Home Health Certification and Plan of Care

Order ID: 1150/13379

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
02216278930	10/23/2025	From: 10/23/2025 To: 12/20/2025	18331	217058

6. Patient's Name and Address

Quyenten Bond
8049 Greenleaf Terrace Apt 24,
GLEN BURNIE, MD 21061-
410-855-1536

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 09/09/1993 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
G40.219	Local-rel symptc epi w cmplx part seiz ntrct w/o stat epi	10/23/25

13. ICD	Other Pertinent Diagnoses	Date
E46.	Unspecified protein-calorie malnutrition	10/23/25
D64.9	Anemia unspecified	10/23/25
I95.89	Other hypotension	10/23/25
Z79.01	Long term (current) use of anticoagulants	10/23/25
Z79.4	Long term (current) use of insulin	10/23/25
Z79.02	Long term (current) use of antithrombotics/antiplatelets	10/23/25
Z79.82	Long term (current) use of aspirin	10/23/25
Z93.1	Gastrostomy status	10/23/25

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

Flomax - Tamsulosin Hydrochloride 0.4 mg, Take 1 capsule by mouth in the evening Take 1 capsule
by mouth every
evening.
Augmentin '875' - Amoxicillin: Clavulanate Potassium 875-125 mg, Take 1 tablet by mouth twice a day Take 1 tablet
by mouth 2
times daily for
5 days.
Aspirin 81Mg - Aspirin 81 mg, take 1 tablet by mouth once a day Chew and swallow 1
tablet by mouth
daily
Plavix - Clopidogrel Bisulfate 75 mg, Take 1 tablet by mouth once a day Take 1 tablet
by mouth daily
Xarelto - Rivaroxaban 20 mg, Take 1 tablet by mouth once a day Take 1 tablet
by mouth daily
Aldactone - Spironolactone 25 mg, Take 1 tablet by mouth once a day Take 1 tablet
by mouth daily
Lasix - Furosemide 20 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Cozaar - Losartan Potassium 50 mg, Take 1 tablet by mouth once a day Take 1 tablet
by mouth daily.
Replaces
entresto
(Patient taking
differently:
Take 25 mg by
mouth daily
Replaces
entresto, dose
lowered on
6/2/2025)
Toprol Xl - Metoprolol Tartrate 200 mg, Take 1 tablet by mouth once a day Take 1 tablet
by mouth daily
Jardiance - Empagliflozin 25 mg, Take on half tablet by mouth in the morning Take one-half
tablet by mouth
every morning
Glucotrol - Glipizide 10mg , Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2
times a day 30 minutes before
meals for
diabetes
Lipitor - Atorvastatin Calcium 40 mg, Take 1 tablet by mouth once a day Take 1 tablet
by mouth daily
for cholesterol
Topiramate 200 by mouth twice a day
Betalin S - Thiamine Hydrochloride 100 by mouth once a day
Keppra - Levetiracetam 500 mg 2500 by mouth twice a day
Depakote - Divalproex Sodium eq 250 mg valproic acid by mouth three times a day Seizure
Ativan - Lorazepam 1 mg by mouth four times a day Seizure
Acilac - Lactulose 10gm/15ml by mouth twice a day Elevated ammonia

14. DME and Supplies:

walker, , hand held shower, feeding tube supplies, bath bench, cane

15. Safety Measures:

walker precautions, medication safety, infectious material management, fall precautions, cardiac precautions, avoid temperature extremes, aspiration precautions, activity supervision, ambulates with assistance, ambulates with device

16. Nutrition:

G-Tube

17. Allergies:

phenytoin

18.A. Functional Limitations

18.B. Activities Permitted

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 10/23/2025

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 : 10/05/2025

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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Dyspnea With Minimal Exertion, Ambulation, Endurance	Walker, 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: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

