Home Health Certification and Plan of Care

Order ID: 1150/14937

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
26260411	12/13/2025	From: 12/13/2025 To: 02/10/2026	20480	217058

6. Patient's Name and Address

Lawrence Moore
3009 Pinewood Ave,
BALTIMORE, MD 21214-
443-825-7626

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 10/03/1950 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I13.2	Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD	12/13/25

13. ICD	Other Pertinent Diagnoses	Date
I50.42	Chronic combined systolic and diastolic hrt fail	12/13/25
N18.6	End stage renal disease	12/13/25
D63.1	Anemia in chronic kidney disease	12/13/25
R13.10	Dysphagia unspecified	12/13/25
L89.159	Pressure ulcer of sacral region unspecified stage	12/13/25
I48.0	Paroxysmal atrial fibrillation	12/13/25
B20.	Human immunodeficiency virus [HIV] disease	12/13/25
I47.10	Supraventricular tachycardia unspecified	12/13/25
G89.29	Other chronic pain	12/13/25
M54.50	Low back pain unspecified	12/13/25
E02.	Subclinical iodine-deficiency hypothyroidism	12/13/25
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	12/13/25
I42.9	Cardiomyopathy unspecified	12/13/25
F41.9	Anxiety disorder unspecified	12/13/25
E78.00	Pure hypercholesterolemia unspecified	12/13/25
I25.2	Old myocardial infarction	12/13/25
Z79.01	Long term (current) use of anticoagulants	12/13/25
Z86.718	Personal history of other venous thrombosis and embolism	12/13/25
Z87.891	Personal history of nicotine dependence	12/13/25
Z95.810	Presence of automatic (implantable) cardiac defibrillator	12/13/25
Z95.0	Presence of cardiac pacemaker	12/13/25
Z86.16	Personal history of COVID-19	12/13/25
Z87.01	Personal history of pneumonia (recurrent)	12/13/25
Z91.81	History of falling	12/13/25

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

Albuterol - Albuterol 2.5 mg, Tablet by mouth every 2 hours 2.5 mg, every 2 hours PRN
Pacerone - Amiodarone Hydrochloride 400 mg, Tablet PEG TUBE once a day 400 mg, Per PEG Tube, 1 time daily
Eliquis - Apixaban 2.5 mg, Tablet PEG TUBE twice a day 2.5 mg, Per PEG Tube, 2 times daily
Lipitor - Atorvastatin Calcium 80 mg, Tablet PEG TUBE once a day 80 mg, Oral, 1 time daily, VIA TUBE
bictegravir-emtricitabine-tenofovir alafenamide (BIKTARVY) 50-200-25 mg TABS tablet 50-200-25 mg, 1 tablet by mouth once a day 1 tablet, Oral, 1 time daily
camphor-menthol (SARNA) 0.5-0.5 % LOTN 0.5-0.5 % LOTN , 1 Application topical three times a day 1 Application, Topical, 3 times daily PRN
Neurontin - Gabapentin 200 mg, Tablet by mouth at bedtime 200 mg, Oral, nightly
Apresoline - Hydralazine Hydrochloride 25 mg, Tablet by mouth three times a day 25 mg, Oral, 3 times daily
Dilaudid - Hydromorphone Hydrochloride 1 mg, Tablet by mouth every 4 hours 1 mg, Oral, every 4 hours PRN
Imdur - Isosorbide Mononitrate 30 mg, Tablet by mouth in the morning 30 mg, Oral, 1 time daily every morning
mineral oil-hydrophilic petrolatum (AQUAPHOR) OINT Apply head to toe topical as necessary mineral oil-hydrophilic petrolatum (AQUAPHOR) OINT
Apply head to toe
Protonix - Pantoprazole Sodium 40 mg, Tablet by mouth once a day 40 mg, Oral, 1 time daily
Seroquel - Quetiapine Fumarate 25 MG tablet, 1 tablet by mouth at bedtime
Rena-Vite Rx (NEPHRO-VITE) 1 MG TABS 1 MG TABS, 1 tablet by mouth once a day 1 tablet, Oral, 1 time daily
Zoloft - Sertraline Hydrochloride 50 MG, 1 tablet by mouth at bedtime

14. DME and Supplies:

wound care supplies, wheelchair, hoyer lift, hospital bed, grab bars, feeding pump, feeding tube supplies

15. Safety Measures:

infectious material management, wheelchair precautions, , , , emergency phone # clearly displayed, cardiac precautions, aspiration precautions

16. Nutrition:

soft, G-Tube

17. Allergies:

no known allergies

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Wheelchair, Transfer bed/Chair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, 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

family/caregiver will be responsible for managing treatment

Homebound status:

Due to diagnosis of Hypertensive Heart And Chronic Kidney Disease With Heart Failure And With Stage 5 Chronic Kidney Disease, Or End Stage Renal Disease, 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

Marc Wilson
815 E Pratt St
Baltimore, MD 21202
PHONE: 410-637-5700 FAX: 1-410-637-5701 NPI: 1275565251

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 : 12/10/2025

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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Lawrence Moore 3009 Pinewood Ave, BALTIMORE, MD 21214- 443-825-7626	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

