Home Health Certification and Plan of Care

Order ID: 1150/14690

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3F04KQ6QE01	12/05/2025	From: 12/05/2025 To: 02/02/2026	18811	217058

6. Patient's Name and Address

Leon Kearson
3318 Ingleside Ave,
BALTIMORE, MD 21215-
443-423-3188

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 09/12/1949 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	12/05/25

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	12/05/25
E11.9	Type 2 diabetes mellitus without complications	12/05/25
E78.2	Mixed hyperlipidemia	12/05/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	12/05/25
I25.2	Old myocardial infarction	12/05/25
F32.A	Depression unspecified	12/05/25
K21.9	Gastro-esophageal reflux disease without esophagitis	12/05/25
E87.6	Hypokalemia	12/05/25
D63.8	Anemia in other chronic diseases classified elsewhere	12/05/25
E55.9	Vitamin D deficiency unspecified	12/05/25
K74.60	Unspecified cirrhosis of liver	12/05/25
B19.20	Unspecified viral hepatitis C without hepatic coma	12/05/25
Z79.4	Long term (current) use of insulin	12/05/25
Z79.82	Long term (current) use of aspirin	12/05/25
Z99.81	Dependence on supplemental oxygen	12/05/25
Z87.891	Personal history of nicotine dependence	12/05/25

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

Incruse Ellipta - Umeclidinium Bromide 62.5 MCG/ACT, Give 1 puff by mouth once a day
Albuterol Sulfate: Ipratropium Bromide - Albuterol Sulfate: Ipratropium Bromide 0.5-2.5 (3) MG/3ML, Inhale 1 vial inhalant every 6 hours 1 vial inhale orally every 6- nebulizer treatments hours as needed for SOB/wheezing
Albuterol - Albuterol 90 MCG/ACT, inhale 2 puff inhalant every 6 hours for asthma treatment for 14 days
Aspirin - Aspirin 81 MG, Give 1 tablet by mouth once a day or CAD Monitor for S/S of bleeding
Atorvastatin - Atorvastatin Calcium 80mg by mouth at bedtime to lower cholesterol
Bupropion Hydrochloride - Bupropion Hydrochloride 150 MG , Give 1 tablet by mouth once a day for Depression
Ezetimibe - Ezetimibe 10 MG, Give 1 tablet by mouth once a day for HDL
Montelukast Sodium - Montelukast Sodium 10 MG, Give 1 tablet by mouth once a day for Cough
Pantoprazole Sodium - Pantoprazole Sodium 40 MG, Give 1 tablet by mouth in the morning for GERD
Predisone - Prednisone 10mg tablet by mouth in the morning For asthma treatment
Sertraline Hcl - Sertraline Hydrochloride 25 MG ,Give 1 tablet by mouth once a day for Depression
Aluminum Hydroxide And Magnesium Trisilicate - Aluminum Hydroxide: Magnesium Trisilicate 225-200-25 MG/5ML, Give 30 ml by mouth every 4 hours as needed for Dyspepsia
Acetaminophen - Acetaminophen 500 MG, Give 2 tablet by mouth every 8 hours as needed for Pain severe (pain score 7-10)
Not exceed 3000mg per 24 hr.
Oxygen - Oxygen 3 Litres nasal cannula continuous home oxygen 2-3 litres
Ducolax - Bisacodyl 10 MG, Insert 1 suppository rectal as necessary for Constipation every 3 days if No Bowel Movement and Milk of Magnesia ineffective

14. DME and Supplies:

oxygen supplies

15. Safety Measures:

fall precautions, medication safety, O2 precautions

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

None of the above

18.B. Activities Permitted

Up As Tolerated

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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Chronic obstructive pulmonary disease with (acute) exacerbation, 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 medical history of COPD, hypertension, substance use disorder, hepatitis C with liver cirrhosis, depression, and GERD. He was admitted to home health following a recent hospitalization and resides in an assisted living facility. He is alert and oriented 4, denies pain, and requires 3 L of oxygen via nasal cannula. Assessment showed diminished lung sounds at the bases, active bowel sounds, palpable pulses, and no edema; however, he exhibits visible shortness of breath and reports poor tolerance for walking long distances. The patient is unaware of the medications he is taking and was informed that medication education and a personalized medication list will be provided. A physical therapy evaluation revealed decreased lower-extremity strength (3+/5), the need for supervision during transfers, and contact guard assistance for short-distance ambulation without an assistive device and stair negotiation with a rail. Although outdoor mobility was not assessed due to weather, the patient reports requiring multiple rest breaks when walking to the car with a rolling walker. He remains oxygen-dependent and experiences dyspnea with minimal exertion. Skilled PT services are recommended to improve strength, balance, endurance, and functional mobility to facilitate return to his prior level of function. The patient currently attends an adult day care program that provides therapy seven days per week and was informed that he cannot receive therapy in both settings simultaneously; he will determine his preferred setting and notify the home health agency.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 12/05/2025<o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 11/15/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Chronic obstructive pulmonary disease with (acute) exacerbation
 Homebound Status per Certifying Physician: patient requires another person or medical

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/05/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Rachel Kruzan
1000 E. Eager St
Baltimore, MD 21202
PHONE: 4105229800 FAX: 14103672174 NPI: 1689930976

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 : 11/15/2025

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.

Home Health Certification and Plan of Care

Order ID: 1150/14690

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3F04KQ6QE01	12/05/2025	From: 12/05/2025 To: 02/02/2026	18811	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Leon Kearson 3318 Ingleside Ave, BALTIMORE, MD 21215- 443-423-3188	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
 1 - SOC - SN Notes: <o:p></o:p> PT Eval Notes:<o:p></o:p> Physician: Kruzan, Rachel

SN Careplans

SN WK1: 1 (12/05/25-12/06/25)

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: 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; 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, heartburn/indigestion

PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange transportation services

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * low-fat diet lifestyle modifications to manage esophageal condition, 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: "I want to be able to walk further distances- like to the end of the block without getting short of breath."

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
* 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
* low-fat diet
* lifestyle modifications to manage esophageal condition
* 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

PT Careplans

PT WK1: 1 (12/03/25-12/06/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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

12/09/2025: GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff

PT Goals

PATIENT-STATED GOAL: To be able to walk outside without getting out of breath

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

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/05/2025

Home Health Certification and Plan of Care

Order ID: 1150/14690

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3F04KQ6QE01	12/05/2025	From: 12/05/2025 To: 02/02/2026	18811	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Leon Kearson 3318 Ingleside Ave, BALTIMORE, MD 21215- 443-423-3188	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

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, 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-

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-

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/05/2025