

Home Health Certification and Plan of Care				Order ID: 1150/14326	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
36096155		11/25/2025		From: 11/25/2025 To: 01/23/2026	
				4. Medical Record No.	
				19822	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
William Richardson			HomeCentris Healthcare LLC		
1940 Sidnee Dr,			10 Crossroads Drive, Suite 102		
EDGEWOOD, MD 21040-			Owings Mills, MD 21117-8284		
443-602-1895			410-321-8448		
			1487113239		
8. DOB			9. Sex		
05/18/1959			Male		
11. ICD			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
J12.9			albuterol-ipratropium 0.5-2.5 (3) mg/3mL nebulizer solution,Take 3 mLs by mouth four times a day SOB		
Principal Diagnosis			CEPACOL 15-3.6 MG Lozg lozenge Dissolve 1 by mouth every 4 hours as needed for up to 14 days. COUGH		
Viral pneumonia unspecified			Sevelamer Carbonate - Sevelamer Carbonate 800 MG tablet Take 3 tablets by mouth three times a day ESRD		
13. ICD			Lipitor - Atorvastatin Calcium Take 80 mg tablet by mouth at bedtime For hyperlipidemia		
Other Pertinent Diagnoses			Norvasc - Amlodipine Besylate 10 MG tablet Take 10 mg by mouth once a day HTN		
B97.89			Nitrostat - Nitroglycerin 0.4 mg tablet Place 1 tablet by mouth as necessary under the tongue every 5 min		
Oth viral agents as the cause of diseases classd elswhr			as needed for Chest Pain.		
I25.10			Pantoprazole - Pantoprazole Sodium 40 mg tablet Take 1 tablet by mouth twice a day GERD		
AthscI heart disease of native coronary artery w/o ang pctrs			Tylenol - Acetaminophen 325 mg tablet Take 2 tablets by mouth every 6 hours as needed. PAIN		
I13.2			Aspirin - Aspirin 81 MG chewable tablet Take 81 mg by mouth once a day HEART		
Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD			Robitussin Dm - Chlorpheniramine Polistirex: Hydrocodone Polistirex 100-10 mg/5mL Syrp Take 10 mLs by mouth every 4 hours as needed. COUGH		
I50.32			Percocet - Acetaminophen: Oxycodone Hydrochloride 10-325 mg tablet, Take 1 tablet by mouth every 8 hours as needed for Pain		
Chronic diastolic (congestive) heart failure			Sensipar - Cinacalcet Hydrochloride 90 MG Tabs Take 1 tablet by mouth as necessary every monday, wednesday & friday		
E11.22			Gabapentin - Gabapentin Take 100 mg capsule by mouth at bedtime NUERO PAIN		
Type 2 diabetes mellitus w diabetic chronic kidney disease			Oxygen - Oxygen 2 litre nasal cannula continuous RESPIRATORY FAILURE		
N18.6			Miralax - Polyethylene Glycol 3350 17 g packet Take 1 packet by mouth once a day STOOL SOFTENER		
End stage renal disease			Methocarbamol - Methocarbamol Take 750 mg tablet by mouth four times a day MUSCLE RELAXANT		
D63.1			Cozaar - Losartan Potassium Take 100 mg tablet by mouth once a day HTN		
Anemia in chronic kidney disease			Rocaltrol - Calcitriol 0.5 MCG capsule Take 3 capsules by mouth as necessary by mouth every monday, wednesday & friday.		
Z99.2			Apresoline - Hydralazine Hydrochloride 50 MG tablet Take 75 mg by mouth three times a day HTN		
Dependence on renal dialysis			Carvedilol - Carvedilol Take 25 mg tablet by mouth twice a day HTN		
I48.20			Benzonatate - Benzonatate e 100 MG capsule Take 1 capsule by mouth three times a day as needed for Cough for up to 14 days.		
Chronic atrial fibrillation unspecified			Bumetanide - Bumetanide Take 2 mg tablet by mouth once a day FLUID PILL		
I25.2			Rena-Vite - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Take 1 tablet by mouth once a day SUPPLEMENT		
Old myocardial infarction			Senna - Senna 8.6 MG Tabs Take 2 tablets by mouth at bedtime STOOL SOFTNER		
M45.6			Coumadin - Warfarin Sodium 7.5 mg take 1 tablet by mouth once a day Take 7.5mg daily except for Mondays, take 11.5mg.		
Ankylosing spondylitis lumbar region			Humalog 70/30 - Insulin Lispro Recombinant inject 20 units subcutaneous twice a day T2DM		
M06.9			Humalog - Insulin Lispro Recombinant 100 units/ml inject 0-5 units subcutaneous before meal SLIDING SCALE. 0-160 =0units, 161-220 = 1 unit, 221-280 = 2 units, 281-340 = 3 units, 341-400 = 4 units if BS is >400, give 5 units. if BS is <70 or >400mg/dl, notify provider/Max daily dose 15 units.		
Rheumatoid arthritis unspecified					
G47.33					
Obstructive sleep apnea (adult) (pediatric)					
M51.27					
Other intervertebral disc displacement lumbosacral region					
I65.29					
Occlusion and stenosis of unspecified carotid artery					
E11.51					
Type 2 diabetes w diabetic peripheral angiopath w/o gangrene					
N25.81					
Secondary hyperparathyroidism of renal origin					
E78.5					
Hyperlipidemia unspecified					
R91.1					
Solitary pulmonary nodule					
E66.9					
Obesity unspecified					
Z79.01					
Long term (current) use of anticoagulants					
Z79.4					
Long term (current) use of insulin					
Z79.82					
Long term (current) use of aspirin					
Z86.73					
Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits					
Z95.5					
Presence of coronary angioplasty implant and graft					
Z98.1					
Arthrodesis status					
14. DME and Supplies:			15. Safety Measures:		
oxygen supplies, diabetic supplies, walker			diabetic precautions, ambulates with device, bathroom safety,		
16. Nutrition:			17. Allergies:		
low sodium, regular, diabetic			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation			Up As Tolerated		
19. Mental & Psychosocial 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					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 11/25/2025					
24. Physician's Name and Address			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.		
Robert Knight			F2F date : 11/19/2025		
104 Plumtree Rd					
Belair, MD 21015					
PHONE: 4105694224 FAX: 14105694368 NPI: 1639258932					
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.		
			PAGE 1 of 3		

