Home Health Certification and Plan of Care

Order ID: 1150/14723

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
49282222	12/06/2025	From: 12/06/2025 To: 02/03/2026	20278	217058

6. Patient's Name and Address
Anthony Bunda
308 Stanmore Rd,
Baltimore, MD 21212-
443-761-2529

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 02/11/1944 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
K85.90	Acute pancreatitis without necrosis or infection unsp	12/06/25

13. ICD	Other Pertinent Diagnoses	Date
I48.20	Chronic atrial fibrillation unspecified	12/06/25
N17.9	Acute kidney failure unspecified	12/06/25
I10.	Essential (primary) hypertension	12/06/25
E78.00	Pure hypercholesterolemia unspecified	12/06/25
I47.10	Supraventricular tachycardia unspecified	12/06/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	12/06/25
M19.90	Unspecified osteoarthritis unspecified site	12/06/25
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	12/06/25
E66.01	Morbid (severe) obesity due to excess calories	12/06/25
Z68.41	Body mass index [BMI] 40.0-44.9 adult	12/06/25
Z79.01	Long term (current) use of anticoagulants	12/06/25
Z87.891	Personal history of nicotine dependence	12/06/25

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

Flomax - Tamsulosin Hydrochloride 0.4 MG capsule , Take 1 capsule by mouth in the evening Take 1 capsule by mouth every evening.
B12 - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 1000 MCG TABS, Take 1,000 mcg by mouth once a day
Amiodarone - Amiodarone Hydrochloride 200 MG tablet, Take 1 tablet by mouth once a day
Metoprolol Tartrate - Metoprolol Tartrate 75 MG Tabs Take 150 mg by mouth twice a day
Polyethylene Glycol - Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 17 g packet Take 1 packet by mouth once a day Take 1 packet by mouth daily. Stir and dissolve 1 packet in any 4-8 ounces of noncarbonated beverage
Pravastatin - Pravastatin Sodium 80 MG tablet Take 1 tablet by mouth once a day
Allopurinol - Allopurinol 100 MG tablet by mouth twice a day Gout
Warfarin - Warfarin Sodium 2 MG tablet Take 1 tablet by mouth once a day 2mg today 12/9/25 and 4mg every other day
Tylenol Pm - Acetaminophen 500mg by mouth as necessary At bedtime

14. DME and Supplies:
urinary/catheter supplies, cane, commode, 4 wheeled walker

15. Safety Measures:
transfer with assist, walker precautions, , , , emergency phone # clearly displayed, , ambulates with device, ambulates with assistance

16. Nutrition:
fluid restriction

17. Allergies:
penicillin

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Cane, Walker, 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: fair

22. A Rehabilitation Potential:
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., 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 Acute Pancreatitis Without Necrosis Or Infection, 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:
The patient was referred for home health services following hospitalization for severe pancreatitis complicated by lactic acidosis. Past medical history is significant for arthritis, chronic atrial fibrillation, hypertension, hyperlipidemia, obesity, and supraventricular tachycardia. The patient was discharged home with a 16 Fr/10 cc indwelling Foley catheter in place, noted to be intact and draining an adequate amount of amber-colored urine. The patient resides with his wife, who provides assistance with activities of daily living, instrumental activities of daily living, meal preparation, shopping, errands, medication administration, and Foley catheter care. The patient has a scheduled follow-up appointment with his primary care provider on Monday and a urology consultation scheduled for February. Ongoing home health support will focus on monitoring the patient's clinical status, ensuring appropriate Foley care, evaluating for signs of infection or complications, reinforcing education regarding catheter management and disease processes, and coordinating care to support recovery and prevent rehospitalization.
 Date of Order 12/06/2025 Orders Physician Face-to-Face Date: 12/04/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat due to Acute Pancreatitis Without Necrosis Or Infection, Unspecified 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 Varkey, Mary

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 12/06/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Mary Varkey
1447 York Rd
Lutherville, MD 21093
PHONE: 410-847-3000 FAX: 18554160890 NPI: 1922005131

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 : 12/04/2025

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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SN WK1: 1 (12/06/25-12/06/25) ,WK2: 2 (12/07/25-12/13/25) ,WK3: 2 (12/14/25-12/20/25) ,WK4: 1 (12/21/25-12/27/25) ,WK5: 1 (12/28/25-01/03/26)

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 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 ; 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.

N/A
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1400 - Dyspnea, swelling in the arms/legs, dependent edema, M1610 - Urinary Catheter, poor muscle tone, muscle weakness, limited strength

PROCEDURES: catheter change, care & irrigation: 16 FR 10cc 2 way latex Foley Catheter with 10cc balloon placed 11/24/2025 secondary to urinary retention SN for Foley management have requested Frequency and Flushing orders through Kaiser portal. Patient follow up with Urology on 2/13/2026

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, * 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, * dietary modifications for pancreatic disorder, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

PATIENT-STATED GOAL: I want my Foley removed as soon as possible

GOALS
patient/caregiver recalls
* dietary modifications for pancreatic disorder
* 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 manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls related medication(s) purpose, schedule

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
* 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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/06/2025