Home Health Certification and Plan of Care

Order ID: 1150/13161

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4V35FT4GC92	08/17/2025	From: 10/16/2025 To: 12/13/2025	16057	217058

6. Patient's Name and Address

Pasquale Fedi
232 EVERETT ROAD,
MONKTON, MD 21111-
410-382-7749

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 02/09/1934 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J90.	Pleural effusion not elsewhere classified	08/17/25

13. ICD	Other Pertinent Diagnoses	Date
J15.4	Pneumonia due to other streptococci	08/17/25
J96.01	Acute respiratory failure with hypoxia	08/17/25
I10.	Essential (primary) hypertension	08/17/25
E11.65	Type 2 diabetes mellitus with hyperglycemia	08/17/25
I69.319	Unsp symptoms and signs w cogn fnctns fol cerebral infrc	08/17/25
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	08/17/25
L97.429	Non-prs chronic ulcer of left heel and midfoot w unsp severt	08/17/25
E78.5	Hyperlipidemia unspecified	08/17/25
D64.9	Anemia unspecified	08/17/25
Z51.5	Encounter for palliative care	08/17/25
Z90.49	Acquired absence of other specified parts of digestive tract	08/17/25
K62.1	Rectal polyp	08/17/25
Z79.82	Long term (current) use of aspirin	08/17/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/17/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	08/17/25
Z87.891	Personal history of nicotine dependence	08/17/25
Z85.51	Personal history of malignant neoplasm of bladder	08/17/25

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

Aspirin 81Mg - Aspirin 81 MG, Take 1 tablet by mouth once a day Blood clot
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) MG tablet Take 1 tablet by mouth once a day 325 (65 Fe) MG tablet
Take 1 tablet by mouth daily with breakfast. Supplement
Norvasc - Amlodipine Besylate 2.5 MG tablet TAKE 1 TABLET by mouth once a day 2.5 MG tablet
TAKE 1 TABLET BY MOUTH DAILY.
For diagnoses: Hypertension, unspecified type
Linagliptin - Linagliptin 5 MG, TAKE ONE TABLET by mouth once a day TAKE ONE TABLET BY MOUTH DAILY
For diagnoses: Type 2 diabetes mellitus with hyperosmolarity without coma, without long-term current use of insulin (CMS/HHS-HCC)
Lipitor - Atorvastatin Calcium 40 MG, TAKE 1 TABLET by mouth at bedtime TAKE 1 TABLET BY MOUTH NIGHTLY.
For diagnoses: Mixed hyperlipidemia
Glucotrol Xl - Glipizide 5 MG ER tablet TAKE 1 TABLET by mouth once a day 5 MG ER tablet
TAKE 1 TABLET BY MOUTH DAILY.
For diagnoses: Type 2 diabetes mellitus with hyperosmolarity without coma, without long-term current use of insulin (CMS/HHS-HCC)
Rybelsus 14 MG Tabs 14 MG, TAKE ONE TABLET by mouth once a day TAKE ONE TABLET BY MOUTH DAILY
For diagnoses: Type 2 diabetes mellitus with hyperosmolarity without coma, without long-term current use of insulin (CMS/HHS-HCC)
Centrum Vitamin - Ascorbic Acid: Biotin: Cyanocobalamin: Ergocalciferol: Folic Acid: Niacinamide: Pantothenic Acid: Phytonadione: Pyridoxine: Ribo
Take 1 tablet by mouth once a day
Glipizide - Glipizide 5 mg take 1 tablet by mouth twice a day T2DM

14. DME and Supplies:

wheelchair, diabetic supplies, bath bench, walker, wound care supplies

15. Safety Measures:

, ambulates with device, , ambulates with assistance, bathroom safety, activity supervision

16. Nutrition:

diabetic

17. Allergies:

metformin pcn

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

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

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Pleural Effusion Not Elsewhere Classified , 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 91-year-old White male with a complex medical history including cerebrovascular accident (CVA) with residual weakness and impaired gait, cognitive impairment, benign prostatic hyperplasia (BPH), type 2 diabetes mellitus (DM2), hyperlipidemia, a history of bladder cancer, and a prior gastrointestinal bleed. He was recently hospitalized for complications related to aspiration pneumonia and was referred to home health services upon discharge. The patient is alert and oriented but forgetful at baseline. He resides in a single-family home with his wife and daughter and receives 24-hour care, including daytime support from a paid caregiver who assists with activities of daily living (ADLs), personal hygiene, transfers, and ambulation. Vitals are stable at present. A left heel deep tissue injury (DTI) is being treated with wound cleansing, Silvadene application, and bordered foam dressing, managed by the caregiver between skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh>. The patient currently demonstrates decreased standing balance, endurance, bilateral upper extremity strength, and overall activity tolerance, contributing to a decline in self-care, functional mobility, and transfer ability. He previously required moderate assistance with lower extremity self-care, transfers, ambulation, and instrumental ADLs. Occupational and physical therapy evaluations have been ordered to address current functional limitations and support the patient's return to greater independence. Skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> are recommended at a frequency of two <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> in week one and one in week three. The next scheduled skilled nursing visit is on Thursday. Given his medical complexity and physical decline, continued interdisciplinary home health care is essential.
 Date of Order 10/14/2025 Orders Physician Face-to-Face Date: 08/12/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Pleural effusion not elsewhere classified 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 an unhealed left heel ulcer. Physician Fuentes Leonard, Jessie

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 10/14/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Jessie Fuentes Leonard
14 Mount Carmel Road St A
Parkton, MD 21120
PHONE: 4434913333 FAX: 14434913798 NPI: 1487087664

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 : 08/12/2025

27. Attending Physician's Signature and Date Signed **11/05/2025** 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 (10/20/25-10/25/25) ,WK2: 1 (10/26/25-11/01/25) ,WK3: 1 (11/02/25-11/08/25) ,WK4: 1 (11/09/25-11/15/25) ,WK5: 1 (11/16/25-11/22/25) ,WK6: 1 (11/23/25-11/29/25) ,WK7: 1 (11/30/25-12/06/25) ,WK8: 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: 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: abn cholesterol > 200 mg/dL, abnormal blood pressure, balance deficit, open sores/lesions

PROCEDURES: Medication Review-: Medications reviewed with patient/caregiver., cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: Left Heel: To cleanse the left heel wound with NSS, apply Aquacel Alginate, and cover with a foam dressing. Wound care is to be done daily., physician-ordered wound care: Cleanse with mild soap and water pat dry apply silvadene to periwound cover with bordered foam dressing, change daily., physician-ordered wound care: As of 10/15/2025- Discontinue all previous wound care. Left Heel: To cleanse the left heel wound with NSS, apply Betadine moistened gauze, dry gauze and cover with a kerlix. Wound care is to be done daily., glucose testing via monitor, bladder training

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, * 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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, * 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: I was to get around better

GOALS
patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* 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 peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* 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
* 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 incorporate lifestyle modifications to optimize genito-urinary condition including diet
* exercise
* home remedies
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* 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
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises

Signature of Physician:

Date

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

Date
10/14/2025

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* skin care
* recalls related medication(s) purpose, schedule

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

10/14/2025