Home Health Certification and Plan of Care

Order ID: 1150/13615

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1720171606	11/03/2025	From: 11/03/2025 To: 01/01/2026	18265	217058

6. Patient's Name and Address

Aubrey Mitchell
2028 Wildlife Drive,
WINDSOR MILL, MD 21244-
646-709-4027

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 05/07/1937 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	11/03/25

13. ICD	Other Pertinent Diagnoses	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	11/03/25
N18.9	Chronic kidney disease u	11/03/25
G20.A1	Parkinson's dis w/o dyskinesia w/o mention of fluctuations	11/03/25
G30.9	Alzheimer's disease unspecified	11/03/25
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	11/03/25
Z79.4	Long term (current) use of insulin	11/03/25
Z79.82	Long term (current) use of aspirin	11/03/25

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

Glucophage - Metformin Hydrochloride 500 mg, Take 2 tablets by mouth as necessary Take 2 tablets by mouth every morning AND 1 tablet every evening. for diabetes.
Cozaar - Losartan Potassium 50 mg, Take 1.5 tablets by mouth once a day Take 1.5 tablets by mouth daily for 180 days
Flomax - Tamsulosin Hydrochloride 0.4 mg, Take 1 capsule by mouth in the evening Take 1 capsule by mouth every evening (Patient not taking: Reported on 10/7/2025)
Sinemet - Carbidopa: Levodopa 25-100 mg, Take 1 tablet by mouth three times a day Take 1 tablet by mouth 3 times a day
Alphagan - Brimonidine Tartrate 0.2 % Drop, Instill 1 Drop in left eye left eye twice a day Instill 1 Drop in left eye 2 times a day
Xalatan - Latanoprost 0.005 % Drop, Instill 1 Drop in both eyes both eyes at bedtime Instill 1 Drop in both eyes daily at bedtime
Timoptic - Timolol Maleate 0.5 %, Instill 1 Drop in both eyes both eyes twice a day Instill 1 Drop in both eyes 2 times a day
Lipitor - Atorvastatin Calcium 10 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily for cholesterol and heart protection
Aspirin 81Mg - Aspirin 81 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Humalog - Insulin Lispro Recombinant 100 units per mL subcutaneous three times a day 5units 3x day
Basaglar - Insulin Glargine 100 units per 1ml subcutaneous in the morning 36 units 1x day

14. DME and Supplies:

wheelchair, grab bars, hospital bed, urinary/catheter supplies, rolling walker, diabetic supplies

15. Safety Measures:

sharps precautions, wheelchair precautions, walker precautions, transfer with assist, supervision at all times, , , infectious material management, emergency phone # clearly displayed, , diabetic precautions, , bedrails up while in bed, bathroom safety, ambulates with device, ambulates with assistance

16. Nutrition:

pureed

17. Allergies:

amlodipine besylate jardiance

18.A. Functional Limitations

Bowel/Bladder Incontinence, Hearing, Speech, Ambulation

18.B. Activities Permitted

Walker, Wheelchair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:

22.B.Discharge Plans

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 11/03/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Faryal Nadeem
7141 Security Blvd
Windsor Mill, MD 21244
PHONE: 800-777-7904 FAX: NPI: 1699138537

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 : 10/01/2025

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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Aubrey Mitchell 2028 Wildlife Drive, WINDSOR MILL, MD 21244- 646-709-4027	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

family/caregiver will be responsible for managing treatment

Homebound status:

Due to diagnosis of Hypertensive Chronic Kidney Disease With Stage 1 Through Stage 4 Chronic Kidney Disease, Or Unspecified Chronic Kidney Disease, 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 88-year-old male with a significant past medical history of Parkinson's disease, Alzheimer's dementia, hypertension, and a recent urinary tract infection (UTI). He was discharged from the hospital on October 3 following an admission for a change in level of consciousness, during which he was also treated for hypertensive crisis with recorded blood pressures in the 200s/100s. A transient ischemic event (mini-stroke) could not be ruled out, and since hospitalization, the patient has demonstrated a notable decline in mobility and overall physical functioning. Prior to admission, he was able to ambulate with assistance using a walker; however, he now requires maximum assistance for transfers and mobility. The patient resides in a townhouse with his wife and family, who provide 24-hour supervision and assistance with all activities of daily living (ADLs). He is homebound due to Parkinson's-related bradykinesia, cognitive impairment from Alzheimer's disease, and generalized weakness, making independent mobility unsafe. He is at high risk for falls and requires a walker, wheelchair, and human assistance to leave the home safely. The family reports three to four falls within the past year. During assessment, the patient was alert and oriented to name only but was unable to identify time or place. He responded slowly to questions. Vital signs were stable: blood pressure 140/92 mmHg, pulse 73 bpm, respiratory rate 17/min, oxygen saturation 96% on room air, temperature 97.3F, and blood glucose 195 mg/dL post-lunch. The patient is blind in his left eye and has hearing impairment. Lung sounds were diminished bilaterally, heart rate was regular, bowel sounds were active, pulses were +2 throughout, and there was no edema or skin breakdown. Skin was clean and dry. Muscle strength was approximately 4/5 in the left upper extremity, 1-2/5 in the right upper extremity, and 2-3/5 in both lower extremities. He requires maximum assistance with bathing, dressing, and feeding. His spouse provides most care and crushes medications to mix with food for easier ingestion. The patient frequently coughs during feeding and remains on a pureed diet with thickened liquids to reduce aspiration risk. He is incontinent of both urine and stool but occasionally expresses the need to use the bathroom. From a functional standpoint, bed mobility requires minimal to moderate assistance, sit-to-stand and stand-pivot transfers require moderate to maximum assistance, and ambulation with a rolling walker necessitates moderate to maximum assistance with frequent verbal cues and physical support. The patient demonstrates postural instability with a posterior center of mass and experiences frequent freezing episodes characteristic of advanced Parkinson's disease, particularly when initiating movement. Strength testing was limited by cognitive impairment but functionally estimated between 3-4/5 in all extremities. Family and caregivers were instructed in a home exercise program focusing on supine and seated therapeutic exercises to maintain mobility and prevent further deconditioning. Education was provided regarding safety with mobility, fall prevention, and proper use of assistive devices. The patient's son verbalized understanding and agreed to assist with daily ambulation as tolerated. The family also confirmed the patient's advanced directives declining CPR but consenting to intubation and other life-sustaining interventions if necessary. The plan of care includes continued skilled nursing and therapy services to monitor medical stability, manage chronic conditions, and address mobility deficits. Ongoing physical therapy is recommended to enhance strength, postural control, and safe ambulation within the patient's tolerance, with continued caregiver training to support safety and maximize the patient's independence at home.
 Date of Order 11/03/2025 Orders Physician Face-to-Face Date: 10/01/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Hypertensive Chronic Kidney Disease With Stage 1 Through Stage 4 Chronic Kidney Disease, Or Unspecified Chronic Kidney Disease 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 Nadeem, Faryal

