Home Health Certification and Plan of Care

Order ID: 1150/14006

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
951293813	11/11/2025	From: 11/11/2025 To: 01/09/2026	19285	217058

6. Patient's Name and Address

Mark Cheverie
8800 Old Harford Rd, RM 301,
PARKVILLE, MD 21234-
410-371-9219

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 05/16/1940 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	11/11/25

13. ICD	Other Pertinent Diagnoses	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	11/11/25
N18.6	End stage renal disease	11/11/25
D63.1	Anemia in chronic kidney disease	11/11/25
G93.41	Metabolic encephalopathy	11/11/25
G93.89	Other specified disorders of brain	11/11/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	11/11/25
E78.5	Hyperlipidemia unspecified	11/11/25
H35.30	Unspecified macular degeneration	11/11/25
G31.9	Degenerative disease of nervous system unspecified	11/11/25
K21.9	Gastro-esophageal reflux disease without esophagitis	11/11/25
R13.12	Dysphagia oropharyngeal phase	11/11/25
E04.1	Nontoxic single thyroid nodule	11/11/25
Z79.82	Long term (current) use of aspirin	11/11/25
Z99.89	Dependence on other enabling machines and devices	11/11/25
Z99.2	Dependence on renal dialysis	11/11/25
Z96.651	Presence of right artificial knee joint	11/11/25
Z86.16	Personal history of COVID-19	11/11/25
Z90.49	Acquired absence of other specified parts of digestive tract	11/11/25
Z85.828	Personal history of other malignant neoplasm of skin	11/11/25

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

Acetaminophen - Acetaminophen 500 mg, Take 2 tablets by mouth every 8 hours MODERATE Pain (or if patient requests it for severe pain).
Amlodipine - Amlodipine Besylate 10 MG tablet Take 1 tablet by mouth once a day HTN
Aspirin 81Mg - Aspirin 81 MG, Take 1 tablet by mouth once a day Heart health
Buprenorphine Hydrochloride - Buprenorphine Hydrochloride 20 MCG/HR Ptwk Place 1 patch topical once a week Apply one patch to the skin once a week. Apply on Saturdays for pain
Calcium Acetate - Calcium Acetate 667 MG capsule Take 2,001 mg by mouth three times a day Take 2,001 mg by mouth 3 times daily with meals
Omega 3 - Cod Liver Oil 1200 MG Caps Take 1 capsule by mouth once a day supplement
Furosemide - Furosemide 80 MG, Take 1 tablet by mouth once a day Fluid pill
Lidocaine - Lidocaine 5 % patch Place 1patch topical once a day Place 1 patch to lower back every 24 hours as needed for Pain.
Metoprolol Tartrate - Metoprolol Tartrate 50 Mg, Take 1 tablet by mouth twice a day HTN
Vitamin D - Ergocalciferol 25 MCG (1000 UT) Tabs Take 2 tablets by mouth once a day Supplement
Epogen/Procrit - Epoetin Alfa 20000 UNIT/ML Soln Inject 0.25 mLs intravenous three times per week Given at dialysis for Anemia associated with Chronic Kidney Disease Failure
Esomeprazole Magnesium - Esomeprazole Magnesium 20 MG capsule Take 20 mg by mouth once a day Take 20 mg by mouth 1 time daily as needed (acid reflux)

14. DME and Supplies:
bath bench, walker, wheelchair

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

16. Nutrition:
diabetic, low sodium

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: No

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
another facility/provider will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive Chronic Kidney Disease With Stage 5 Chronic Kidney Disease Or End Stage Renal 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 85-year-old male with a significant past medical history of end-stage renal disease (ESRD) on hemodialysis (TTS), obstructive sleep apnea (OSA) managed with CPAP, hyperlipidemia (HLD), gastroesophageal reflux disease (GERD), BMI of 34, and chronic left encephalomalacia. He was recently hospitalized for acute cholecystitis requiring gallbladder surgery, after which he was discharged to a rehabilitation facility. According to his son-in-law, the patient returned to his assisted-living residence but remained there for only four hours before nursing staff observed acute altered mental status and rectal bleeding, prompting transfer back to the hospital for further evaluation. At baseline, the patient has been dependent for self-care, functional transfers, and functional mobility using a wheelchair. He has longstanding cognitive impairment characterized by decreased retention of new information and notable memory deficits. Following his recent hospitalization, he continues to demonstrate decreased cognitive function, emotional distress, and functional decline. He expressed feeling down after being notified that he had been laid off from employment due to his functional impairments, contributing to his low mood. Vital signs today remain within normal limits. During the therapy session, the patient participated in a structured exercise program including supine straight-leg raises and bridging; seated long-arc quadriceps exercises using a red resistance band; and standing activities consisting of marching, mini-squats, and heel raises, each performed for 10 repetitions over two sets. Despite participation, the patient continues to require total assistance from nursing staff for all self-care activities, functional transfers, and mobility. Due to the patient's persistent cognitive limitations, dependence in activities of daily living, and overall functioning consistent with his baseline level, occupational therapy services are not recommended at this time.
 Date of Order 11/11/2025 Orders Physician Face-to-Face Date: 11/05/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Hypertensive Chronic Kidney Disease With Stage 5 Chronic Kidney Disease Or End Stage Renal 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

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

25. Date HHA Received Signed POT

24. Physician's Name and Address
Barbara Sanico
4920 Campbell Blvd
Baltimore, MD 21236
PHONE: 410-933-7600 FAX: NPI: 1164454716

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 : 11/05/2025

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:
 Physician <table border="0" cellpadding="0" cellspacing="0" width="229" style="width: 172pt;"><tbody><tr height="14" style="height:10.2pt"> <td height="14" class="xl67" width="229" style="height:10.2pt;width:172pt">Sanico, Barbara</td></tr></tbody></table>

SN Careplans

SN WK1: 1 (11/11/25-11/15/25)

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: 3. Multiple hospitalizations (2 or more) in the past 6 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, limited strength, balance deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, glucose testing via monitor, monitor intake & output

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 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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 get up and walk around with an assistive device.

GOALS
patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* 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 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
* 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
* 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

PT Careplans

PT WK2: 1 (11/16/25-11/22/25) ,WK3: 2 (11/23/25-11/29/25) ,WK4: 2 (11/30/25-12/06/25) ,WK5: 2 (12/07/25-12/13/25) ,WK6: 2 (12/14/25-12/20/25) ,WK7: 1 (12/21/25-12/27/25)

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: Long arc, marching le abd/add, and slr --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 transfer independently from bed to chair, toilet and ambulate short distance

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

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

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OT Careplans	OT Goals
OT WK2: 1 (11/16/25-11/22/25) PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating TEACH PATIENT/CAREGIVER: Oral Hygiene - 01. Dependent, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 01. Dependent, Shower/Bathe Self - 04. Supervision or touching assistance, Toileting Hygiene - 01. Dependent, Don/Doff Footwear - 01. Dependent, Eating - 05. Setup or clean-up assistance	Oral Hygiene - 01. Dependent Upper Body Dressing - 03. Partial/moderate assistance Lower Body Dressing - 01. Dependent Shower/Bathe Self - 04. Supervision or touching assistance Toileting Hygiene - 01. Dependent Don/Doff Footwear - 01. Dependent Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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