Home Health Certification and Plan of Care

Order ID: 1150/14438

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
92113749	11/26/2025	From: 11/26/2025 To: 01/24/2026	19519	217058

6. Patient's Name and Address
George Rochester
4201 Labrynth Road,
BALTIMORE, MD 21215-
443-965-5997

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 03/05/1948 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.3	Aftercare following surgery for neoplasm	11/26/25

13. ICD	Other Pertinent Diagnoses	Date
C16.2	Malignant neoplasm of body of stomach	11/26/25
I50.40	Unsp combined systolic and diastolic (congestive) hrt fail	11/26/25
N18.31	Chronic kidney disease stage 3a	11/26/25
I69.354	Hemiplga following cerebral infrc affecting left nondom side	11/26/25
J43.9	Emphysema unspecified	11/26/25
I27.82	Chronic pulmonary embolism	11/26/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	11/26/25
I42.9	Cardiomyopathy unspecified	11/26/25
E78.2	Mixed hyperlipidemia	11/26/25
K76.0	Fatty (change of) liver not elsewhere classified	11/26/25
F32.A	Depression unspecified	11/26/25
F39.	Unspecified mood [affective] disorder	11/26/25
K21.9	Gastro-esophageal reflux disease without esophagitis	11/26/25
F17.210	Nicotine dependence cigarettes uncomplicated	11/26/25
Z90.49	Acquired absence of other specified parts of digestive tract	11/26/25
Z95.810	Presence of automatic (implantable) cardiac defibrillator	11/26/25
Z90.2	Acquired absence of lung [part of]	11/26/25
Z85.118	Personal history of malignant neoplasm of bronchus and lung	11/26/25

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

Ventolin Hfa - Albuterol Sulfate eq 0.09 mg base/inh 90mcg/actuation; 2 puffs inhalant every 6 hours as needed for wheezing
Atorvastatin - Atorvastatin Calcium 40mg; 1 tab by mouth once a day cholesterol
Coreg - Carvedilol 25 mg 25mg; 1 tab by mouth twice a day blood pressure
Duoneb - Albuterol Sulfate: Ipratropium Bromide 0.5-2.5mg/3ml; 3 ml inhalant four times a day as needed for wheezing or sob
Mirtazapine - Mirtazapine 15 mg 15mg; 1 tab by mouth at bedtime depression
Ondansetron - Ondansetron 8 mg 8mg; 1 tab sublingual every 8 hours as needed for nausea or vomiting
Pantoprazole - Pantoprazole Sodium 40 mg 40mg; 1 tab by mouth twice a day stomach
Predisone - Prednisone 10mg tabs by mouth once a day 6 tabs for 2 days
5 tabs for 2 days
4 tabs for 2 days
3 tabs 2 days
2 tabs for 2 days
then 1 tab for 2 days
Pyridoxine Hydrochloride - Pyridoxine Hydrochloride 50mg; 1 tab by mouth once a day supplement
Xarelto - Rivaroxaban 20mg; 1 tab by mouth once a day blood thinner
Stiolto Respimat - Olodaterol Hydrochloride: Tiotropium Bromide 2.5-2.5mcg/actuation; 2 puffs inhalant once a day copd

14. DME and Supplies:
walker, bath bench, cane

15. Safety Measures:
ambulates with device, walker precautions, , ambulates with assistance, supervision at all times, transfer with assist, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
lisinopril chantix hydalazine isosorbide wellbutrin

18.A. Functional Limitations
Endurance, Ambulation, Dyspnea With Minimal Exertion

18.B. Activities Permitted
Walker, Cane, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, 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
patient will be responsible for managing treatment

