Home Health Certification and Plan of Care

Order ID: 1150/14871

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
16338797	12/12/2025	From: 12/12/2025 To: 02/09/2026	20413	217058

6. Patient's Name and Address
Kenneth Williams
906 Hooper Ave Apt A,
BALTIMORE, MD 21229-
410-314-6650

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 12/08/1966 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
C34.12	Malignant neoplasm of upper lobe left bronchus or lung	12/12/25

13. ICD	Other Pertinent Diagnoses	Date
D61.818	Other pancytopenia	12/12/25
I11.0	Hypertensive heart disease with heart failure	12/12/25
I50.20	Unspecified systolic (congestive) heart failure	12/12/25
I48.0	Paroxysmal atrial fibrillation	12/12/25
M31.19	Other thrombotic microangiopathy	12/12/25
E46.	Unspecified protein-calorie malnutrition	12/12/25
E83.42	Hypomagnesemia	12/12/25
R74.01	Elevation of levels of liver transaminase levels	12/12/25
Z79.01	Long term (current) use of anticoagulants	12/12/25

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

Clindamycin Hydrochloride - Clindamycin Hydrochloride 300 MG Oral Capsule,Take 1 capsule by mouth four times a day for Folliculitis
Folic Acid - Folic Acid 1 MG Oral Tablet,take 1 tablet by mouth once a day for supplement
Metoprolol Succinate - Metoprolol Succinate 25 MG Oral Tablet, take 1 tablet by mouth once a day ER Oral Tablet Extended Release 24 Hour 25 MG (Metoprolol Succinate) Give 1 tablet by mouth one time a day for HTN Hold for sbp less than 110 HR-60
Sacubitril-Valsartan 24-26 MG Oral Tablet, Take 1 tablet by mouth twice a day for CHF
Gabapentin - Gabapentin 300 mg 1 300mg tab by mouth three times a day Take 1 300mg tab three times daily
Amlodipine Besylate - Amlodipine Besylate eq 10 mg base 1 10mg tab by mouth once a day Take 1 10mg tab daily for blood pressure control
Losartan Potassium - Losartan Potassium 100 mg 100mg by mouth once a day Take 1 tab 100mg daily for blood pressure control
Eliquis - Apixaban 5 MG Oral Tablet ,Take 1 tablet by mouth twice a day for A-Fib

14. DME and Supplies:
4 wheeled walker

15. Safety Measures:
walker precautions, smoke detectors , , , , ambulates with device, ambulates with assistance, emergency phone # clearly displayed, remove environmental barriers, supervision at all times, transfer with assist, , cardiac precautions, , activity supervision

16. Nutrition:
cardiac diet

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance

18.B. Activities Permitted
Exercises Prescribed, 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: 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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Malignant Neoplasm Of Upper Lobe Left Bronchus Or Lung, 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 59-year-old male with a complex past medical history significant for alcohol use disorder, atrial fibrillation on anticoagulation (Eliquis), thrombotic thrombocytopenic purpura, left upper lobe lung mass consistent with left bronchial lung cancer, hypertension, congestive heart failure, malnutrition, hypomagnesemia, and recent hyponatremia. He was recently hospitalized for generalized weakness, hand tremors, and atrial fibrillation. The patient reports heavy daily alcohol consumption, including approximately six 16-ounce beers and two "shorties" of whiskey per day, along with poor nutritional intake consisting of only two bowls of soup daily. He resides in a second-floor apartment with seven steps to enter, living with his son and the son's girlfriend; the son serves as the primary caregiver. The patient and family members smoke inside the home, and the apartment was noted to be significantly cluttered with clothing on the floor, posing an increased fall risk. The patient also has one pet cat in the home. On assessment, the patient demonstrated independent bed mobility and was able to transfer to the bed, chair, and toilet with supervision. He ambulated approximately 50 feet indoors without an assistive device under supervision and was able to negotiate seven steps with a handrail and supervision. A walker has been ordered and is expected to be delivered within the next few days. The patient is considered homebound due to the significant effort required to leave the home, supported by a Tinetti score of 20/28, indicating moderate fall risk. Therapeutic exercise was initiated, and the patient tolerated 10 repetitions of standing knee flexion, hip abduction, hip extension, plantarflexion, and squats, with plans to progress to outdoor ambulation and coordination activities as appropriate. Skilled nursing education was provided regarding the importance of strict adherence to Eliquis, including indications, dosing, and bleeding risks. The patient was extensively educated on fall prevention, particularly in the context of anticoagulation use, alcohol consumption, and environmental hazards. He was instructed to seek immediate emergency care if he experiences a fall with head impact due to the risk of internal bleeding. Education was also provided on the risks associated with continued alcohol use, especially while on blood thinners, as well as the importance of improving nutritional intake with a high-protein diet and increased water consumption. Smoking cessation was discussed; however, nicotine replacement therapy was not present in the home, and the patient stated he does not plan to quit at this time. Occupational therapy assessed the patient and determined that he is at baseline for activities of daily living, functional transfers, and homemaking tasks; safety and fall-prevention education were reinforced, all OT goals were met during the visit, and no further skilled OT services are indicated. The patient would benefit from continued skilled home therapy to improve strength, endurance, and safety with functional mobility and to support a return to optimal independence.
 Date of Order 12/12/2025 Orders Physician Face-to-Face Date: 12/04/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Malignant Neoplasm Of Upper Lobe Left Bronchus Or Lung 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 Madah, Maria

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

25. Date HHA Received Signed POT

24. Physician's Name and Address
Maria Madah
1701 Twin Springs Rd
Halethorpe, MD 21227
PHONE: (800) 777-7904 FAX: 18559024974 NPI: 1952892846

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 Careplans

SN WK1: 1 (12/12/25-12/13/25) ,WK2: 2 (12/14/25-12/20/25) ,WK3: 2 (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)

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: 2. Non-agency caregiver(s) need training/supportive services to 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, 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; 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, Home Safety, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, limited range of motion, swelling of affected area, limited strength, limited endurance, balance deficit, swell/redness surround. skin

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision: Patients' son provides supervision since he lives with the patient, coordinate/arrange for maintenance of clean/uncluttered living area

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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, related medication(s) purpose, schedule, * how to optimize range of motion with active and passive therapeutic exercises manage pain/discomfort 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, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: Patient states he wants to be able to walk around the block again without getting SOB

GOALS
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 minimize chemotherapy and radiation side-effects including management of nausea or vomiting
* diarrhea
* appetite loss
* hair loss
* fatigue
* insomnia
* 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
* how to optimize range of motion with active and passive therapeutic exercises
* manage pain/discomfort
* fluid and diet intake to promote healing
* prevent constipation
* 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
* 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

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT 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)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps , Dynamic and static standing balance training, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

PT Goals

PATIENT-STATED GOAL: Return to work as a roofer

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

Signature of Physician:	Date

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

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4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

OT Careplans

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

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, 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, incentive spirometer, equipment training, work simplification/energy conservation

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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: To go back to work.

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

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