Home Health Certification and Plan of Care

Order ID: 1150/14313

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9WC5J80RD82	10/01/2025	From: 11/29/2025 To: 01/27/2026	17910	217058

6. Patient's Name and Address
David Bonsal
100 Brightwood Club Drive 208,
Lutherville, MD 21093-
410-952-1453

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 11/29/1939 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
N39.0	Urinary tract infection site not specified	10/01/25

13. ICD	Other Pertinent Diagnoses	Date
B96.1	Klebsiella pneumoniae as the cause of diseases classd elswhr	10/01/25
B96.89	Oth bacterial agents as the cause of diseases classd elswhr	10/01/25
J44.9	Chronic obstructive pulmonary disease unspecified	10/01/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	10/01/25
F03.A0	Unspecified dementia mild without beh/psych/mood/anx	10/01/25
K22.2	Esophageal obstruction	10/01/25
M54.9	Dorsalgia unspecified	10/01/25
G89.29	Other chronic pain	10/01/25
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	10/01/25
R33.8	Other retention of urine	10/01/25
Z85.528	Personal history of other malignant neoplasm of kidney	10/01/25
Z90.5	Acquired absence of kidney	10/01/25
Z79.2	Long term (current) use of antibiotics	10/01/25
Z79.891	Long term (current) use of opiate analgesic	10/01/25

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

Gabapentin - Gabapentin 300 mg take 600 mg tablet by mouth twice a day "I take it for neuropathy" 2 pills 2x daily
Sodium Chloride - Sodium Chloride 4 mL nebulization Nasal every 6 hours "I take it 1s a day. When I Don't take it, I get UTIS"
Extra Strength Tylenol - Acetaminophen 500mg by mouth twice a day "I take it as needed for pain"
Melatonin - Melatonin take 3 mg tablet by mouth once a day "I take it for sleep"
Uroxatral - Alfuzosin Hydrochloride 10 mg by mouth Bladder control supplement 1x daily
Vitamin D - Ergocalciferol 50,000 International Units sublingual once a day Supplement
ipratropium-albuterol sulfate 3 mL, inhalation inhalant every 6 hours Taken as needed
tamsulosin take 0.4 mg tablet by mouth once a day Teaching required
Oxycodone - Ibuprofen: Oxycodone Hydrochloride take 2.5 mg tablet by mouth every 6 hours Taken as needed for pain
vit C,E-Zn-coppr-lutein-zeaxan take 1 capsule by mouth twice a day Supplement

14. DME and Supplies:
wheelchair, walker, 4 wheeled walker

15. Safety Measures:
None of the above

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 2. Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance)., ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: 20-100, HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
another facility/provider will be responsible for managing treatment
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 an 85-year-old male with a past medical history significant for renal cell carcinoma status post left nephrectomy with urinary retention, chronic obstructive pulmonary disease (COPD), chronic low back pain secondary to lumbar spondylosis and spinal stenosis with claudication, Schatzki ring, mild dementia, obstructive sleep apnea managed with CPAP, and benign prostatic hyperplasia (BPH). He was recently hospitalized for a urinary tract infection and is now receiving skilled home health services following discharge. Upon assessment, the patient was alert and oriented to person, place, and time but presented with notable weakness and fatigue. He resides in an independent senior living community where a nurse is available on-site if needed. The patient was met in the nurse's office and assisted back to his apartment in a wheelchair, where he required moderate to maximal assistance for transfers and standing balance. He demonstrates poor standing tolerance and requires moderate assistance to transition from sitting to standing. Bed mobility and transfers were not fully assessed during this visit due to fatigue. The patient is currently nonambulatory but is able to self-propel his manual wheelchair independently on indoor surfaces. He has multiple assistive devices at home, including a manual wheelchair, single cane, straight cane, rolling walker, and rollator. He reports difficulty with independent mobility and standing without the use of assistive devices, often requiring support from his nephew, who serves as his primary caregiver. The patient becomes short of breath with exertion and wears a prescribed pain patch for chronic back pain management. The on-site nurse and evaluating clinician agree that the patient would significantly benefit from 24-hour caregiver support to assist with activities of daily living (ADLs) and mobility due to safety concerns and his current level of physical dependence. During the visit, the patient was assisted to bed and made comfortable. Education was provided on energy conservation, safe use of assistive devices, and the importance of adequate caregiver assistance. Medication review was completed, and the patient was reminded of proper medication timing and adherence. The plan of care includes continued skilled nursing for ongoing assessment, medication management, and symptom monitoring, along with skilled physical therapy to address deficits in strength, balance, endurance, and functional mobility to promote independence and a safe return to prior level of function.
 Date of Order 11/25/2025 Orders Physician Face-to-Face Date: 09/25/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management PT eval and treat OT eval and treat due to 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
 4 - Recertification Notes: The patient continues to present with significant functional limitations requiring ongoing skilled PT intervention. Continued care is medically necessary due to the patients ongoing balance impairments, gait deviations, and knee alignment deficits. He requires skilled PT to further enhance stability, endurance, and gait mechanics, reduce fall risk, and progress toward safe functional mobility

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/25/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
David Hurwitz
5505 Hopkins Bayview Circle
Baltimore, MD 21224
PHONE: 4105500925 FAX: 14105500182 NPI: 1063079283

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 : 09/25/2025

27. Attending Physician's Signature and Date Signed **12/01/2025**: 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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within the home. Skilled therapy remains required to achieve meaningful functional gains and prevent decline. Physician Hurwitz, David

SN Careplans

SN Goals

PT Careplans

PT WK2: 2 (11/30/25-12/06/25) ,WK3: 2 (12/07/25-12/13/25) ,WK4: 1 (12/14/25-12/20/25) ,WK5: 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: WFL

HOSPITALIZATION RISKS: 10. None of the above

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 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:Living Will

PROCEDURES: Therapeutic exercise , Gait training, Dynamic standing balance , Medication Review- Medications reviewed with patient/caregiver., wheelchair 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.

PT Goals

PATIENT-STATED GOAL: To improve standing, transfers, and walking.

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car 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

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Pt will tolerate standing with UE support x2 minutes without LOB and minA

Pt will ambulate x10 ft with unilateral railing and modA, WC follow for safety.

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/25/2025

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Independent, Car Transfer - 06. Independent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Pt will ambulate x10 ft with unilateral railing and modA, WC follow for safety., Pt will tolerate standing with UE support x2 minutes without LOB and minA

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/25/2025