# Home Health Certification and Plan of Care

**Order ID: 1150/13962**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 831094136 | 11/12/2025 | From: 11/12/2025 To: 01/10/2026 | 19330 | 217058 |

**6. Patient's Name and Address**
Delmar Dickson
10005 Crane Ln,
MIDDLE RIVER, MD 21220-
443-823-6424

**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** 05/11/1933 | **9.Sex** Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| N13.30 | Unspecified hydronephrosis | 11/12/25 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| C61. | Malignant neoplasm of prostate | 11/12/25 |
| C79.51 | Secondary malignant neoplasm of bone | 11/12/25 |
| N40.1 | Benign prostatic hyperplasia with lower urinary tract symp | 11/12/25 |
| R33.8 | Other retention of urine | 11/12/25 |
| N13.8 | Other obstructive and reflux uropathy | 11/12/25 |
| I12.0 | Hyp chr kidney disease w stage 5 chr kidney disease or ESRD | 11/12/25 |
| N18.6 | End stage renal disease | 11/12/25 |
| D63.1 | Anemia in chronic kidney disease | 11/12/25 |
| M19.031 | Primary osteoarthritis right wrist | 11/12/25 |
| E78.5 | Hyperlipidemia unspecified | 11/12/25 |
| I35.0 | Nonrheumatic aortic (valve) stenosis | 11/12/25 |
| E83.51 | Hypocalcemia | 11/12/25 |
| G47.00 | Insomnia unspecified | 11/12/25 |
| F32.A | Depression unspecified | 11/12/25 |
| Z46.6 | Encounter for fitting and adjustment of urinary device | 11/12/25 |
| Z79.82 | Long term (current) use of aspirin | 11/12/25 |

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

Aspirin - Aspirin 81 MG tablet Take 81 mg by mouth three times per week Take 81 mg by mouth every Monday, Wednesday & Friday. heart
Calcium Acetate - Calcium Acetate 667 MG capsule Take 2 capsules by mouth three times a day Take 2 capsules by mouth 3 times daily with meals. ESRD
Vitamin C - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 65-125 MG Tabs Take 1 tablet by mouth once a day Take 1 tablet by mouth daily. Supplement
Lidocaine - Lidocaine 5 % Cream Apply 1 Application topical once a day Apply 1 Application to the skin daily. Apply to wrist daily for pain management
Mirtazapine - Mirtazapine 15 mg 15 MG tablet Take 15 mg by mouth at bedtime Depression , also helps with appetite
Simvastatin - Simvastatin 20 MG tablet Take 20 mg by mouth at bedtime Cholesterol
Baros - Sodium Bicarbonate: Tartaric Acid 650 MG tablet Take 650 mg by mouth three times a day ESRD
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG capsule Take 0.8 mg (2 capsules) by mouth once a day BPH
Acetaminophen - Acetaminophen 325 mg, Take 2 tablets by mouth every 4 hours Take 2 tablets by mouth every 4 hours as needed. for pain
Senna - Senna 8.6 MG Tabs Take 2 tablets by mouth at bedtime Take 2 tablets by mouth nightly as needed for Constipation (Constipation).

