# Home Health Certification and Plan of Care

**Order ID: 1150/13217**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 2PJ0RV6VA46 | 10/18/2025 | From: 10/18/2025 To: 12/16/2025 | 18080 | 217058 |

**6. Patient's Name and Address**

Brent Brewer
13954 Jarretsville Pike,
PHOENIX, MD 21131-
410-935-5290

**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** 12/10/1951 | **9.Sex** Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| T81.31XA | Disruption of external operation (surgical) wound NEC init | 10/18/25 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| T81.49XA | Infection following a procedure other surgical site init | 10/18/25 |
| M86.132 | Other acute osteomyelitis left radius and ulna | 10/18/25 |
| I10. | Essential (primary) hypertension | 10/18/25 |
| E03.9 | Hypothyroidism unspecified | 10/18/25 |
| G89.29 | Other chronic pain | 10/18/25 |
| F32.A | Depression unspecified | 10/18/25 |
| F41.9 | Anxiety disorder unspecified | 10/18/25 |
| M19.022 | Primary osteoarthritis left elbow | 10/18/25 |
| K21.9 | Gastro-esophageal reflux disease without esophagitis | 10/18/25 |
| H40.89 | Other specified glaucoma | 10/18/25 |
| J30.9 | Allergic rhinitis unspecified | 10/18/25 |
| E78.5 | Hyperlipidemia unspecified | 10/18/25 |
| K50.90 | Crohn's disease unspecified without complications | 10/18/25 |
| Z45.2 | Encounter for adjustment and management of VAD | 10/18/25 |
| Z79.2 | Long term (current) use of antibiotics | 10/18/25 |
| Z98.1 | Arthrodesis status | 10/18/25 |

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

Voltaren - Diclofenac Sodium take 1% gel, Apply to skin topical four times a day Apply to skin topically four times a day for pain 2-gram dose
Flonase Allergy Relief - Fluticasone Propionate take 50 MCG, 1 spray in both nostrils nasal in the evening 1 spray in both nostrils in the evening for Nasal congestion
Trazodone Hydrochloride - Trazodone Hydrochloride 50 MG, take 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for Insomnia
Oxycodone Hydrochloride - Oxycodone Hydrochloride 10 MG, take 1 tablet by mouth every 6 hours Give 1 tablet by mouth every 6 hours as needed for pain 7-10
Nuzyra 150 MG, take 2 tablet by mouth once a day Give 2 tablet by mouth one time a day for for bacteria Infection Pt needs to fast 4hrs before taking medication
Florastor - Floranex 250 MG, take 1 capsule by mouth twice a day Give 1 capsule by mouth two times a day for Supplement
Acetaminophen - Acetaminophen 500 MG, take 2 tablet by mouth every 8 hours Give 2 tablet by mouth every 8 hours as needed for pain 1-3 do not exceed 3G per day
Omeprazole - Omeprazole 40 MG, take 1 capsule by mouth once a day Give 1 capsule by mouth one time a day for GERD
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg, take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day every other day for supplement
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for supplement
Clomipramine Hydrochloride - Clomipramine Hydrochloride 50 MG, Take 1 capsule by mouth once a day Give 1 capsule by mouth one time a day for pain
Latanoprost - Latanoprost take 0.005 %, Instill 1 drop in both eyes both eyes once a day Instill 1 drop in both eyes one time a day for for glaucoma
Gabapentin - Gabapentin 300 MG, take 2 capsule by mouth four times a day Give 2 capsule by mouth four times a day for neuropathy
Duloxetine Hydrochloride - Duloxetine Hydrochloride 60 MG, take 1 capsule by mouth once a day Give 1 capsule by mouth one time a day for mood
Timolol Maleate - Timolol Maleate take 0.5 %, Instill 1 drop in both eyes both eyes once a day Instill 1 drop in both eyes one time a day for eye drop
Ezetimibe - Ezetimibe 10 MG, take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for high cholesterol
Melatonin - Melatonin 3 MG, take 2 tablet by mouth once a day Give 2 tablet by mouth one time a day for sleep aid
Levothyroxine - Levothyroxine Sodium 25 MCG, take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for thyroid
Pramipexole Dihydrochloride - Pramipexole Dihydrochloride 0.125 MG, take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for parkinson related disease
Ergocalciferol - Ergocalciferol 50,000 International Units 50,000u by mouth once a week Give 1 capsule by mouth one time a week every Fri for Crohn's disease
Amikacin Sulfate - Amikacin Sulfate 2200mg intramuscular three times per week amikacin 2200mg daily every monday-wednesday-friday
Heparin - Heparin Sodium 5ml intravenous twice a day flush with 5ml after NSS flush
Nss - Normal Saline 5ml intravenous twice a day 5ml before and after IV ABX therapy infusion
Primaxin - Cilastatin Sodium: Imipenem 500mg iv intravenous every 12 hours primaxin 500/500mg every 12 hours for infection

