Home Health Certification and Plan of Care

Order ID: 1150/14694

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5JK1V75RA37	10/09/2025	From: 12/07/2025 To: 02/04/2026	5997	217058

6. Patient's Name and Address

Donald Morton
9329 Lyonswood Dr,
OWINGS MILLS, MD 21117-
410-363-0443

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 12/04/1948 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
K26.9	Duodenal ulcer unsp as acute or chronic w/o hemor or perf	10/09/25

13. ICD	Other Pertinent Diagnoses	Date
D51.9	Vitamin B12 deficiency anemia unspecified	10/09/25
K59.00	Constipation unspecified	10/09/25
E11.65	Type 2 diabetes mellitus with hyperglycemia	10/09/25
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	10/09/25
N13.8	Other obstructive and reflux uropathy	10/09/25
F20.9	Schizophrenia unspecified	10/09/25
I10.	Essential (primary) hypertension	10/09/25
E78.5	Hyperlipidemia unspecified	10/09/25
G47.30	Sleep apnea unspecified	10/09/25
E55.9	Vitamin D deficiency unspecified	10/09/25
R26.89	Other abnormalities of gait and mobility	10/09/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	10/09/25
Z87.440	Personal history of urinary (tract) infections	10/09/25
Z87.891	Personal history of nicotine dependence	10/09/25
Z79.82	Long term (current) use of aspirin	10/09/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	10/09/25

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

Vit D - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 MCG (1000 UT) 1 capsule by mouth once a day
Docusate Sodium - Docusate Sodium 100 MG 1 capsule by mouth once a day
Aquaphor Advanced Apply to B/L LEGS AND FEET topical once a day Apply to B/L LEGS AND FEET topically every day and evening shift for DRY SKIN WASH B/L LOWER EXTREMITES, PAT DRY AND APPLY AQUAPHOR
Albuterol Sulfate - Albuterol Sulfate 108 (90 Base) MCG/ACT 2 puff inhalant every 8 hours
Milk Of Magnesia - Simethicone 400 MG/5ML 30 ml by mouth by mouth every 8 hours
Tylenol - Acetaminophen 650 mg 325 MG 2 tablet by mouth every 4 hours
Guaifenesin - Guaifenesin 600 MG 2 tablet by mouth twice a day For cough
Olanzapine - Olanzapine 2.5 mg 1 tablet by mouth once a day For schizophrenia
Carvedilol - Carvedilol 25 mg 1 tablet by mouth twice a day For HTN
Benztropine Mesylate - Benztropine Mesylate 0.5 mg 1 tablet by mouth at bedtime For schizophrenia
Finasteride - Finasteride 5 mg 1 tablet by mouth once a day Prostate
Baclofen - Baclofen 5 mg 1 tablet by mouth at bedtime For spasms
Amlodipine Besylate - Amlodipine Besylate eq 10 mg base 1 tablet by mouth once a day HTN
Ketotifen Fumarate - Ketotifen Fumarate 1 drop drops twice a day Instill 1 drop in both eyes two times a day for dry eyes
Glipizide - Glipizide 5 mg 1 tablet by mouth twice a day DM
Metformin - Metformin Hydrochloride 1000mg by mouth twice a day DM
Cardura - Doxazosin Mesylate eq 4 mg base by mouth once a day For Prostate and HTN
Amoxicillin - Amoxicillin 500 mg 500 mg, 1 tab by mouth three times a day 500 mg tablet 3x day

14. DME and Supplies:

hospital bed, commode, wound care supplies, walker, diabetic supplies

15. Safety Measures:

transfer with assist, walker precautions, supervision at all times, , , hand rails, , diabetic precautions, , ambulates with assistance, ambulates with device, activity supervision

16. Nutrition:

diabetic, regular

17. Allergies:

lisinopril

18.A. Functional Limitations

Speech, Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Walker, Up As Tolerated, Transfer bed/Chair, Exercises Prescribed,

19. Mental & Pyschosocial Status: COGNITION: 3. Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently, ANXIETY: 2. On awakening or at night only, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status:

