Home Health Certification and Plan of Care

Order ID: 1150/12666

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7K60CY0KX43	09/24/2025	From: 09/24/2025 To: 11/21/2025	17591	217058

6. Patient's Name and Address

Henry Hopkins
7428 Holabird Ave,
DUNDALK, MD 21222-
443-807-3984

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 08/01/1952 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
S72.011D	Unsp intracap fx right femur subs for clos fx w routn heal	09/24/25

13. ICD	Other Pertinent Diagnoses	Date
I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	09/24/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	09/24/25
N18.6	End stage renal disease	09/24/25
D63.1	Anemia in chronic kidney disease	09/24/25
E83.9	Disorder of mineral metabolism unspecified	09/24/25
F03.911	Unspecified dementia unspecified severity with agitation	09/24/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	09/24/25
I35.0	Nonrheumatic aortic (valve) stenosis	09/24/25
E78.5	Hyperlipidemia unspecified	09/24/25
F32.A	Depression unspecified	09/24/25
I25.2	Old myocardial infarction	09/24/25
G51.0	Bell's palsy	09/24/25
Z99.2	Dependence on renal dialysis	09/24/25
Z94.4	Liver transplant status	09/24/25
Z79.82	Long term (current) use of aspirin	09/24/25
Z79.891	Long term (current) use of opiate analgesic	09/24/25
Z91.81	History of falling	09/24/25

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

Ondansetron Hydrochloride - Ondansetron Hydrochloride eq 4 mg base 4 MG , Give 1 tablet by mouth every 8 hours Give 1 tablet by mouth every 8 hours as needed for N/V
Calcium Acetate (Phos Binder) Oral Tablet 667 MG (Calcium Acetate (Phosphate Binder)) 667 MG , Give 1 tablet by mouth three times a day Give 1 tablet by mouth with meals for ESRD supplement. Takes duringmeals
Melatonin - Melatonin 3 MG ,Give 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for Sleep.
Entecavir - Entecavir 0.5 MG , Give 1 tables by mouth once a day Give 1 tables by mouth in the afternoon every Thu for liver transplant
Renal-Vite Oral Tablet 0.8 MG (B-Complex w/ C &Folic Acid) 0.8 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth in the afternoon for supplement
Escitalopram Oxalate - Escitalopram Oxalate Give 30 mg tablet by mouth once a day Give 30 mg by mouth in the afternoon for depression
Everolimus Oral Tablet 1 MG (Everolimus (Immunosuppressant)) 1 MG , Give 2 tablet by mouth twice a day Give 2 tablet by mouth two times a day for liver transplant
Atorvastatin Calcium - Atorvastatin Calcium 20 MG , Give 1 tablet by mouth at bedtime 20 MG (Atorvastatin Calcium) Give 1 tablet by mouth at bedtime for HLD
Norvasc - Amlodipine Besylate 5 mg , Take 1 tablet by mouth once a day Take 1 tablet (5 mg total) by mouth daily.
Amlodipine Besylate - Amlodipine Besylate eq 10 mg base 10 MG, Give 1 tablet by mouth once a day 10 MG Give 1 tablet by mouth one time a day for htn Hold for systolic less than 110 and HR less than 50. Clarification needed for which to take 10mg or 5mg
Albuterol Sulfate - Albuterol Sulfate 108 (90 Base) MCG/ACT , 2 puff inhale inhalant every 6 hours 2 puff inhale orally every 6 hours as needed for wheezing/SOB
Tylenol - Acetaminophen 500 MG , Take 2 tablets by mouth every 8 hours Take 2 tablets (1,000 mg total) by mouth every 8 hours for 10 days
Aspirin 81Mg - Aspirin 81 MG , Give 1 tablet by mouth every 12 hours Give 1 tablet by mouth every 12 hours for DVT prophylaxis
Lidocaine - Lidocaine 5% patch , Place 2 patches onto the skin topical once a day Place 2 patches onto the skin daily. Remove & Discard patch within 12 hours or as directed by

14. DME and Supplies:
N/A

15. Safety Measures:
activity supervision

16. Nutrition:
renal diet

17. Allergies:
no known allergies

18.A. Functional Limitations
Bowel/Bladder Incontinence,

18.B. Activities Permitted
Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions!3. Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc., 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
family/caregiver will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Unspecified Intracapsular Fracture Of Right Femur, Subsequent Encounter For Closed Fracture With Routine Healing, 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.