**14. DME and Supplies:**
IV supplies

**15. Safety Measures:**
supervision at all times, , , , bathroom safety, ambulates with device, ambulates with assistance, activity supervision

**16. Nutrition:**
low sodium, low cholesterol

**17. Allergies:**
rosuvastatin

**18.A. Functional Limitations**
Ambulation, Hearing

**18.B. Activities Permitted**
Cane, 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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

**23. Signature and Date of Verbal SOC Where Applicable:**
Electronically Signed by Messick, Charles SN RN on 10/18/2025

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
Benjamin Fakheri
10751 Falls Rd
Lutherville, MD 21093
PHONE: 4108473535 FAX: 14103672236 NPI: 1760700074

**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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| 2PJ0RV6VA46 | 10/18/2025 | From: 10/18/2025 To: 12/16/2025 | 18080 | 217058 |

| 6. Patient's Name and Address | 7. Provider's Name, Address and Telephone Number |
|---|---|
| Brent Brewer<br>13954 Jarretsville Pike,<br>PHOENIX, MD 21131-<br>410-935-5290 | HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239 |

20. Prognosis: good

| 22. A Rehabilitation Potential: | 22.B.Discharge Plans |
|---|---|
| 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. | patient will be responsible for managing treatment |

Homebound status: Due to diagnosis of Disruption Of External Operation Surgical Wound, Not Elsewhere Classified Initial Encounter, 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 73-year-old male with a complex medical history that includes osteomyelitis of the left radius and ulna, hypertension, hypothyroidism, chronic pain, anxiety, depression, osteoarthritis of the left elbow, gastroesophageal reflux disease (GERD), glaucoma, allergic rhinitis, Crohn's disease, right macular degeneration, hearing impairment, and a history of multiple orthopedic surgeries. He also has a history of disruption of an external operative wound, infection following a surgical procedure, and arthrodesis status. The patient lives alone in a single-family home but receives assistance from his daughter as needed.  The patient was admitted to home health services following prolonged hospitalization and stays in rehabilitation facilities totaling approximately four months, related to osteomyelitis of the left wrist and forearm complicated by infection requiring intravenous (IV) antibiotic therapy. He currently receives Primaxin 500 mg IV every 12 hours via a peripherally inserted central catheter (PICC) located in the right upper chest for treatment of Mycobacterium abscessus-associated tenosynovitis. The PICC line site was assessed during this visit, with the dressing clean, dry, and intact, and no signs of erythema, swelling, or drainage noted. The patient is instructed to flush the line with 5 mL of saline daily to maintain patency. He retains supplies from previous IV therapy sessions.  On assessment, the patient was alert and oriented 3-4 and in no acute distress. He reported left upper extremity pain rated at 4/10, stiffness, and limited active range of motion (AROM) of the left wrist and fingers. The left elbow exhibits decreased mobility due to osteoarthritis. The patient has an unsteady gait and reports dyspnea on exertion but denies dizziness or recent falls. Lung sounds were clear bilaterally, and a deep cough was noted without abnormal findings. He denies abnormal bleeding or bruising. Bowel movements are regular, and the patient noted improved stool consistency since discharge. He also reported use of an artificial urinary sphincter ("button") to aid urination, with decreased stream strength but no pain.  The patient's psychiatric history includes depression and anxiety; he reports occasional shakiness but denies suicidal ideation. Visual assessment is notable for glaucoma and right macular degeneration, for which he receives ocular injections at Wilmer Eye Clinic. He ambulates without an assistive device but owns a cane for support.  Medication reconciliation was performed, and the patient demonstrated good understanding of his medication regimen, identifying most drugs by both brand and generic names and describing their purpose and dosing instructions. Skilled nursing care focused on assessment of infection control, pain management, medication review, and reinforcement of proper PICC line care. Physical and occupational therapy evaluations were ordered to address weakness, balance, and functional limitations. The patient was instructed on a home exercise program including long arc quads, marching, side kicks, and mini squats, 10 repetitions 2 sets daily, to improve lower extremity strength and endurance.  Education was provided regarding infection prevention, safe ambulation, proper breathing techniques for exertional dyspnea, and adherence to antibiotic therapy. The patient verbalized understanding of all instructions. Upcoming appointments include: surgical follow-up for suture removal on 10/20 at Greenspring Station, urology on 10/30, infectious disease video consultation on 10/31, and cardiology on 11/11. The plan of care includes continued skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> to monitor wound status, PICC line management, pain control, and medication compliance, along with coordination of care among his multidisciplinary team to optimize recovery and functional independence. <br> Date of Order 10/18/2025 Orders Physician Face-to-Face Date: 09/25/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-iv management pt-eval & treat ot-eval & treat due to Disruption Of External Operation Surgical Wound, Not Elsewhere Classified Initial Encounter Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 1 - SOC - SN Notes: soc PT Eval Notes: Physician Fakheri, Benjamin

