Home Health Certification and Plan of Care

Order ID: 1150/14657

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
11349646240	11/28/2025	From: 11/28/2025 To: 01/26/2026	19938	217058

6. Patient's Name and Address
Hussein Khasawneh
227 Bently Hill Drive,
REISTERSTOWN, MD 21136-
443-939-7768

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 12/10/1987 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
K61.1	Rectal abscess	11/28/25

13. ICD	Other Pertinent Diagnoses	Date
G62.9	Polyneuropathy unspecified	11/28/25
Z87.891	Personal history of nicotine dependence	11/28/25

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

Augmentin '875' - Amoxicillin: Clavulanate Potassium 875-125 MG tablet by mouth twice a day
Protonix - Pantoprazole Sodium 40 mg tablet by mouth once a day
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5 mg immediate release tablet, Take 1 tablet by mouth every 4 hours as needed for MODERATE Pain (or if patient requests it for severe pain).
Neurontin - Gabapentin 300 mg oral tablet by mouth at bedtime
Acetaminophen - Acetaminophen 325 mg tablet Take 2 tablets by mouth every 6 hours as needed for MILD Pain (or if patient requests it for moderate or severe pain) or Fever (temp in PRN comment) (for fever > 38.0 and notify physician).

14. DME and Supplies:
None of the above

15. Safety Measures:
medication safety

16. Nutrition:
regular

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: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

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
family/caregiver will be responsible for managing treatment

Homebound status:
Due to diagnosis of Rectal Abscess, 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 37-year-old Arabic-speaking male with a past medical history significant for Helicobacter pylori infection who was admitted to home health services for post-operative incision and drainage (I&D) wound care and dressing management. A certified medical interpreter was utilized via the translator line (Agent #140196) to ensure effective communication throughout the visit. The patient's spouse was present and identified as the primary support person and caregiver responsible for completing dressing changes on days when skilled nursing is not scheduled. A comprehensive medication reconciliation was performed, and patient education was provided after it was identified that the patient was unaware he was currently prescribed and taking oral antibiotics; full instruction regarding medication purpose, dosing, and adherence was given with verbalized understanding through the interpreter. Assessment of the surgical site revealed a post-I&D incision to the left inner buttock with a scant amount of serosanguinous drainage noted; the wound was open to air upon arrival. Skilled wound care was performed, including cleansing with normal saline, packing with iodoform gauze, and covering with sterile 44 gauze and tape. The spouse received hands-on education regarding wound care and dressing change technique and was observed during the process to ensure proper return demonstration and understanding. During discussion of the ongoing nursing visit schedule, the patient reported that he plans to return to work the following week, rendering him ineligible for continued home health services at this time due to lack of homebound status. The patient and spouse were educated on ongoing wound care, signs and symptoms of infection to report immediately, and the importance of continued medication compliance.
 Date of Order 11/28/2025 Orders Physician Face-to-Face Date: 11/25/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management due to Rectal Abscess 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 Physician Tia, Iddrisu

SN Careplans

SN WK1: 18 (11/28/25-11/29/25)

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: 10. None of the above

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

SN Goals

PATIENT-STATED GOAL: "I want my wound to heal."

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 achieve wound healing including cleaning and dressing wound
* position changes

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/28/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Iddrisu Tia
108 Marburth Ave
Towson , MD 21286
PHONE: 410-847-3000 FAX: NPI: 1093337388

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 : 11/25/2025

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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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: M2020 - Oral Med Management, M1400 - Dyspnea, heartburn/indigestion, #1 - Observable Surgical Wound - Posterior Right Buttock - Incision OTA with scant serious sang drainage noted

PROCEDURES: cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: Sitz baths TID. Pat the area dry and place a dry pad. Daily dressing changes with iodoform packing and a clean ABD., wound vacuum

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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/28/2025