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 09/24/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Kira Alcegueire
301 Mason Lord Dr
Blatimore, MD
PHONE: 4105503350 FAX: 14105503598 NPI: 1417574872

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 : 09/15/2025

27. Attending Physician's Signature and Date Signed **10/28/2025**: 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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Clinical Condition Requiring Homecare:

The patient is a 73-year-old male residing at home with his wife, Sharon Hopkins, who serves as his primary caregiver. He is alert and oriented to person, place, and time, though mild forgetfulness and cognitive decline consistent with early-stage Alzheimer's disease are evident. His wife reports progressive memory lapses accompanied by mood changes, frustration, and occasional belligerence and combativeness, particularly when he becomes aware of his deficits. During the visit, the patient displayed difficulty following directions, limiting his ability to participate meaningfully in skilled therapy interventions. The patient has a history of a recent fall, attributed to right knee weakness, which required hospitalization. He is status post right hip surgery, with the surgical site fully healed and no evidence of infection or need for wound care. Examination revealed multiple bruises and superficial scratches scattered across both upper and lower extremities, reportedly self-inflicted through frequent skin picking. No open wounds or active infection were noted. The patient is incontinent of bowel, managed with adult briefs, and voids small amounts of urine with a bedside urinal, with caregiver assistance as needed. He ambulates independently with a wide-based gait, without the use of an assistive device, and performs transfers independently. However, due to impaired judgment, poor safety awareness, and cognitive deficits, he requires continuous supervision to ensure safety. His spouse confirmed that she manages his medications, demonstrates knowledge of his regimen, and ensures adherence, with the patient cooperative in taking medications as prescribed. The patient's spouse reports that she currently feels capable of meeting his care needs and does not wish to initiate home health services at this time. She acknowledged that if his Alzheimer's disease progresses or her caregiving capacity changes, she may reconsider supportive services in the future.
 Date of Order 09/24/2025 Orders Physician Face-to-Face Date: 09/15/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hhadl's due to Unspecified Intracapsular Fracture Of Right Femur, Subsequent Encounter For Closed Fracture With Routine Healing 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:
 Physician Alcegueire, Kira

SN Careplans

SN WK1: 1 (09/23/25-09/27/25)

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: 4. Assistance needed, but no non-agency caregiver(s) available

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 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, 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M1745 - Behavioral Issues, M1700 - Cognition, D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, meal preparation, M2020 - Oral Med Management, M1400 - Dyspnea, M1620 - Bowel Incontinence, decreased urine output, muscle weakness, limited endurance, limited strength, limited range of motion, poor muscle tone, bruising/discoloration

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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 modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver, 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, * 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, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: "I want to remember more"

GOALS
patient/caregiver recalls
* pain control
* therapeutic exercises to optimize range of motion of affected area
* diet and fluids to promote healing
* 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
* 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 keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

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
* 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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* 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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/24/2025

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identification of activities that bring pleasure
* preventive care
* 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
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

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

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (09/24/25-09/27/25) ,WK2: 1 (09/28/25-10/04/25)

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

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: Medication Review: The medication was reviewed with the care giver --spouse, Home exercises: SLR. LE ABD/ADD, LONG ARC --10X3 WITH THE CAREGIVER ASSISTANCE, 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 - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 06. Independent, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 _ Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

PT Goals

PATIENT-STATED GOAL: The caregiver said that the patient is at base line

GOALS
Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 _ Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 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 - 04. Supervision or touching assistance

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

Car Transfer - 04. Supervision or touching assistance

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Signature of Physician:

Date

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

Date
09/24/2025