SN Careplans

SN WK1: 1 (11/03/25-11/08/25) ,WK2: 1 (11/09/25-11/15/25) ,WK3: 1 (11/16/25-11/22/25) ,WK4: 1 (11/23/25-11/29/25) ,WK5: 1 (11/30/25-12/06/25) ,WK6: 1 (12/07/25-12/13/25) ,WK7: 1 (12/14/25-12/20/25) ,WK8: 1 (12/21/25-12/27/25)

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, blood sugar < 60 > 300

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 5. Decline in mental, emotional, or behavioral status in the past 3 months, 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M1700 - Cognition, D0160 - Depression, M2102c - Med Admin, meal preparation, M2020 - Oral Med Management, abnormal blood pressure, M1400 - Dyspnea, M1033 - Exhaustion, abnormal BS < 70/140 > mg/dL, M1620 - Bowel Incontinence, cough/gag/pain chew/swallow, M1610 - Urinary Incontinence, foul-smelling urine, limited endurance, limited strength, limited range of motion, muscle weakness, poor muscle tone, balance deficit, lethargy, weak hand grips, withdrawal from conversations, loss of appetite

SN Goals

PATIENT-STATED GOAL: Get back to where I was before I went to hospital

GOALS
patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* 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 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
* how to keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

11/03/2025

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PROCEDURES: MEDICATION REVIEW: Medications reviewed with patient and or caregiver. , cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor, bladder training, teach/coordinate/arrange medication packaging and/or administration

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, * 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, * how to keep home safe for patient with dementia coping strategies for the caregiver, 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin 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, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, MEDICATION REVIEW

* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

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
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin 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

meal preparation is available to patient for all meals

MEDICATION REVIEW

PT Careplans

PT WK1: 1 (11/03/25-11/08/25) ,WK2: 1 (11/09/25-11/15/25) ,WK3: 1 (11/16/25-11/22/25) ,WK4: 1 (11/23/25-11/29/25) ,WK5: 1 (11/30/25-12/06/25) ,WK6: 1 (12/07/25-12/13/25) ,WK7: 1 (12/14/25-12/20/25) ,WK8: 1 (12/21/25-12/27/25) ,WK9: 1 (12/28/25-01/01/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: Sit to Stand - 03. Partial/moderate assistance, Chair to Bed to Chair - 03. Partial/moderate assistance, Toilet Transfer - 04. Supervision or touching assistance, Car Transfer - 03. Partial/moderate assistance, Medication Review- Patient/caregiver, related purpose and schedule of medications.

PT Goals

PATIENT-STATED GOAL: To improve bed mobility, strength, and walking.

GOALS
Sit to Stand - 03. Partial/moderate assistance

Chair to Bed to Chair - 03. Partial/moderate assistance

Toilet Transfer - 04. Supervision or touching assistance

Car Transfer - 03. Partial/moderate assistance

Walk 10 Feet - 03. Partial/moderate assistance

Medication Review- Patient/caregiver recalls related purpose and schedule of medications.

OT Careplans

OT WK1: 1 (11/03/25-11/08/25) ,WK2: 1 (11/09/25-11/15/25) ,WK3: 1 (11/16/25-11/22/25) ,WK4: 1 (11/23/25-11/29/25) ,WK5: 1 (11/30/25-12/06/25) ,WK6: 1 (12/07/25-12/13/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, 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: ADLs , Patient/caregiver recalls related purpose and schedule of medications: Medication review , cough/deep breathing exercises, static standing balance exercises, transfers training, therapeutic exercises

OT Goals

PATIENT-STATED GOAL: Caregiver wants patient to stand more and do more for himself

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 - 03. Partial/moderate assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles 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 - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Toileting Hygiene - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

HHA Careplans

HHA WK2: 1 (11/09/25-11/15/25) ,WK3: 1 (11/16/25-11/22/25) ,WK4: 1 (11/23/25-11/29/25) ,WK5: 1 (11/30/25-12/06/25) ,WK6: 1 (12/07/25-12/13/25) ,WK7: 1 (12/14/25-12/20/25) ,WK8: 1 (12/21/25-12/27/25)

PROCEDURES: assist with bathing: Bed bath or in the shower if safe, assist with toilet transferring, assist with toileting hygiene, assist with transferring, assist with mobility, assist with infection control, assist with fall prevention, assist with assistive devices prn, assist with lower body dressing, assist with upper body dressing

HHA Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

11/03/2025