## SN Careplans

SN WK1: 1 (10/18/25-10/18/25) ,WK2: 2 (10/19/25-10/25/25) ,WK3: 3 (10/26/25-11/01/25) ,WK4: 1 (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) ,WK8: 1 (11/30/25-12/06/25) ,WK9: 1 (12/07/25-12/13/25)

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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M1720 - Anxiety, Home Safety, Home Safety, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, swelling in the arms/legs, abnormal blood pressure, abn cholesterol > 200 mg/dL, abnormal thyroid <> 0.40 - 4.50 mIU/mL, heartburn/indigestion, decreased urine output, limited range of motion, swelling of affected area, muscle weakness, muscle spasms, balance deficit, daytime fatigue, difficulty sleeping, B1000 - Vision Deficit, pain radiating to arms/legs, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, loss of appetite, red/tender pressure points, #1 - Observable Surgical Wound - Anterior Left Wrist/Hand -

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, physician-ordered wound care: To left wrist surgical site- stitches intact, scheduled for removal on 10/20/25 at Physician office., coordinate/arrange preparation of missing meals, coordinate/arrange repair of inadequate lighting, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange resources for vision-impaired, infusion therapy: IV-primaxin q12 hours and amikacin m-w-f. lab draw: CBC with diff, CMP, CRP, ESR weekly & amikacin trough every Monday or Wednesday or Friday before dose. fax to John Hopkins infectious disease at 410-367-3321. pharmacy: nations (delivering meds 10/17/25 evening). Skilled nurse to change IV site/Hickman catheter dressing weekly using aseptic technique.

## SN Goals

PATIENT-STATED GOAL: not to return to hospital

GOALS
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
* diet
* weight-bearing exercises to promote bone healing and strengthening
* fluids to prevent constipation
* home safety
* pain control
* 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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low-fat diet
* lifestyle modifications to manage esophageal condition
* recalls related medication(s) purpose, schedule

| Signature of Physician: | Date |
|---|---|
| | |



| Optional Name/Signature of Nurse/Therapist: | Date |
|---|---|
| Electronically Signed by Messick, Charles SN RN | 10/18/2025 |

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TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, 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, * low cholesterol dietary guidelines, related medication(s) purpose, schedule, * symptom management avoidance of conditions that exacerbate allergy, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, related medication(s) purpose, schedule, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, 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, * 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, * 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 living environment has adequate lighting, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals

patient/caregiver recalls
* low-fat diet
* lifestyle modifications to manage esophageal condition
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* symptom management
* avoidance of conditions that exacerbate allergy
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications
* low-residue dietary guidelines
* alternative medicine options for ulcerative colitis
* recalls related medication(s) purpose, schedule

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
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

meal preparation is available to patient for all meals

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 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 self-administers medications as prescribed
* 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 maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* 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/caregiver recalls
* low cholesterol dietary guidelines

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 4 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles SN RN | 10/18/2025 |

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* recalls related medication(s) purpose, schedule

patient living environment has adequate lighting

## PT Careplans

PT WK2: 1 (10/19/25-10/25/25) ,WK3: 1 (10/26/25-11/01/25) ,WK4: 1 (11/02/25-11/08/25) ,WK5: 1 (11/09/25-11/15/25)

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: Medication review: The medication was reviewed with the patient , Home exercises: SLR, LONG ARC , MARCHING , MINI SQUATS AND HEEL RAISES 10X2 REPS , cough/deep breathing exercises, incentive spirometer, 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, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 _ Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

## PT Goals

PATIENT-STATED GOAL: To get stronger and walk betetr

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

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 _ Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Signature of Physician:

Date



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

Date
10/18/2025