Due to diagnosis of Duodenal Ulcer, Unspecified As Acute Or Chronic, Without Hemorrhage Or Perforation, 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 76-year-old male with a complex medical history including traumatic brain injury (TBI), hypertension, type 2 diabetes mellitus, schizophrenia, hyperlipidemia, benign prostatic hyperplasia (BPH), and obstructive uropathy. He presented to the hospital following multiple falls, dark stools, vomiting, and flu-like symptoms, and was diagnosed with a gastrointestinal bleed requiring 10 units of blood. Additional recent diagnoses include urinary tract infection (UTI) and acute kidney injury (AKI). Prior to his most recent hospitalization one month ago, he was ambulatory at home with a rolling walker (RW) and used a stair lift to access the second floor of his residence. Durable medical equipment (DME) at home includes a hospital bed, raised toilet seat, and multiple wheelchairs. The patient now presents as non-ambulatory due to generalized weakness and requires assistive support for mobility and bed mobility tasks. The patient is alert and oriented to person, place, and time, though with intermittent confusion and mild dysphagia. He denies headaches, chills, or chest pain, and demonstrates clear lung sounds, normoactive bowel sounds, and no edema. He voids with some complications and uses adult diapers. A skin tear was noted on the right lower leg. During therapy sessions, he required maximum cues and moderate assistance for sit-to-stand and supine-to-sitting transfers, with noted difficulty maintaining midline posture and limited bilateral upper and lower extremity strength. Static balance remains impaired. The home exercise program (HEP) was reviewed with the patient's sister, who is the primary caregiver and verbalized understanding. Patient and caregiver were educated on activities of daily living (ADLs), medication effects, and signs of infection. The patient would benefit from ongoing skilled therapy services to improve functional mobility, strength, and safety for a return to prior level of function (PLOF).
 Date of Order 12/04/2025 Orders Physician Face-to-Face Date: 09/30/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/04/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Shoshana Weiner
1447 York Rd
Lutherville, MD 21093
PHONE: 4106057000 FAX: 14106057912 NPI: 1003133299

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 : 09/30/2025

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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management, PR eval and treat, OT eval and treat due to Duodenal Ulcer, Unspecified As Acute Or Chronic, Without Hemorrhage Or Perforation 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 is currently being treated for a UTI. Physically patient has declined, and is not walking with walker. The current plan is to prevent new bed sores, monitor blood sugar, monitor physical ability, range of motion exercises. Physician Weiner, Shoshana

SN Careplans

SN WK1: 1 (12/07/25-12/13/25) ,WK2: 1 (12/14/25-12/20/25) ,WK3: 1 (12/21/25-12/27/25) ,WK4: 1 (12/28/25-01/03/26) ,WK5: 1 (01/04/26-01/10/26) ,WK6: 1 (01/11/26-01/17/26) ,WK7: 1 (01/18/26-01/24/26) ,WK8: 1 (01/25/26-01/31/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications

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: dark-colored urine, muscle spasms, discolored patches of skin

PROCEDURES: Medications reviewed with patient/caregiver. , Ensuregood and proper bowel movements: Ask about color and frequency , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: To left ankle wound- cleanse with saline, apply Foam dressing. Change as needed. , physician-ordered wound care: Laceration below right knee leave open to air if drainage cover with dry gauze, glucose testing via monitor, monitor intake & output: Ensure frequency is leveling out, color and odor is within normal limits, teach/coordinate/arrange medication packaging and/or administration: Caregiver administers medications, venipuncture: Skilled nurse to obtain CBC and CMP. Results to Dr. Weiner. ICD 10 codes are: K26.9, E11.65

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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * low cholesterol dietary guidelines, 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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, * dietary guidelines lifestyle modifications to manage gastric condition, related medication(s) purpose, schedule, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, 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 incorporate lifestyle modifications to optimize genito-urinary condition including diet exercise home remedies, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: I want to walk with my walker

GOALS
patient/caregiver recalls
* dietary guidelines
* lifestyle modifications to manage gastric condition
* 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
* 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
* lifestyle modifications
* low-residue dietary guidelines
* alternative medicine options for ulcerative colitis
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize genito-urinary condition including diet
* exercise
* home remedies
* 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 including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* how to manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing and prevent constipation

patient/caregiver recalls
* low cholesterol dietary guidelines
* 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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/04/2025

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* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/04/2025