Home Health Certification and Plan of Care

Order ID: 1150/14070

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3TT5U79AE85	11/15/2025	From: 11/15/2025 To: 01/13/2026	16244	217058

6. Patient's Name and Address

Sean Mangrum
5003 Edgar Terrace,
BALTIMORE, MD 21214-
443-379-6434

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 10/18/1965 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
N39.0	Urinary tract infection site not specified	11/15/25

13. ICD	Other Pertinent Diagnoses	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	11/15/25
I50.20	Unspecified systolic (congestive) heart failure	11/15/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	11/15/25
N18.32	Chronic kidney disease stage 3b	11/15/25
D63.1	Anemia in chronic kidney disease	11/15/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	11/15/25
B20.	Human immunodeficiency virus [HIV] disease	11/15/25
C16.9	Malignant neoplasm of stomach unspecified	11/15/25
I07.1	Rheumatic tricuspid insufficiency	11/15/25
I69.351	Hemiplga following cerebral infrc aff right dominant side	11/15/25
E78.49	Other hyperlipidemia	11/15/25
Z45.2	Encounter for adjustment and management of VAD	11/15/25
Z79.2	Long term (current) use of antibiotics	11/15/25
Z79.4	Long term (current) use of insulin	11/15/25
Z79.02	Long term (current) use of antithrombotics/antiplatelets	11/15/25
Z79.82	Long term (current) use of aspirin	11/15/25

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

Aspirin 81Mg - Aspirin 81Mg, take (81Mg) tablet by mouth once a day
Atorvastatin Calcium - Atorvastatin Calcium 80 MG, Give 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for HLD
Clopidogrel Bisulfate - Clopidogrel Bisulfate 75 MG Give 1 tablet by mouth once a day
Dovato Oral Tablet 50-300 MG (Dolutegravir SodiumLamivudine) 50-300 MG, Give 1 tablet by mouth once a day
Jardiance - Empagliflozin 25 MG, Give 1 tablet by mouth once a day
Folic Acid - Folic Acid 1 MG Give 1 tablet by mouth once a day
Spironolactone - Spironolactone 25 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for CARDIOMYOPATHY/ HFrEF HOLD FOR SBP LESS THAN 110 OR HR LESS THAN 60
Valacyclovir Hydrochloride - Valacyclovir Hydrochloride 500 MG, Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for ANTIVIRAL
Remeron - Mirtazapine 7.5 MG, Give 1 tablet by mouth once a day Appetite stimulus
Iron - Ferrous Sulfate: Folic Acid 325mg by mouth once a day Supplement
Pantoprazole - Pantoprazole Sodium 40 mg 40mg by mouth once a day GERD
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4mg by mouth once a day BPH
Senakot - Senna 8.6mg by mouth once a day Stool softener
Extra Strength Tylenol - Acetaminophen 500mg (2 tabs) by mouth as necessary Every 8 hours as needed for pain

14. DME and Supplies:

commode, IV supplies, wheelchair, diabetic supplies, walker

15. Safety Measures:

wheelchair precautions, transfer with assist, walker precautions, supervision at all times, standard precautions, anticoagulant precautions, fall precautions, diabetic precautions, bleeding precautions, bathroom safety, activity supervision, ambulates with assistance, ambulates with device

16. Nutrition:

low cholesterol, diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Wheelchair, Walker, 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: good

22. A Rehabilitation Potential:

SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status:

Due to diagnosis of Urinary tract infection site not specified, 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 receiving IV meropenem 1 g every eight hours through 11/16/25 for treatment of a urinary tract infection following Foley catheter removal. Due to the frequency of dosing, home health services are required to avoid taxing travel. The patient reports no major concerns, denies pain, and had a bowel movement on the day of assessment. Past medical history includes HIV, hyperlipidemia, hemiparesis/hemiplegia, heart failure, prior TIA, atherosclerosis, CKD stage 3, and previous cardiac infarction. He ambulates with a wheelchair and walker, sleeps in a hospital bed, and requires moderate assistance with ADLs. Lung sounds were clear, no wounds or falls were reported, and IV and diabetes supplies were available in the home. Medications, including insulin and IV antibiotic administration with aseptic technique, were reviewed with the caregiver, who demonstrated understanding. The patient has upcoming follow-up with his PCP on 11/19, and PT/OT services were ordered; the caregiver also requested HHA support. Physical therapy evaluation indicates that the 59-year-old male recently experienced functional decline associated with hospitalization, during which a cancerous gastric mass was identified. Prior to admission, he used a rolling walker with supervision and was able to negotiate a few steps. He currently resides on a basement level with direct access and has not yet attempted stairs. Present assessment shows decreased strength-3-/5 in the right upper and lower extremities and 3+/5 on the left. He requires contact guard assistance for sit-to-stand transfers and does not feel stable enough to ambulate independently. However, he can maintain standing, shift weight, and take small steps with contact guard assistance. Skilled PT services are recommended to improve strength, balance, safety, and independence in functional mobility, supporting return to his prior level of function.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 11/15/2025<o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 09/10/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Urinary tract infection site not specified
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
 1 - SOC - SN Notes: <o:p></o:p> PT Eval Notes:<o:p></o:p> Physician: Guefack, Regine

