Home Health Certification and Plan of Care

Order ID: 1150/13643

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2UJ2UR0HG81	11/04/2025	From: 11/04/2025 To: 01/02/2026	12896	217058

6. Patient's Name and Address

Nick Hunt
419 S Parrish St,
BALTIMORE, MD 21223-
443-522-8019

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 02/06/1946 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
B20.	Human immunodeficiency virus [HIV] disease	11/04/25

13. ICD	Other Pertinent Diagnoses	Date
S72.142D	Displ intertroch fx l femur subs for clos fx w routn heal	11/04/25
N13.2	Hydronephrosis with renal and ureteral calculous obstruction	11/04/25
I95.9	Hypotension unspecified	11/04/25
F33.9	Major depressive disorder recurrent unspecified	11/04/25
M85.80	Oth disrd of bone density and structure unspecified site	11/04/25
F17.210	Nicotine dependence cigarettes uncomplicated	11/04/25
Z87.01	Personal history of pneumonia (recurrent)	11/04/25
Z86.711	Personal history of pulmonary embolism	11/04/25

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

Miralax - Polyethylene Glycol 3350 17 gm,Take 1 packet by mouth once a day Take 1 packet by mouth once a day for a bowel regimen.
Cholecalciferol: 50 MCG oral tablet, 50 MCG,Take 1 tablet by mouth once a day one tablet by mouth once a day for Vitamin D deficiency.
Tylenol Extra Strength - Acetaminophen 500 MG,Take 2 tablet by mouth three times a day 500 MG oral tablet, two tablets by mouth three times a day for pain.
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG ,Take 1 capsule by mouth once a day 0.4 MG oral capsule, one capsule by mouth once a day for BPH.
Bactrim Ds - Sulfamethoxazole: Trimethoprim 800 mg;160 mg 800mg/160mg by mouth twice a day x7 days for infection therapy

14. DME and Supplies:

walker

15. Safety Measures:

infectious material management, , walker precautions, supervision at all times, , bathroom safety, activity supervision, ambulates with assistance, ambulates with device

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

epizicom abacavir

18.A. Functional Limitations

Ambulation, Bowel/Bladder Incontinence, Endurance

18.B. Activities Permitted

Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, 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: 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
family/caregiver will be responsible for managing treatment

Homebound status:

Due to diagnosis of Human Immunodeficiency Virus 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 a 79-year-old male with a complex medical history including HIV, depression, pulmonary embolism, pneumonia, pressure ulcers, and failure to thrive. He recently experienced a fall outdoors resulting in a left displaced intertrochanteric fracture. The patient resides in Maryland with his son, Curtis, who serves as his primary caregiver, with another son living nearby. The home environment includes three steps at the entrance, with the bed and toilet on the first floor and the shower on the second floor. The patient is homebound due to significant effort required to leave the home, as evidenced by a Tinetti score of 16/28, and requires close supervision for all mobility tasks. He ambulates indoors approximately 10 feet without an assistive device, performs transfers to the bed and toilet with supervision, and completes bed mobility with supervision. The patient demonstrates generalized weakness and limited endurance. Physical therapy evaluation noted tolerance for supine exercises including hip flexion, bridging, hook-lying rotation, straight leg raises, standing knee flexion, hip abduction and extension, plantarflexion, and squats, as well as seated knee extension and ankle pumps, all performed in sets of 10 repetitions. Written home exercise program instructions were provided, and the patient and caregiver were instructed to perform these exercises daily. Occupational therapy evaluation indicated the patient requires supervision for grooming, dressing, and functional transfers, and could benefit from OT one to one, two to one, and one to one sessions for ADL training, therapeutic exercises, home exercise program reinforcement, functional mobility, and safety training. Additional assessment revealed a small, flesh-colored wound on the lower right buttock, which is being monitored by the caregiver for cleanliness and changes; the patient denies associated pain. He is incontinent of urine and stool, with daily bowel movements per caregiver report. Lungs are clear to auscultation, though the patient reports postnasal drip and produces sputum with a deep cough. He smokes approximately half a pack of cigarettes per day. The patient was prescribed Bactrim 800/160 mg every 12 hours for seven days to address infection risk, and both he and his caregiver were educated on proper administration, completing the full course, and precautions including hydration, hand hygiene, and avoiding contact with individuals with respiratory illnesses. The patient's goal is to regain prior functional abilities, including driving and fishing. No falls have been reported since discharge, and the patient's son provides transportation and assists with all daily needs. The plan includes continued skilled physical and occupational therapy services at home to increase strength, improve functional mobility, reinforce safe transfer techniques, and support independence in ADLs.
 Date of Order 11/04/2025 Orders Physician Face-to-Face Date: 10/15/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Human Immunodeficiency Virus 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 Rollins Mrs., Lawanda

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 11/04/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Lawanda Rollins Mrs.
8831 Satyr Hill Rd Ste 100
Parkville, MD 21234
PHONE: 443-946-1896 FAX: 14434952902 NPI: 1003384165

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 : 10/15/2025

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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Nick Hunt 419 S Parrish St, BALTIMORE, MD 21223- 443-522-8019	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

SN WK1: 1 (11/04/25-11/08/25) ,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)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, Home Safety, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, meal preparation, Home Safety, Home Safety, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, coughing, M1620 - Bowel Incontinence, constipation, M1600 - UTI, muscle weakness, limited strength, poor muscle tone, limited endurance, balance deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, loss of appetite, tooth pain/decay/sensitivity, skin breakdown r/t incontinence, open sores/lesions, #1 - Open Wound - Posterior Right Buttock - flesh colored. patient denies pain, keep clean and dry

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: flesh colored wound to lower right buttock, keep clean and dry, monitor intake & output, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange for adequate fire safety devices

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, * 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, * 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, * 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, * how to support the immune system including personal hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette diet fluid intake, related medication(s) purpose, schedule * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, 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 adequate floor/roof/windows, patient home enviroment has adequate fire safety devices, patient's enviroment has adequate stairs railings, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence

PATIENT-STATED GOAL: get back to able to go fishing and driving

GOALS
patient/caregiver recalls
* how to support the immune system including personal hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* diet
* fluid intake
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* pain control
* therapeutic exercises to optimize range of motion of affected area
* diet and fluids to promote healing
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

patient/caregiver recalls

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/04/2025

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* 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 adequate floor/roof/windows

patient home enviroment has adequate fire safety devices

patient's enviroment has adequate stairs railings

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 2 (11/04/25-11/08/25) ,WK2: 2 (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)

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: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps., Dynamic and static standing balance training, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: 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 walk outside by myself

GOALS
Chair to Bed to Chair - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

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

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

OT Careplans

OT WK1: 1 (11/04/25-11/08/25) ,WK2: 2 (11/09/25-11/15/25) ,WK3: 1 (11/16/25-11/22/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, 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: cough/deep breathing exercises, equipment training, work simplification/energy conservation

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 - 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

OT Goals

PATIENT-STATED GOAL: To do everything myself

GOALS
Shower/Bathe Self - 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

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

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

Date
11/04/2025