

Home Health Certification and Plan of Care				Order ID: 1150/14943					
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
3e89p21hj34		12/13/2025		From: 12/13/2025 To: 02/10/2026		18157		217058	
6. Patient's Name and Address Patrick McCann 108 Highland Rd, Glen Burnie, MD 21060- 410-761-1748					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 03/12/1953 9.Sex Male					10. Medications: Dose/Frequency/Route (N)ew (C)hanged				
11. ICD		Principal Diagnosis			Date		Atorvastatin Calcium - Atorvastatin Calcium 80 MG, take 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for HLD Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG, take 2 capsules by mouth once a day Give 2 capsule by mouth in the evening for BPH Take 2 capsules by mouth every evening. Melatonin - Melatonin 10 MG, take 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for Insomnia Thera take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Supplement Vitamin B-1 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 100MG; 1 TAB by mouth once a day SUPPLEMENT Vitamin B-1 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 100MG; 1 TAB by mouth once a day SUPPLEMENT Folic Acid - Folic Acid 1 mg 1 mg ,Take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Supplement Clopidogrel Bisulfate - Clopidogrel Bisulfate 75 mg 75 mg , take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Dual Antiplatelet therapy R/T ACS Nicotine Patch - Nicotine Patch 14 MG, Patch, Apply 1 patch topical once a day Apply 1 patch transdermally one time a day for NRT for 14 Days Cyclobenzaprine Hydrochloride - Cyclobenzaprine Hydrochloride 5 mg 5 MG, take 1 tablet by mouth every 8 hours Give 1 tablet by mouth every 8 hours as needed for Muscle spasms Spironolactone - Spironolactone 25 mg 25 MG, take tablet by mouth once a day Give 25 mg by mouth one time a day for Fluid Retention R/T Heart Failure Escitalopram Oxalate - Escitalopram Oxalate 5 mg 5MG; 1 TAB by mouth once a day DEPRESSION Olanzapine - Olanzapine 5 mg 2.5 mg , Take 1 tablet by mouth three times a day Give 1 tablet by mouth with meals for Bipolar D/O Acetaminophen - Acetaminophen 325 mg 325 MG, take 2 tablets by mouth every 6 hours Give 2 tablet by mouth every 6 hours as needed for Pain Losartan Potassium - Losartan Potassium 25 mg 25MG Take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HTN Trelegy Ellipta take 100-62.5-25 MCG, inhale 1 puff inhalant once a day 1 puff inhale orally one time a day for COPD		
T80.818D		Extravasation of other vesicant agent subsequent encounter			12/13/25				
13. ICD		Other Pertinent Diagnoses			Date				
I11.0		Hypertensive heart disease with heart failure			12/13/25				
I50.20		Unspecified systolic (congestive) heart failure			12/13/25				
I25.2		Old myocardial infarction			12/13/25				
J43.9		Emphysema unspecified			12/13/25				
N40.1		Benign prostatic hyperplasia with lower urinary tract symp			12/13/25				
N13.8		Other obstructive and reflux uropathy			12/13/25				
M51.26		Other intervertebral disc displacement lumbar region			12/13/25				
F25.0		Schizoaffective disorder bipolar type			12/13/25				
F33.2		Major depressv disorder recurrent severe w/o psych features			12/13/25				
E03.9		Hypothyroidism unspecified			12/13/25				
G43.909		Migraine unsp not intractable without status migrainosus			12/13/25				
F10.231		Alcohol dependence with withdrawal delirium			12/13/25				
F17.210		Nicotine dependence cigarettes uncomplicated			12/13/25				
F19.10		Other psychoactive substance abuse uncomplicated			12/13/25				
H40.9		Unspecified glaucoma			12/13/25				
Z79.1		Long term (current) use of non-steroidal non-inflam (NSAID)			12/13/25				
Z79.82		Long term (current) use of aspirin			12/13/25				
Z79.02		Long term (current) use of antithrombotics/antiplatelets			12/13/25				
Z86.19		Personal history of other infectious and parasitic diseases			12/13/25				
14. DME and Supplies: None of the above					15. Safety Measures: activity supervision				
16. Nutrition: cardiac diet					17. Allergies: no known allergies				
18.A. Functional Limitations Endurance, Ambulation					18.B. Activities Permitted Exercises Prescribed				
19. Mental & Psychosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes									
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: 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 patient will be responsible for managing treatment				
Homebound status: Due to diagnosis of Extravasation Of Other Vesicant Agent Subsequent Encounter, 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.									
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 12/13/2025					25. Date HHA Received Signed POT				
24. Physician's Name and Address Kunmi Majekodunmi 1600 South Crain Highway Glen Burnie, MD 21061 PHONE: 4107600098 FAX: 14107619131 NPI: 1497791917					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 : 12/09/2025				
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. PAGE 1 of 3				