Home Health Certification and Plan of Care				Order ID: 1150/14326	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
36096155		11/25/2025		From: 11/25/2025 To: 01/23/2026	
				4. Medical Record No.	
				19822	
				5. Provider No.	
				217058	
6. Patient's Name and Address William Richardson 1940 Sidnee Dr, EDGEWOOD, MD 21040- 443-602-1895			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		
20. Prognosis: fair					
22. A Rehabilitation Potential: SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., 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 Viral Pneumonia Unspecified, 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:<div>The patient is a 66-year-old man with a significant medical history including end-stage renal disease on hemodialysis (Monday/Wednesday/Friday), chronic heart failure, chronic renal failure, type 2 diabetes mellitus, and hypertension. He was recently hospitalized for respiratory distress and generalized weakness and is now receiving home health services for continued management and monitoring. On assessment, he was alert and oriented 4 and currently requires 2 L/min of oxygen via nasal cannula; he has both a stationary concentrator and a portable oxygen tank available in the home. Respiratory assessment revealed a persistent dry cough without acute distress. He reports chronic lower-back pain rated 5/10, which he manages with his prescribed analgesics. The patient is maintained on Coumadin therapy and attends the Coumadin clinic at MedStar Franklin Square Hospital every two weeks for PT/INR monitoring. He independently monitors his blood glucose before meals and reports no recent episodes of hypoglycemia. Functionally, he ambulates slowly without an assistive device inside the home but uses a walker for stability and safety when ambulating outdoors. During today's visit, medication adherence, oxygen safety, fall-prevention strategies, signs and symptoms of fluid overload or respiratory compromise, anticoagulation precautions, and diabetes self-management were reviewed in detail. Education included when to notify the provider (e.g., worsening shortness of breath, increased cough with sputum, dizziness, abnormal blood glucose readings, bleeding/bruising, or missed dialysis). The plan of care includes ongoing skilled nursing for cardiopulmonary assessment, medication and anticoagulation monitoring, reinforcement of diabetic education, respiratory assessment and oxygen-use safety, and coordination with the dialysis team and primary care provider to ensure continuity of care.</div><div></div><div> </div><div>Date of Order</div><div> </div><div>11/25/2025</div><div>Orders</div><div>Physician Face-to-Face Date: 11/19/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat due to Viral Pneumonia Unspecified</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div></div><div> </div><div>1 - SOC - SN Notes: soc</div><div>Physician</div><div>Knight, Robert</div></div>					
SN Careplans SN WK1: 1 (11/25/25-11/29/25) 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:Durable power of attorney for health care/Medical power of attorney PROBLEMS IDENTIFIED ON ASSESSMENT: A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, heartburn/indigestion, muscle weakness, Pain Interference with ADLs, balance deficit PROCEDURES: Medication Review: Medication reviewed with patient/caregiver., cough/deep breathing exercises, incentive spirometer, glucose testing via monitor 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 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * how to promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent constipation, 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's transportation needs are met			SN Goals PATIENT-STATED GOAL: To breathe with ease. 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 take the patient's blood pressure * record the reading * 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 * 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 * how to promote optimized mobility with strength * balance * dexterity * range-of-motion therapeutic exercises * promotion of peripheral circulation * fluid and diet intake to promote healing * prevent constipation * 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		
Signature of Physician:			Date		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			11/25/2025		

Home Health Certification and Plan of Care				Order ID: 1150/14326
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36096155	11/25/2025	From: 11/25/2025 To: 01/23/2026	19822	217058
6. Patient's Name and Address William Richardson 1940 Sidnee Dr, EDGEWOOD, MD 21040- 443-602-1895		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		
		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 patient's transportation needs are met		

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/25/2025