Home Health Certification and Plan of Care

Order ID: 1150/14151

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
68159065	11/19/2025	From: 11/19/2025 To: 01/17/2026	19655	217058

6. Patient's Name and Address
Aaron Saunders
4408 Bowleys Ln Apt 3 A,
BALTIMORE, MD 21206-
443-991-2177

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 06/24/1952 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I10.	Essential (primary) hypertension	11/19/25

13. ICD	Other Pertinent Diagnoses	Date
R26.2	Difficulty in walking not elsewhere classified	11/19/25
M17.11	Unilateral primary osteoarthritis right knee	11/19/25
M81.0	Age-related osteoporosis w/o current pathological fracture	11/19/25
M48.02	Spinal stenosis cervical region	11/19/25
M50.00	Cervical disc disorder with myelopathy unsp cervical region	11/19/25
E78.5	Hyperlipidemia unspecified	11/19/25
H91.90	Unspecified hearing loss unspecified ear	11/19/25
Z85.46	Personal history of malignant neoplasm of prostate	11/19/25
Z86.718	Personal history of other venous thrombosis and embolism	11/19/25
Z86.711	Personal history of pulmonary embolism	11/19/25
Z79.01	Long term (current) use of anticoagulants	11/19/25
Z87.891	Personal history of nicotine dependence	11/19/25

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

Lipitor - Atorvastatin Calcium 80 mg, Tablet by mouth once a day Cholesterol
Pradaxa - Dabigatran Etexilate Mesylate 150 mg , Tablet by mouth twice a day blood thinner
Flomax - Tamsulosin Hydrochloride 0.8 mg, Tablet by mouth at bedtime prostrate
Vitamin D - Ergocalciferol 50 MCG (2000 UT) CAPS, 1 tablet by mouth once a day supplement
Prednisone - Prednisone 5 mg, Tablet by mouth once a day steroids
Zestril - Lisinopril 10 mg 10mg, Tablet by mouth once a day HTN
Zytiga - Abiraterone Acetate 1,000 mg, Tablet by mouth once a day PROSTRATE
Tylenol - Acetaminophen 325mg, take 2 tablets by mouth every 6 hours mild pain
Ultram - Tramadol Hydrochloride 50 mg take 1 tablet by mouth every 8 hours Moderate pain

14. DME and Supplies:
bath bench, walker

15. Safety Measures:
standard precautions, knee precautions, fall precautions, bleeding precautions, ambulates with device, walker precautions, medication safety, bathroom safety, activity supervision, anticoagulant precautions

16. Nutrition:
low sodium, cardiac diet

17. Allergies:
no known allergies

18.A. Functional Limitations
Hearing, Ambulation

18.B. Activities Permitted
No Restrictions

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

Homebound status: Due to diagnosis of Essential (primary) hypertension, 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 73-year-old male with a medical history significant for right knee osteoarthritis, hypertension, hyperlipidemia, and prostate cancer. He was recently hospitalized for severe right knee pain with associated swelling and is currently managed with tramadol and acetaminophen for pain control. Upon assessment, the patient appears frail and has hearing difficulties, with an audiology appointment scheduled for tomorrow. He resides with his son, who serves as his primary caregiver. Examination revealed no edema, warm and intact skin, clear lungs, and active bowel sounds; his last bowel movement was yesterday. The patient reports fatigue and a pain level of 5 but denies shortness of breath, nausea, vomiting, or headache. He requires assistance with activities of daily living. Vital signs were within normal limits. Education was provided regarding proper hand hygiene, medication adherence, non-pharmacological pain management strategies, and bleeding precautions related to his anticoagulant therapy.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 11/19/2025 <o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 11/14/2025
 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat DX: Essential (primary) hypertension
 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> Physician: Capasso, Justin

SN Careplans

SN WK1: 1 (11/19/25-11/22/25)

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; 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

SN Goals

PATIENT-STATED GOAL: To walk with minimal pain.

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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/19/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Justin Capasso
815 E Pratt Street
Baltimore, MD 21202
PHONE: 410-637-5700 FAX: 14106375701 NPI: 1457713331

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 : 11/14/2025

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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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.

; 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, decreased urine output, muscle weakness, Pain Interference with ADLs, balance deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer

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 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 minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, 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

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

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/19/2025