22. A Rehabilitation Potential:	22.B.Discharge Plans
SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.	family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis Localization-related (focal) (partial) symptomatic epilepsy with complex partial seizures, intractable, without status epilepticus, 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 was admitted to the hospital following a seizure and was subsequently diagnosed with failure to thrive and altered mental status due to elevated ammonia levels. He has a complex medical history including intractable focal (partial) epilepsy with status epilepticus, hypoglycemia, protein-calorie malnutrition, muscle weakness and atrophy, difficulty walking, urea cycle disorder, pneumonia, gastroenteritis, adult failure to thrive, and a history of falls. The patient lives with his parents and a sibling on the second floor of a home and uses both a walker and cane for ambulation. He has a PEG tube in the lower midline and requires significant effort to access his single-level apartment, which includes navigating 30 steps. During the evaluation, the patient was alert and oriented 4, experienced shortness of breath on exertion, and reported no headaches, dizziness, chills, or chest pain. Lung sounds were clear, pedal pulses were present, and bowel and bladder function were normal. He received education on medication effects, infection prevention, proper ADL techniques, and safety measures. The patient demonstrates decreased strength in bilateral lower extremities, reduced functional mobility, difficulty negotiating steps, unsteady gait, impaired balance, and a history of falls, placing him at high risk for further injury and loss of independence. He primarily uses his cane at home and rarely leaves the residence, requiring support for safe ambulation outside the home. Home physical therapy services are recommended to improve lower extremity strength, functional mobility, transfers, safety with ambulation and steps, balance, and overall safety awareness. Skilled PT interventions aim to restore independence, reduce fall risk, and prevent further functional decline. Home PT is scheduled to begin on 10/23/25 with a frequency of 1-2 sessions per week as outlined in the plan of care.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 10/23/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 10/05/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Localization-related (focal) (partial) symptomatic epilepsy with complex partial seizures, intractable, without status epilepticus
 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>
 1 - SOC - SN Notes:
 PT Eval Notes:<o:p></o:p> Physician: Nwaononiwu, Uchemadu

SN Careplans	SN Goals
SN WK1: 1 (10/23/25-10/25/25) ,WK2: 2 (10/26/25-11/01/25) ,WK3: 2 (11/02/25-11/08/25) ,WK4: 1 (11/09/25-11/15/25) ,WK5: 1 (11/16/25-11/22/25) ,WK6: 1 (11/23/25-11/29/25)	PATIENT-STATED GOAL: I want to gain 2 to 5 pounds weekly
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	GOALS patient/caregiver recalls * dietary guidelines for managing nutritional deficit * recalls related medication(s) purpose, schedule
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance	patient/caregiver recalls * lifestyle modification to manage blood condition including dietary changes * bleeding precautions * recalls related medication(s) purpose, schedule
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion	patient/caregiver recalls * lifestyle changes to manage hypotension including diet changes * proper posture * body position changes * wearing of compression stockings * recalls related medication(s) purpose, schedule
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:POLST (Physician Orders for Life-Sustaining Treatment)	patient/caregiver recalls * diabetic medication management * blood sugar testing * diabetic foot care * exercise * diabetic diet * recalls related medication(s) purpose, schedule
PROBLEMS IDENTIFIED ON ASSESSMENT: Financial, M2020 - Oral Med Management, Financial, M1400 - Dyspnea, abnormal blood pressure, abn cholesterol > 200 mg/dL, abnormal sputum production, M1033 - Exhaustion, constipation, nausea/vomiting, muscle weakness, limited endurance, limited strength, limited range of motion, seizures, balance deficit, loss of appetite	patient/caregiver recalls * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings * physical exercise plan * diet * recalls related medication(s) purpose, schedule
PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, apply compression bandage, glucose testing via monitor, administer tube feeding, monitor intake & output, coordinate/arrange access to adequate food storage, coordinate/arrange patient access to necessary nutrition considering patient inability to pay, coordinate/arrange access to medicine/medical supplies considering patient inability to pay	patient/caregiver recalls * how to perform tube care * administer enteral feeding * recalls related medication(s) purpose, schedule
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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * lifestyle changes to manage hypotension including diet changes proper posture body position changes wearing of compression stockings, related medication(s) purpose, schedule, * how to manage seizure triggers	patient/caregiver recalls

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/23/2025

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implement lifestyle changes including getting enough sleep avoiding alcohol, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * how to perform tube care administer enteral feeding, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, 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, patient has access to necessary nutrition considering patient inability to pay, patient has access to medicine/medical supplies considering inability to pay

* 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

patient has access to necessary nutrition considering patient inability to pay

patient/caregiver recalls
* how to manage seizure triggers
* implement lifestyle changes including getting enough sleep
* avoiding alcohol
* 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 has access to medicine/medical supplies considering inability to pay

PT Careplans

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

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: 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: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., gait training on uneven surfaces, gait training/stair training, transfers training, assist with fall prevention

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 - 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 be able to safely walk without my cane

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

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 - 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
Electronically Signed by Messick, Charles RN	10/23/2025