Home Health Certification and Plan of Care

Order ID: 1150/13748

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
83166276	11/06/2025	From: 11/06/2025 To: 01/04/2026	19149	217058

6. Patient's Name and Address

Charles Clarke
993 St Johns Drive,
ANNAPOLIS, MD 21409-
443-875-7037

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 02/10/1946 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	11/06/25

13. ICD	Other Pertinent Diagnoses	Date
I50.23	Acute on chronic systolic (congestive) heart failure	11/06/25
I50.32	Chronic diastolic (congestive) heart failure	11/06/25
N18.31	Chronic kidney disease stage 3a	11/06/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	11/06/25
I48.91	Unspecified atrial fibrillation	11/06/25
E61.1	Iron deficiency	11/06/25
J45.909	Unspecified asthma uncomplicated	11/06/25
M10.9	Gout unspecified	11/06/25
K21.9	Gastro-esophageal reflux disease without esophagitis	11/06/25
Z79.01	Long term (current) use of anticoagulants	11/06/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	11/06/25
Z85.51	Personal history of malignant neoplasm of bladder	11/06/25
Z87.01	Personal history of pneumonia (recurrent)	11/06/25
Z95.1	Presence of aortocoronary bypass graft	11/06/25

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

Spironolactone - Spironolactone 25 MG, Take 0.5 Tablets (12.5 mg total) by mouth once a day
Torsemide - Torsemide 40 MG Tabs, Take 1 Tablet (40 mg total) by mouth once a day
Allopurinol - Allopurinol 300 MG, Take 1 Tablet (300 mg total) by mouth once a day
Dabigatran Etexilate - Dabigatran Etexilate 150 MG, Take 1 Capsule (150 mg total) by mouth twice a day
Fluticasone - Fluticasone Furoate 100-50 MCG, inhaling 1 puff inhalant every 12 hours ** Patient reports inhaling 1 puff by mouth every 12 hours as needed, however unable to verify. **
Jardiance - Empagliflozin 25 MG Tabs, Take 0.5 Tablets (12.5 mg total) by mouth once a day Take 0.5 Tablets (12.5 mg total) by mouth daily in the morning 1/2 tablet
Losartan Potassium - Losartan Potassium 25 MG, Take 1 Tablet (25 mg total) by mouth once a day
Metoprolol Succinate - Metoprolol Succinate 50 MG 24 hour extended release tablet, Take 1 Tablet (50 mg total) by mouth once a day
Rosuvastatin Zinc - Rosuvastatin Zinc 40 MG, Take 1 Tablet (40 mg total) by mouth once a day Take 1 Tablet (40 mg total) by mouth daily
Acetaminophen - Acetaminophen 325 MG tablet by mouth as necessary
Guaifenesin - Guaifenesin 100 MG/5ML oral liquid by mouth as necessary

14. DME and Supplies:

cane, grab bars, walker, hand held shower, bath bench

15. Safety Measures:

remove environmental barriers, , avoid temperature extremes, cardiac precautions, , , walker precautions, bathroom safety, , ambulates with device

16. Nutrition:

cardiac diet

17. Allergies:

atorvastatin aldactone hmg-coa reducatase inhibitors pravastatin zetia

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation, Endurance,

18.B. Activities Permitted

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:

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

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive Heart And Chronic Kidney Disease With Heart Failure And Stage 1 Through Stage 4 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 a 79-year-old male with a significant medical history of asthma, hypertension, gout, coronary artery disease, gastroesophageal reflux disease (GERD), atrial fibrillation managed with Pradaxa, congestive heart failure, and bladder cancer. The patient resides with his wife, who prepares all meals and provides continuous assistance. They live in a single-level home with two steps to enter and an additional two steps inside. The patient ambulates primarily with a cane indoors and outdoors and also owns a walker. He reported one fall within the past two months. Approximately one week prior to this visit, the patient experienced acute shortness of breath, prompting his spouse to call 911. He was initially admitted to Anne Arundel Medical Center from October 20 to October 22, 2025, for treatment of pneumonia and was discharged on Augmentin and Robitussin. The patient was readmitted on October 28, 2025, due to shortness of breath and was diagnosed with congestive heart failure. Since discharge, he has reported ongoing dyspnea with minimal exertion and bilateral lower extremity swelling, though he denies fever or chest pain. On examination, lung sounds were clear to auscultation, bowel sounds were normoactive with the last bowel movement documented yesterday, and the patient voids without difficulty. Pedal pulses are palpable bilaterally, with no edema noted at this time. The skin is intact with minimal bruising, likely secondary to anticoagulant use. The patient demonstrates decreased bilateral lower extremity strength, impaired balance, reduced functional mobility, difficulty negotiating steps, and decreased safety awareness-all contributing to an increased risk of falls and further functional decline. Skilled physical therapy services are indicated to improve lower extremity strength, mobility, transfers, gait safety, balance, and overall functional independence. The patient and his primary caregiver have agreed to the home physical therapy plan of care with a treatment schedule beginning November 6, 2025 (frequency: 1 week 1 visit, 2 weeks 1 visit on Monday/Wednesday, and 1 week 3 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> on Wednesday). Occupational therapy services were offered but declined by both the patient and caregiver. Patient education

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 11/06/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Vincent DeCicco
695 Kinkaid Rd
Annapolis, MD 21402
PHONE: 443-270-8600 FAX: 14432708990 NPI: 1841262953

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 : 11/02/2025

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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was provided regarding medication purpose and effects, disease process, recognition of deep vein thrombosis (DVT) symptoms, and safety precautions related to fall prevention and activity tolerance. The patient was attentive and receptive to all educational interventions. The plan of care will continue to focus on optimizing cardiopulmonary function, monitoring for signs of fluid overload, promoting safety in mobility, and reinforcing medication and disease management education.
 Date of Order 11/06/2025 Orders Physician Face-to-Face Date: 11/02/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat due to Hypertensive Heart And Chronic Kidney Disease With Heart Failure And Stage 1 Through Stage 4 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 Decicco , Vincent

SN Careplans

SN WK1: 1 (11/06/25-11/08/25) ,WK2: 1 (11/09/25-11/15/25) ,WK3: 2 (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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 7. Currently taking 5 or more medications

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: M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, abn cholesterol > 200 mg/dL, abnormal blood pressure, constipation, muscle weakness, limited endurance, limited strength, difficulty sleeping, balance deficit, B1000 - Vision Deficit, loss of appetite, bruising/discoloration

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange resources for vision-impaired

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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, * strict compliance with physician orders for anticoagulant administration avoiding activities that create unnecessary risk for injury monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables, * 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, * how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, 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 is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: Increase my balance

GOALS
patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* 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 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
* dietary guidelines for managing nutritional deficit
* 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
* strict compliance with physician orders for anticoagulant administration
* avoiding activities that create unnecessary risk for injury
* monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising
* for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables

patient/caregiver recalls
* how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting
* diarrhea
* appetite loss
* hair loss
* fatigue
* insomnia
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

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PT WK1: 1 (11/06/25-11/08/25) ,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)

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

11/06/2025

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, 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 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 - 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

PATIENT-STATED GOAL: No particular stated goal

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 RN

Date
11/06/2025