Homebound status:
After undergoing Partial Sleeve Gastrectomy With Roux-En-Y Gastrojejunostomy, 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 77-year-old male recently diagnosed with gastric cancer, status post chemotherapy and partial sleeve gastrectomy with Roux-en-Y gastrojejunostomy. His past medical history is significant for COPD with emphysema, history of smoking, partial right upper-lobe lung resection for stage I lung cancer in 2018, chronic heart failure, chronic kidney disease, osteoarthritis, and prior stroke. Since surgery, the patient has experienced persistent shortness of breath unrelieved by rest, significant unintentional weight loss, and increased alcohol consumption. His spouse serves as the primary caregiver. Skilled nursing services are ordered with a frequency of 1 visit weekly for 12 weeks, followed by 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> weekly for 4 weeks, then 1 visit weekly for 1 week, in addition to PT and OT evaluations. On today's visit, the patient was sleeping but easily arousable and reported continued shortness of breath with minimal exertion. Lung sounds were decreased in the bilateral lower lobes. Appetite remains poor, though the patient reported a bowel movement today. Postoperative abdominal bruising was noted. The patient ambulates using a two-wheeled walker for safety. All medications were reviewed with the patient and spouse, including indications, dosing, frequency, and pertinent side effects. Education was provided regarding <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-11 CE-FMS-bleeding%20precautions">bleeding precautions</mh> and the importance of consuming small, frequent meals with increased protein intake to support postoperative healing. Both the patient and spouse were receptive to the education provided. The patient's wife also reported worsening sensory deficits in the patient's left hand and feet, which will require continued monitoring and further evaluation. Physical therapy evaluation was completed, confirming decreased bilateral lower-extremity strength at approximately 3-/5 on manual muscle testing. The patient currently requires contact guard assistance for transfers and short-distance ambulation with a single-point cane and demonstrates greater difficulty with stair negotiation secondary to

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/26/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Gin Khai
7670 Quarterfield Rd
Glen Burnie, MD 21061
PHONE: 410-508-7650 FAX: NPI: 1003443078

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 : 11/07/2025

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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dyspnea. Prior to hospitalization, the patient ambulated with a single-point cane at a modified independent level. The patient demonstrates decreased strength, balance, endurance, and functional mobility, placing him at increased risk for falls. The plan of care includes continued skilled nursing for monitoring of respiratory status, nutritional status, postoperative recovery, medication management, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-11 CE-FMS-bleeding%20precautions">bleeding precautions</mh>, and ongoing patient and caregiver education. Skilled physical therapy is recommended to address deficits in strength, balance, endurance, and functional mobility to improve safety, promote independence, and facilitate the patient's return toward his prior level of function. Continued interdisciplinary coordination with PT and OT will be maintained to optimize recovery and reduce the risk of further functional decline.
 Date of Order 11/26/2025 Orders Physician Face-to-Face Date: 11/07/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management PT eval and treat OT eval and treat due to Partial Sleeve Gastrectomy With Roux-En-Y Gastrojejunostomy 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: OT Eval Notes: Physician Khai, Gin

SN Careplans

SN WK1: 1 (11/26/25-11/29/25) ,WK2: 1 (11/30/25-12/06/25) ,WK3: 1 (12/07/25-12/13/25) ,WK4: 1 (12/14/25-12/20/25)

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: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 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, 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, lung sounds not clear, M1033 - Unintentional Weight Loss, nausea/vomiting, limited endurance, limited strength, balance deficit, loss of appetite, bruising/discoloration

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, 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, * 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 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, * 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 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * strategies to increase caloric 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, * dietary modifications for liver disorder, 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, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: TO GET BETTER

GOALS
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
* dietary modifications for liver disorder
* 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
* 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
* strategies to increase caloric intake
* 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
* 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 cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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* 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
* 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
* 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

meal preparation is available to patient for all meals

PT Careplans

PT WK2: 1 (11/30/25-12/06/25) ,WK3: 1 (12/07/25-12/13/25) ,WK4: 1 (12/14/25-12/20/25) ,WK5: 1 (12/21/25-12/27/25) ,WK6: 1 (12/28/25-01/03/26) ,WK7: 1 (01/04/26-01/10/26) ,WK8: 1 (01/11/26-01/17/26) ,WK9: 1 (01/18/26-01/24/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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, gait training on uneven surfaces, gait training/stair training, transfers training, therapeutic exercises

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, * 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 - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Medication Review

PT Goals

PATIENT-STATED GOAL: To get back to prior level of function

GOALS
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

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 - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Medication Review

OT Careplans

OT WK2: 1 (11/30/25-12/06/25) ,WK4: 1 (12/14/25-12/20/25) ,WK5: 1 (12/21/25-12/27/25) ,WK6: 1 (12/28/25-01/03/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, 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: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation, transfers training, therapeutic exercises

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition

OT Goals

PATIENT-STATED GOAL: to not need so much help

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, Oral Hygiene - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 05. Setup or clean-up assistance	Oral Hygiene - 05. Setup or clean-up assistance Upper Body Dressing - 05. Setup or clean-up assistance Lower Body Dressing - 05. Setup or clean-up assistance Toileting Hygiene - 06. Independent Don/Doff Footwear - 05. Setup or clean-up assistance Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
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