Home Health Certification and Plan of Care				Order ID: 1150/14943	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
3e89p21hj34		12/13/2025		From: 12/13/2025 To: 02/10/2026	
				4. Medical Record No.	
				18157	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Patrick McCann 108 Highland Rd, Glen Burnie, MD 21060- 410-761-1748			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
Clinical Condition Requiring Homecare:<div>The patient is an adult male recently discharged following an inpatient hospitalization for multiple complex medical and psychiatric conditions, including major depressive disorder, chronic obstructive pulmonary disease (COPD), chronic urinary retention related to benign prostatic hyperplasia (BPH), essential hypertension, glaucoma, a history of alcohol abuse, and recurrent falls. He presented to the emergency department on 9/9/25 with left-sided chest pain radiating to the left arm, dyspnea on exertion, and generalized fatigue, and was diagnosed with a non-ST-elevation myocardial infarction (NSTEMI). During hospitalization, he required medication management, psychiatric support, wound care to the right arm (now healed), and ongoing chronic disease management. He currently resides with his significant other, Cathy, who assists with all activities of daily living and instrumental activities of daily living as needed. The home has three steps to exit. The patient reports that his cane was left at the hospital and that he uses a walker when leaving the home for appointments. He reports one fall within the past two months. On skilled nursing assessment, the patient was alert and oriented to person, place, and time. He reported chronic low back pain rated 6-7/10 related to L4-L5 disc disease and muscle spasms and stated that he took prescribed pain medication approximately 45 minutes prior to the visit. He endorsed shortness of breath with exertion that improves with rest but denied acute respiratory distress at rest. Appetite was reported as good, and the patient stated he had a bowel movement on the day of assessment. Gait was observed to be slow and unsteady, and the patient was not using an assistive device within the home at the time of the visit. Vital signs were obtained and reviewed per documentation. No active wounds were noted. A significant portion of the nursing visit was dedicated to medication education, including indications, dosing, and potential side effects. The caregiver is currently managing the patient's medications. Several prescribed medications were not present in the home at the time of the visit; the skilled nurse will follow up regarding missing medications, and the caregiver was instructed to have outstanding prescriptions filled. It was noted that the patient does not currently have a nebulizer in the home despite a history of COPD. The caregiver plans to arrange an appointment with a new primary care provider for ongoing medical follow-up. A physical therapy evaluation identified deficits including chronic back pain, decreased bilateral lower-extremity strength, impaired balance, unsteady gait, decreased functional mobility, difficulty negotiating steps, impaired transfer safety, poor safety awareness, and a history of falls, placing the patient at high risk for further falls and functional decline. Due to his cardiovascular and respiratory disease, the patient has limited endurance for mobility outside the home, with significant fatigue and prolonged recovery time following exertion, making regular trips out of the home unsafe. Skilled physical therapy is medically necessary to address strength, balance, gait, transfers, stair negotiation, and safety awareness to promote improved independence and reduce fall risk. The patient is homebound due to the significant effort required to leave the home and limited cardiopulmonary endurance. The patient is in agreement with the physical therapy plan of care, with <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> scheduled to begin on 12/15/25. Skilled nursing services will continue per ordered frequency to monitor cardiopulmonary status, pain control, medication compliance, and overall safety in the home.</div><div> </div><div> </div><div>Date of Order</div><div>12/13/2025</div><div>Orders</div><div><div>Physician Face-to-Face Date: 12/09/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Extravasation Of Other Vesicant Agent Subsequent Encounter</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div><div> </div><div> </div><div>1 - SOC - SN Notes: soc</div><div>PT Eval Notes:</div><div><div>Physician</div><div><div>Majekodunmi, Kunmi</div></div></div>					
SN Careplans			SN Goals		
SN WK1: 1 (12/13/25-12/13/25) ,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)			PATIENT-STATED GOAL: TO FEEL BETTER		
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			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		
CAREGIVER: 4. Assistance needed, but no non-agency caregiver(s) available			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		
HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 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, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8			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		
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:No Advance Directive			patient/caregiver recalls * how to promote optimized mobility with strength * balance * dexterity * range-of-motion therapeutic exercises * promotion of peripheral circulation * fluid and diet intake to promote healing * prevent constipation * recalls related medication(s) purpose, schedule		
PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, Home Safety, meal preparation, M2102c - Med Admin, M1033 - Exhaustion, M1400 - Dyspnea, lung sounds not clear, muscle spasms, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit			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		
PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, teach/coordinate/arrange medication packaging and/or administration			patient/caregiver recalls * depression-prevention strategies including avoidance of isolation * healthy eating		
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 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, * 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 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * how to promote optimized mobility with strength balance dexterity range-of-motion					
Signature of Physician:			Date		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			12/13/2025		

Home Health Certification and Plan of Care				Order ID: 1150/14943
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3e89p21hj34	12/13/2025	From: 12/13/2025 To: 02/10/2026	18157	217058
6. Patient's Name and Address Patrick McCann 108 Highland Rd, Glen Burnie, MD 21060- 410-761-1748		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		

therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent constipation, 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 living environment is clean/uncluttered, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately	* sleeping habits * identification of activities that bring pleasure * preventive care * 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 self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient's living environment is clean/uncluttered meal preparation is available to patient for all meals caregiver administers and/or packages medications appropriately
--	--

PT Careplans PT WK2: 2 (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) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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 PROCEDURES: cough/deep breathing exercises, home exercise program: Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., therapeutic modalities: Ice to L shoulder x 20 minutes with necessary barrier and skin assessments q 5 minutes., dynamic standing balance exercises, gait training on uneven surfaces, gait training/stair training, transfers training, assist with fall prevention 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 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 - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance	PT Goals PATIENT-STATED GOAL: I just want to improve my strength and mobility. GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 05. Setup or clean-up assistance 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 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 - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 05. Setup or clean-up assistance Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance Walk 150 Feet - 05. Setup or clean-up assistance 4 Steps - 05. Setup or clean-up assistance 12 Steps - 05. Setup or clean-up assistance Picking Up Object - 05. Setup or clean-up assistance
---	--

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/13/2025