

Home Health Certification and Plan of Care				Order ID: 1150/14070	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
3TT5U79AE85		11/15/2025		From: 11/15/2025 To: 01/13/2026	
				4. Medical Record No.	
				16244	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Sean Mangrum				HomeCentris Healthcare LLC	
5003 Edgar Terrace,				10 Crossroads Drive, Suite 102	
BALTIMORE, MD 21214-				Owings Mills, MD 21117-8284	
443-379-6434				410-321-8448	
				1487113239	
8. DOB				10/18/1965	
9.Sex				Male	
11. ICD		Principal Diagnosis		Date	
N39.0		Urinary tract infection site not specified		11/15/25	
13. ICD		Other Pertinent Diagnoses		Date	
I13.0		Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny		11/15/25	
I50.20		Unspecified systolic (congestive) heart failure		11/15/25	
E11.22		Type 2 diabetes mellitus w diabetic chronic kidney disease		11/15/25	
N18.32		Chronic kidney disease stage 3b		11/15/25	
D63.1		Anemia in chronic kidney disease		11/15/25	
I25.10		Athscl heart disease of native coronary artery w/o ang pctrs		11/15/25	
B20.		Human immunodeficiency virus [HIV] disease		11/15/25	
C16.9		Malignant neoplasm of stomach unspecified		11/15/25	
I07.1		Rheumatic tricuspid insufficiency		11/15/25	
I69.351		Hemiplga following cerebral infrc aff right dominant side		11/15/25	
E78.49		Other hyperlipidemia		11/15/25	
Z45.2		Encounter for adjustment and management of VAD		11/15/25	
Z79.2		Long term (current) use of antibiotics		11/15/25	
Z79.4		Long term (current) use of insulin		11/15/25	
Z79.02		Long term (current) use of antithrombotics/antiplatelets		11/15/25	
Z79.82		Long term (current) use of aspirin		11/15/25	
14. DME and Supplies:				15. Medications: Dose/Frequency/Route (N)ew (C)hanged	
commode, IV supplies, wheelchair, diabetic supplies, walker				Aspirin 81Mg - Aspirin 81Mg, take (81Mg) tablet by mouth once a day	
				Atorvastatin Calcium - Atorvastatin Calcium 80 MG, Give 1 tablet by mouth	
				at bedtime Give 1 tablet by mouth at bedtime for HLD	
				Clopidogrel Bisulfate - Clopidogrel Bisulfate 75 MG Give 1 tablet by mouth	
				once a day	
				Dovato Oral Tablet 50-300 MG (Dolutegravir SodiumLamivudine) 50-300 MG,	
				Give 1 tablet by mouth once a day	
				Jardiance - Empagliflozin 25 MG, Give 1 tablet by mouth once a day	
				Folic Acid - Folic Acid 1 MG Give 1 tablet by mouth once a day	
				Spironolactone - Spironolactone 25 MG, Give 1 tablet by mouth once a day	
				Give 1 tablet by mouth one time a day for	
				CARDIOMYOPATHY/ HFrEF HOLD FOR SBP LESS	
				THAN 110 OR HR LESS THAN 60	
				Valacyclovir Hydrochloride - Valacyclovir Hydrochloride 500 MG, Give 1	
				tablet by mouth twice a day Give 1 tablet by mouth two times a day for	
				ANTIVIRAL	
				Remeron - Mirtazapine 7.5 MG, Give 1 tablet by mouth once a day Appetite	
				stimulus	
				Iron - Ferrous Sulfate: Folic Acid 325mg by mouth once a day Supplement	
				Pantoprazole - Pantoprazole Sodium 40 mg 40mg by mouth once a day GERD	
				Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4mg by mouth once	
				a day BPH	
				Senakot - Senna 8.6mg by mouth once a day Stool softener	
				Extra Strength Tylenol - Acetaminophen 500mg (2 tabs) by mouth as	
				necessary Every 8 hours as needed for pain	
16. Nutrition:				17. Safety Measures:	
low cholesterol, diabetic				wheelchair precautions, transfer with assist, walker precautions, supervision	
				at all times, standard precautions, anticoagulant precautions, fall	
				precautions, diabetic precautions, bleeding precautions, bathroom safety,	
				activity supervision, ambulates with assistance, ambulates with device	
18.A. Functional Limitations				18. Allergies:	
Endurance, Ambulation				no known allergies	
19. Mental & Pyschosocial Status:				18.B. Activities Permitted	
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				Wheelchair, Walker, Up As Tolerated	
20. Prognosis:				22. B. Discharge Plans	
good				patient will be responsible for managing treatment	
22. A Rehabilitation Potential:					
SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.					
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:		<p class="MsoNoSpacing">The patient is receiving IV meropenem 1 g every eight hours through 11/16/25 for treatment of a urinary tract infection following Foley catheter removal. Due to the frequency of dosing, home health services are required to avoid taxing travel. The patient reports no major concerns, denies pain, and had a bowel movement on the day of assessment. Past medical history includes HIV, hyperlipidemia, hemiparesis/hemiplegia, heart failure, prior TIA, atherosclerosis, CKD stage 3, and previous cardiac infarction. He ambulates with a wheelchair and walker, sleeps in a hospital bed, and requires moderate assistance with ADLs. Lung sounds were clear, no wounds or falls were reported, and IV and diabetes supplies were available in the home. Medications, including insulin and IV antibiotic administration with aseptic technique, were reviewed with the caregiver, who demonstrated understanding. The patient has upcoming follow-up with his PCP on 11/19, and PT/OT services were ordered; the caregiver also requested HHA support. Physical therapy evaluation indicates that the 59-year-old male recently experienced functional decline associated with hospitalization, during which a cancerous gastric mass was identified. Prior to admission, he used a rolling walker with supervision and was able to negotiate a few steps. He currently resides on a basement level with direct access and has not yet attempted stairs. Present assessment shows decreased strength-3-/5 in the right upper and lower extremities and 3+/5 on the left. He requires contact guard assistance for sit-to-stand transfers and does not feel stable enough to ambulate independently. However, he can maintain standing, shift weight, and take small steps with contact guard assistance. Skilled PT services are recommended to improve strength, balance, safety, and independence in functional mobility, supporting return to his prior level of function.</p><p class="MsoNoSpacing"><0:p></o:p></p> <p class="MsoNoSpacing"><0:p></o:p></p> <p class="MsoNoSpacing">Date of Order<0:p></o:p></p> <p class="MsoNoSpacing">11/15/2025<0:p></o:p></p> <p class="MsoNoSpacing">Order<0:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 09/10/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: 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<0:p></o:p></p> <p class="MsoNoSpacing"> 1 - SOC - SN Notes: <0:p></o:p></p> <p class="MsoNoSpacing">PT Eval Notes:<0:p></o:p></p> <p class="MsoNoSpacing">Physician: Guefack, Regine</p>			
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 11/15/2025					
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.	
Regine Guefack				F2F date : 09/10/2025	
8901 Clement Ave					
Parkville, MD 21234					
PHONE: 4106614670 FAX: 14106614671 NPI: 1285279364					
27. Attending Physician's Signature and Date Signed				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.	
11/21/2025 Date of physician last face-to-face				PAGE 1 of 3	

