Home Health Certification and Plan of Care

Order ID: 1150/13836

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
61186229	09/07/2025	From: 11/06/2025 To: 01/04/2026	16700	217058

6. Patient's Name and Address
Michael Vincent
5620 FERN PARK AVE,
GWYNN OAK, MD 21207-
410-627-3749

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 04/05/1959 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
C90.00	Multiple myeloma not having achieved remission	09/07/25

13. ICD	Other Pertinent Diagnoses	Date
M84.48XD	Pathological fracture oth site subs for fx w routn heal	09/07/25
G89.29	Other chronic pain	09/07/25
E11.21	Type 2 diabetes mellitus with diabetic nephropathy	09/07/25
I10.	Essential (primary) hypertension	09/07/25
E78.5	Hyperlipidemia unspecified	09/07/25
K21.9	Gastro-esophageal reflux disease without esophagitis	09/07/25
E83.110	Hereditary hemochromatosis	09/07/25
M19.90	Unspecified osteoarthritis unspecified site	09/07/25
Z85.47	Personal history of malignant neoplasm of testis	09/07/25

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

Atorvastatin - Atorvastatin Calcium 20 mg by mouth at bedtime
Diclofenac Sodium - Diclofenac Sodium 4g topical twice a day
Doxazosin - Doxazosin Mesylate 1mg by mouth once a day
Famotidine - Famotidine 20mg by mouth twice a day
Gabapentin - Gabapentin 300 mg by mouth three times a day
Pantoprazole - Pantoprazole Sodium 40 mg by mouth once a day
Meloxicam - Meloxicam 7.5 mg 7.5MG 1 TABLET by mouth every 12 hours
Cyclobenzaprine - Cyclobenzaprine Hydrochloride 5MG 1 TABLET by mouth as necessary TAKE AT BEDTIME FOR 14 DAYS
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5MG 1 TABLET by mouth every 6 hours AS NEEDED FOR PAIN
Furosemide - Furosemide 40 mg by mouth twice a day
Bactrim Ds - Sulfamethoxazole: Trimethoprim 800 mg;160 mg 1 tab by mouth threee times per week Take Mondays, Wednesdays, and Fridays

14. DME and Supplies:
hospital bed, rolling walker, commode

15. Safety Measures:
restricted ROM, , transfer with assist

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Paralysis, Endurance, Ambulation

18.B. Activities Permitted
Up As Tolerated, Exercises Prescribed, Complete Bedrest

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: , SOCIAL ISOLATION: 2 independent, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: NA, MOBILITY: NA

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 Multiple Myeloma Not Having Achieved Remission, 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 referred to home health services following hospitalization and rehabilitation for spinal cancer. He resides in a multi-level home with his wife, who assists with ADLs, IADLs, meal preparation, shopping, and errands. The patient is unable to stand and uses a stair lift for mobility between floors. He wears a right shoulder brace, denies incontinence, and utilizes a urinal and bedside commode. Skin is intact, though bilateral lower extremity edema (+2) is present. Skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> are recommended at a frequency of 2w1 and 1w3, with the next visit scheduled for Thursday. Physical therapy evaluation was completed for this 66-year-old male with a significant past medical history of testicular cancer, renal mass, hereditary hemochromatosis, recent L4 pathologic fracture, new plasma cell neoplasm on left psoas mass, and right shoulder dislocation. He was recently hospitalized for bilateral lower extremity edema and pain. Prior to admission, he ambulated with a rollator but had become progressively weaker since cancer treatment, requiring assistance from his brother to stand. Currently, he demonstrates decreased lower extremity strength (2-/5 MMT) and is unable to stand even with a lift chair. He was instructed in seated bilateral lower extremity therapeutic exercises for a home exercise program, though he experiences greater difficulty with the right leg due to hip pain. Skilled physical therapy is indicated to improve strength, balance, safety, and independence in functional mobility with the goal of returning to his prior level of function.
 Date of Order 11/03/2025 Orders Physician Face-to-Face Date: 08/22/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Multiple Myeloma Not Having Achieved Remission Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: The patient is being recertified due to multiple myeloma and fracture
 Physician Lee, Shirley

SN Careplans

SN WK2: 3 (11/09/25-11/15/25)

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , Physician order lab work: Nurse to draw labs every four weeks starting 09/11/25 for CBC with Diff, BMP, IgG, IgA, IgM, Free Kappa and Lambda light chains with ratio, serum immunofixation, Beta-2 macroglobulin, CRP, ESR, Hepatic Function panel, BMP, Ferritin, Protein Electrophoresis/Total Protein, LDH, Uric Acid. Transport to nearest Kaiser lab, Physician order lab work: Nurse to draw labs for weekly CBC for eight weeks starting 09/11/2025. Lavendar tube. Transport to nearest Kaiser lab, Physician order lab work: Nurse to draw labs for weekly CBC for eight weeks starting 09/11/2025. Lavendar tube, cough/deep breathing exercises, glucose testing via monitor

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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * 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, * 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 manage inflammatory

SN Goals

PATIENT-STATED GOAL: I want to stand and walk

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

patient/caregiver recalls
* how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting
* diarrhea

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
Shirley Lee
7141 Security Blvd
Baltimore, MD 21244
PHONE: (443) 663-6000 FAX: 14436636295 NPI: 1730398819

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 : 08/22/2025

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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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, patient self-administers medications as prescribed, related medication(s) purpose, schedule

* appetite loss
* hair loss
* fatigue
* insomnia
* 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
* 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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

OT Careplans

OT WK2: 1 (11/09/25-11/15/25) ,WK3: 1 (11/16/25-11/22/25) ,WK4: 1 (11/23/25-11/29/25) ,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:

HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 7. Currently taking 5 or more medications, 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; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all

OT Goals

PATIENT-STATED GOAL: to get back to PLOF

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

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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/03/2025

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new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

; 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: limited endurance, difficulty sleeping

PROCEDURES: cough/deep breathing exercises, incentive spirometer, 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, * 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, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

HHA Careplans

HHA WK2: 1 (11/09/25-11/15/25) ,WK3: 2 (11/16/25-11/22/25) ,WK4: 2 (11/23/25-11/29/25) ,WK5: 1 (11/30/25-12/06/25)

PROCEDURES: Change linens: Change linens weekly and as needed if clean linens are available. , assist with bathing: Be careful as the Pt has fracture of R UE. The Pt is chair bound, on a recliner. Chair bath., assist with toileting hygiene, assist with transferring: Only while performing the ADLs, assist with fall prevention, assist with lower body dressing, assist with upper body dressing

HHA Goals

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/03/2025