The patient is a 75-year-old male referred for home health services following a prolonged hospitalization and rehabilitation stay for hypoxic respiratory failure. His past medical history is significant for hypertension, HIV, congestive heart failure, cardiomyopathy, atrial fibrillation, prior myocardial infarction with implanted pacemaker/defibrillator, deep vein thrombosis, chronic kidney disease and end-stage renal disease, anemia, dysphagia, gastroesophageal reflux disease, dementia, anxiety, and chronic low back pain. He was discharged to his daughter's home after an approximately three-month hospital and rehab course. The patient currently resides with his daughter, who is his primary caregiver, along with his son-in-law and grandchild. The home has seven steps to enter, with bedroom and bathroom located on the first floor. At the time of assessment, the patient is bedbound and unable to stand or ambulate. Durable medical equipment in the home includes a hospital bed, Hoyer lift, wheelchair, and rolling walker. The patient tolerates rolling side to side partially with use of the bed rail and requires moderate assistance for supine-to-sit transfers due to weakness and pain. He is able to tolerate sitting at the edge of the bed for approximately six minutes with close supervision and upper-extremity support. Attempts at standing were made twice with maximal assistance but were unsuccessful due to poor quadriceps strength. Therapeutic exercises performed in supine included assisted hip flexion, quadriceps sets, gluteal sets, bridging, hook-lying trunk rotation, straight leg raises, and hip abduction. The patient was limited by pain, reporting severe low back pain rated up to 9/10 with position changes. Per the daughter, the patient sustained a fall during transport home by EMS, and she suspects this incident contributed to the current back pain. A video visit with the primary care provider is scheduled for further evaluation. Acetaminophen twice daily was recommended to assist with pain management, as pain significantly limits participation in mobility. Skin assessment revealed two stage II pressure ulcers located at the midline lower back and sacral area. Wound care orders include cleansing with mild soap and water, patting dry, and applying Allevyn foam dressings every three days for protection. The daughter is performing wound care between skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh>. The patient requires 6 6-inch Allevyn dressings for the lower back wound and 4 4-inch sacral Allevyn dressings per wound care orders. No signs of acute infection were noted at the time of assessment. The patient has a feeding tube in place that is intact and functional. The daughter declined tube-feeding education during this visit, stating that the patient is currently tolerating adequate oral intake of a soft diet since discharge. Education was provided to the daughter on safe positioning in bed and proper use of the hospital bed remote to assist with repositioning and comfort. The patient is considered homebound due to profound weakness, inability to stand or ambulate, dependence on a wheelchair and bed mobility assistance, and the significant effort required to leave the home. Skilled nursing services are recommended to monitor cardiopulmonary status, manage complex medical conditions, provide wound care oversight, reinforce caregiver education, and coordinate supplies, with a planned frequency of one visit in week one followed by two <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> per week for four weeks. Physical and occupational therapy evaluations are ordered to address severe deconditioning, impaired mobility, strength deficits, and caregiver training, with the goal of improving comfort, safety, and functional tolerance within the home environment.
 Date of Order 12/13/2025 Orders Physician Face-to-Face Date: 12/10/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Hypertensive Heart And Chronic Kidney Disease With Heart Failure And With Stage 5 Chronic Kidney Disease, Or End Stage Renal Disease 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 PT Eval Notes: OT Eval Notes: Physician Wilson, Marc

SN Careplans

SN WK1: 1 (12/13/25-12/13/25) ,WK2: 1 (12/14/25-12/20/25) ,WK3: 2 (12/21/25-12/27/25) ,WK4: 2 (12/28/25-01/03/26) ,WK5: 1 (01/04/26-01/10/26)

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: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 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

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

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M1700 - Cognition, D0700 - Social Isolation, M2020 - Oral Med Management, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, M1620 - Bowel Incontinence, cough/gag/pain chew/swallow, M1610 - Urinary Incontinence, poor muscle tone, muscle weakness, limited endurance, limited strength, weak hand grips, withdrawal from conversations, loss of appetite, open sores/lesions, #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Other - Lower back/mid spine - Cleanse with mild soap and water pat dry apply allevyn foam dressing for protection every 3 days, #2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Other - Sacrum - Cleanse with mild soap and water pat dry apply allevyn foam dressing for protection every 3 days

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, swallowing exercises, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, physician-ordered wound care: Cleanse Stg 2 pressure ulcers to midline lower back and sacrum with mild soap and water pat dry apply allevyn foam dressing for protection every 3 days and as needed., bladder training

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

SN Goals

PATIENT-STATED GOAL: Daughter would like patience to be able to transfer to bedside commode

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

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
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to support the immune system including personal hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* diet
* fluid intake
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

patient/caregiver recalls

Signature of Physician:	Date

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

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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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver, 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, * 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 support the immune system including personal hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette diet fluid intake, related medication(s) purpose, schedule * strategies to increase caloric intake, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule

* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* 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
* 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
* 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
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

PT Careplans

PT WK2: 1 (12/14/25-12/20/25) ,WK3: 1 (12/21/25-12/27/25) ,WK4: 2 (12/28/25-01/03/26) ,WK5: 2 (01/04/26-01/10/26) ,WK6: 2 (01/11/26-01/17/26) ,WK7: 2 (01/18/26-01/24/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet

PROCEDURES: Home exercise program : Sitting knee extension,ankle pumps. Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction , Bed mobility training , Standing tolerance at walker, Family training with daughter , wheelchair training, transfers training

TEACH PATIENT/CAREGIVER: * 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, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Bed mobility will be independent , Sitting tolerance will be 10 minutes, Daughter will be able to transfer client independently with hoyer lift to wheelchair, Transfer bed to wheelchair with transfer board and minimal assistance

PT Goals

PATIENT-STATED GOAL: To be able to stand and get out of bed

GOALS
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

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Bed mobility will be independent

Sitting tolerance will be 10 minutes

Daughter will be able to transfer client independently with hoyer lift to wheelchair

Transfer bed to wheelchair with transfer board and minimal assistance

OT Careplans

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

12/13/2025

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OT WK1: 6 (12/13/25-12/13/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: cough/deep breathing exercises, equipment training, work simplification/energy conservation, strengthening exercises, 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, * 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, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance

PATIENT-STATED GOAL: to feed myself

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 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

Oral Hygiene - 03. Partial/moderate assistance

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/13/2025