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 11/15/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Regine Guefack
8901 Clement Ave
Parkville, MD 21234
PHONE: 4106614670 FAX: 14106614671 NPI: 1285279364

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 : 09/10/2025

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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SN Careplans

SN WK1: 1 (11/15/25-11/15/25) ,WK2: 1 (11/16/25-11/22/25) ,WK3: 2 (11/23/25-11/29/25) ,WK4: 1 (11/30/25-12/06/25) ,WK5: 1 (12/07/25-12/13/25) ,WK6: 1 (12/14/25-12/20/25) ,WK7: 1 (12/21/25-12/27/25)

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

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 ; 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 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.

no wounds noted
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: meal preparation, Home Safety, M2020 - Oral Med Management, M1033 - Exhaustion, abn cholesterol > 200 mg/dL, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, heartburn/indigestion, M1600 - UTI, poor muscle tone, muscle weakness, limited endurance, limited strength, swelling of affected area, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, balance deficit, loss of appetite

PROCEDURES: cough/deep breathing exercises, glucose testing via monitor, monitor intake & output, home exercise program, coordinate/arrange preparation of missing meals, coordinate/arrange repair of inadequate lighting, infusion therapy: Meropenum 1 gram IV every 8 hours thru 11/16/25 no lab draw. pharmary:nations., infusion therapy: Meropenum 1 gram IV every 8 hours until complete no lab draw. pharmary:nations.

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, 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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * low cholesterol dietary guidelines, 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 optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, 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, * how to support the immune system including personal

SN Goals

PATIENT-STATED GOAL: caregiver to complete IV ABX therapy successfully

GOALS
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
* 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 modification to manage blood condition including dietary changes
* bleeding precautions
* 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
* how to help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* 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/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient living environment has adequate lighting

patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)

Signature of Physician:

Date

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

Date
11/15/2025

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hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette diet fluid intake, 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, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, 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 living environment has adequate lighting, meal preparation is available to patient for all meals

* perineal hygiene
* recalls related medication(s) purpose, schedule

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
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low cholesterol dietary guidelines
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

PT Careplans

PT WK2: 1 (11/16/25-11/22/25) ,WK3: 1 (11/23/25-11/29/25) ,WK4: 1 (11/30/25-12/06/25) ,WK5: 1 (12/07/25-12/13/25) ,WK6: 1 (12/14/25-12/20/25) ,WK7: 1 (12/21/25-12/27/25) ,WK8: 1 (12/28/25-01/03/26) ,WK9: 1 (01/04/26-01/10/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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- : medications reviewed with patient/caregiver, cough/deep breathing exercises, dynamic standing balance exercises, gait training on uneven surfaces, gait training/stair training, transfers training, therapeutic exercises

TEACH PATIENT/CAREGIVER: * 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, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 03. Partial/moderate assistance, Walk 50 ft with 2 Turns - 03. Partial/moderate assistance, Walk 150 Feet - 03. Partial/moderate assistance, 1 - Step (curb) - 03. Partial/moderate assistance, 4 Steps - 03. Partial/moderate assistance, 12 Steps - 03. Partial/moderate assistance, Picking Up Object - 03. Partial/moderate assistance, Medication Review

PT Goals

PATIENT-STATED GOAL: To be able to walk without help

GOALS
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

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 04. Supervision or touching assistance

Walk 10 Feet - 03. Partial/moderate assistance

Walk 50 ft with 2 Turns - 03. Partial/moderate assistance

Walk 150 Feet - 03. Partial/moderate assistance

1 - Step (curb) - 03. Partial/moderate assistance

4 Steps - 03. Partial/moderate assistance

12 Steps - 03. Partial/moderate assistance

Picking Up Object - 03. Partial/moderate assistance

Medication Review

Signature of Physician:

Date

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

Date
11/15/2025