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SN Careplans

SN WK1: 1 (11/15/25-11/15/25) ,WK2: 1 (11/16/25-11/22/25) ,WK3: 2 (11/23/25-11/29/25) ,WK4: 1 (11/30/25-12/06/25) ,WK5: 1 (12/07/25-12/13/25) ,WK6: 1 (12/14/25-12/20/25) ,WK7: 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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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 ; 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.

no wounds noted

Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: meal preparation, Home Safety, M2020 - Oral Med Management, M1033 - Exhaustion, abn cholesterol > 200 mg/dL, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, heartburn/indigestion, M1600 - UTI, poor muscle tone, muscle weakness, limited endurance, limited strength, swelling of affected area, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, balance deficit, loss of appetite

PROCEDURES: cough/deep breathing exercises, glucose testing via monitor, monitor intake & output, home exercise program, coordinate/arrange preparation of missing meals, coordinate/arrange repair of inadequate lighting, infusion therapy: Meropenum 1 gram IV every 8 hours thru 11/16/25 no lab draw. pharmacy:nations., infusion therapy: Meropenum 1 gram IV every 8 hours until complete no lab draw. pharmacy:nations.

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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * low cholesterol dietary guidelines, 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 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, * 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 support the immune system including personal

SN Goals

PATIENT-STATED GOAL: caregiver to complete IV ABX therapy successfully

GOALS

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

- * 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

- * lifestyle modification to manage blood condition including dietary changes
- * bleeding precautions
- * 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

- * how to help resolve infection including hygiene
- * proper hand washing
- * food-safety techniques
- * travel precautions
- * vaccinations
- * animal-control
- * cough etiquette
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
- * physical exercise plan
- * diet
- * 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 living environment has adequate lighting

patient/caregiver recalls

- * prevention including increase fluid intake
- * increase Vitamin C intake to promote acidic bladder environment (cranberry juice)

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/15/2025

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hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette diet fluid 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, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, 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 living environment has adequate lighting, meal preparation is available to patient for all meals	* perineal hygiene * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to support the immune system including personal hygiene * proper hand washing * food-safety techniques * travel precautions * vaccinations * animal-control * cough etiquette * diet * fluid intake * recalls related medication(s) purpose, schedule patient/caregiver recalls * 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 * recalls related medication(s) purpose, schedule patient/caregiver recalls * low cholesterol dietary guidelines * 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 self-administers medications as prescribed * recalls related medication(s) purpose, schedule meal preparation is available to patient for all meals
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PT Careplans	PT Goals
PT WK2: 1 (11/16/25-11/22/25) ,WK3: 1 (11/23/25-11/29/25) ,WK4: 1 (11/30/25-12/06/25) ,WK5: 1 (12/07/25-12/13/25) ,WK6: 1 (12/14/25-12/20/25) ,WK7: 1 (12/21/25-12/27/25) ,WK8: 1 (12/28/25-01/03/26) ,WK9: 1 (01/04/26-01/10/26)	PATIENT-STATED GOAL: To be able to walk without help
PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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	GOALS
PROCEDURES: Medication Review- : medications reviewed with patient/caregiver, cough/deep breathing exercises, dynamic standing balance exercises, gait training on uneven surfaces, gait training/stair training, transfers training, therapeutic exercises	patient/caregiver recalls
TEACH PATIENT/CAREGIVER: * 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 - 03. Partial/moderate assistance, Walk 50 ft with 2 Turns - 03. Partial/moderate assistance, Walk 150 Feet - 03. Partial/moderate assistance, 1 - Step (curb) - 03. Partial/moderate assistance, 4 Steps - 03. Partial/moderate assistance, 12 Steps - 03. Partial/moderate assistance, Picking Up Object - 03. Partial/moderate assistance, Medication Review	* 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 - 03. Partial/moderate assistance
	Walk 50 ft with 2 Turns - 03. Partial/moderate assistance
	Walk 150 Feet - 03. Partial/moderate assistance
	1 - Step (curb) - 03. Partial/moderate assistance
	4 Steps - 03. Partial/moderate assistance
	12 Steps - 03. Partial/moderate assistance
	Picking Up Object - 03. Partial/moderate assistance
	Medication Review

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/15/2025