how much to take
when to take this
Metoprolol Succinate - Metoprolol Succinate 50 MG tablet, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily.
Commonly known as: TOPROL XL
Start taking on: October 13, 2025
What changed:
medication strength
how much to take
Albuterol - Albuterol 108 (90 BASE) mcg/act, aerosol solution inhalant as necessary Commonly known as: VENTOLIN HFA
Eliquis - Apixaban 5 MG, Take 5 mg tablet by mouth twice a day
Aspirin - Aspirin 81 MG tablet , Take 81 mg by mouth once a day
Breo Ellipta - Fluticasone Furoate: Vilanterol Trifenatate 50-25 MCG/INH Aepb ,Take by inhalation. inhalant as necessary
Budesonide - Budesonide 160-4.5 mcg/inh Aero inhaler, Take 2 puffs inhalant twice a day
co-enzyme Q-10 e Q-10 30 MG Caps, Take 200 mg by mouth once a day
Cyanocobalamin - Cyanocobalamin 1000 MCG, Take 1 tablet by mouth once a day
Escitalopram - Escitalopram Oxalate 10 MG tablet Take 10 mg by mouth once a day
Levothyroxine - Levothyroxine Sodium 88 MCG tablet Take 88 mcg by mouth once a day Take 88 mcg by mouth daily before breakfast.
Rosuvastatin Calcium - Rosuvastatin Calcium 20 MG tablet Take 20 mg by mouth once a day

14. DME and Supplies:

rolling walker, diabetic supplies

15. Safety Measures:

walker precautions, remove environmental barriers, standard precautions, transfer with assist, O2 precautions, diabetic precautions, fall precautions, ambulates with device, ambulates with assistance, activity supervision, cardiac precautions

16. Nutrition:

cardiac diet!diabetic

17. Allergies:

ampicillin

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Walker, Transfer bed/Chair, , Exercises Prescribed, , 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: Yes

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

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Pneumonia due to Streptococcus pneumoniae, 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 82-year-old male with a past medical history notable for chronic obstructive pulmonary disease (COPD), pulmonary fibrosis, obstructive sleep apnea (OSA) managed with CPAP, type 2 diabetes mellitus (T2DM), severe multivessel coronary artery disease (CAD), and atrial fibrillation. He was recently hospitalized for respiratory failure secondary to pneumonia and is currently receiving continuous oxygen therapy at 2 liters per minute. Additionally, the patient has a history of bilateral knee osteoarthritis causing chronic pain. He demonstrates an unsteady gait and requires assistance for safe transfers and ambulation. Recently, he relocated to live with his daughter and son-in-law to support his recovery and provide necessary care during convalescence.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 10/14/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 10/12/2025
 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat dx: Pneumonia due to Streptococcus pneumoniae
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p> <p

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 10/14/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Stephanie Linder
7602 Belair Rd
Baltimore, MD 21226
PHONE: 4106638100 FAX: 14106638119 NPI: 1063467611

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 : 10/12/2025

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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 1 - SOC - PT Notes:<o:p></o:p> Physician: Linder, Stephanie

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (10/14/25-10/18/25) ,WK2: 2 (10/19/25-10/25/25) ,WK3: 2 (10/26/25-11/01/25) ,WK4: 2 (11/02/25-11/08/25) ,WK5: 1 (11/09/25-11/15/25) ,WK6: 1 (11/16/25-11/22/25) ,WK7: 1 (11/23/25-11/29/25)

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: 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: GG0130B1 - Oral Hygiene, 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, GG0170G1 - Car Transfer, GG0170D1 - Sit to Stand, GG0130A1 - Eating, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0170F1 - Toilet Transfer, GG0170E1 - Chair to Bed to Chair, D0160 - Depression, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, limited endurance, muscle weakness, balance deficit

PROCEDURES: Medication Review: The medication was reviewed with the patient , cough/deep breathing exercises, incentive spirometer, home exercise program: SLR, LONG ARC, LE ABD/ADD, AND HEEL RAISES 10X2 REPS, equipment training, gait training on uneven surfaces, gait training/stair training, transfers training

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, * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, 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: To get stronger and return to his home

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

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

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
* 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
* 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
* 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

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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	10/14/2025

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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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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