**14. DME and Supplies:**
walker, urinary/catheter supplies, bath bench

**15. Safety Measures:**
walker precautions, , ambulates with device, bathroom safety

**16. Nutrition:**
regular

**17. Allergies:**
no known allergies

**18.A. Functional Limitations**
Ambulation

**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: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

**20. Prognosis:** fair

**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 Unspecified Hydronephrosis, 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 92-year-old male with a complex medical history significant for hypertension, hyperlipidemia, chronic kidney disease stage 5, benign prostatic hyperplasia, aortic valve stenosis, metastatic prostate cancer with known bone and omental involvement (PSA 2345), chronic urinary retention, and recurrent anemia requiring multiple blood transfusions. Due to the severity of his anemia, he undergoes weekly laboratory monitoring through Kaiser, and his most recent hemoglobin level was 6.9 g/dL, prompting a direct hospital admission for transfusion. He also has a history of arthritis contributing to chronic right wrist pain.  During today's <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert and oriented 4 and reported persistent fatigue, occasional nausea, and right wrist pain, but denied shortness of breath, headache, dizziness, or lightheadedness. Vital signs were within normal limits. Lung sounds were clear to auscultation bilaterally. The skin was intact overall, though bruising was noted on the arms, consistent with frequent venipuncture and transfusion history. The patient has an indwelling Foley catheter connected to a leg bag, which he prefers over a larger drainage bag. His grandson requested that catheter changes be completed at home, but he was instructed that a formal order must be faxed to the agency by the managing urologist.  The patient resides alone in a trailer home but receives consistent support from his son and grandson, who live within a 5-7 minute drive. His grandson typically assists with medication administration, meal preparation, and showering. The patient is ambulatory with a walker and was previously independent with self-care, home mobility, and transfers before his recent decline. Currently, he demonstrates reduced standing balance, decreased standing and activity tolerance, and diminished bilateral upper-extremity strength. These deficits have resulted in reduced independence with bathing and shower transfers and increase his fall risk.  Education was provided to the patient and family regarding Foley catheter care, hand hygiene, wrist pain management, activity pacing, and safety strategies. A home exercise program was initiated, including straight-leg raises, seated hip abduction and adduction, long-arc quadriceps exercises, mini-squats, and heel raises, performed for 10 repetitions 2 sets. Continued reinforcement of proper technique will be required due to the patient's fluctuating endurance and frailty.  Given his significant functional decline, advanced comorbidities, reduced mobility, and ongoing high-level care needs, the patient will benefit from ongoing skilled nursing for monitoring of anemia symptoms, catheter management education, and safety oversight, as well as skilled occupational therapy to address impairments in strength, balance, activity tolerance, and self-care performance to support safe functioning within the home and reduce hospitalization risk. <br> Date of Order 11/12/2025 Orders Physician Face-to-Face Date: 11/06/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Unspecified Hydronephrosis Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 1 - SOC - SN Notes: soc PT Eval

**23. Signature and Date of Verbal SOC Where Applicable:**
Electronically Signed by Messick, Charles RN on 11/12/2025

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
Rita Mathur
4920 Campbell Blvd
White Marsh, MD 21236
PHONE: 410-933-7793 FAX: 14109337666 NPI: 1619076338

**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 : 11/06/2025

**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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Notes: OT Eval Notes: <br> Physician Mathur, Rita

## SN Careplans

SN WK1: 1 (11/12/25-11/15/25) ,WK2: 1 (11/16/25-11/22/25) ,WK3: 1 (11/23/25-11/29/25) ,WK4: 1 (11/30/25-12/06/25)

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: 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, M1610 - Urinary Catheter, urine retention, muscle weakness, Pain Effect on Sleep, Pain Interference with ADLs, daytime fatigue, balance deficit, loss of appetite, bruising/discoloration

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , monitor intake & output, catheter change, care & irrigation: Managed by the urologist.

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 modification to manage blood condition including dietary changes bleeding precautions, 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 manage sleep disorder including changes to daytime habits and bedtime routine maintaining a journal to track sleep patterns, 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 minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize genito-urinary condition including diet exercise home remedies, related medication(s) purpose, schedule, * 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, 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

## SN Goals

PATIENT-STATED GOAL: to be comfortable

GOALS
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
* how to incorporate lifestyle modifications to optimize genito-urinary condition including diet
* exercise
* home remedies
* recalls related medication(s) purpose, schedule

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
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

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
* how to manage sleep disorder including changes to daytime habits and bedtime routine
* maintaining a journal to track sleep patterns
* 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
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* 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
* strategies to minimize fatigue and exhaustion including work simplification

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 11/12/2025 |

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* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

## PT Careplans

PT WK1: 1 (11/12/25-11/15/25) ,WK2: 1 (11/16/25-11/22/25) ,WK3: 1 (11/23/25-11/29/25) ,WK4: 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

PROCEDURES: Medication Review: The medication was reviewed with the patient , Home exercises : S;LR, Long arc, mini squats and heel raises --10x2 reps , cough/deep breathing exercises, incentive spirometer, gait training on uneven surfaces, gait training/stair training, transfers training

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 - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance

## PT Goals

PATIENT-STATED GOAL: To get stronger and walk better

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 - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

## OT Careplans

OT WK1: 1 (11/12/25-11/15/25) ,WK2: 1 (11/16/25-11/22/25) ,WK3: 1 (11/23/25-11/29/25) ,WK4: 1 (11/30/25-12/06/25)

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: equipment training, work simplification/energy conservation, transfers training, assist with bathing, therapeutic exercises

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: I would like to get back outside.

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
11/12/2025