Home Health Certification and Plan of Care

Order ID: 1150/15008

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2PJ0RV6VA46	10/18/2025	From: 12/17/2025 To: 02/14/2026	18080	217058

6. Patient's Name and Address
Brent Brewer
13954 Jarretsville Pike,
PHOENIX, MD 21131-
410-935-5290

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 12/10/1951 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
M96.89	Oth intraop and postproc comp and disorders of the ms sys	10/18/25

13. ICD	Other Pertinent Diagnoses	Date
T81.31XA	Disruption of external operation (surgical) wound NEC init	10/18/25
T81.49XA	Infection following a procedure other surgical site init	10/18/25
M86.132	Other acute osteomyelitis left radius and ulna	10/18/25
I10.	Essential (primary) hypertension	10/18/25
E03.9	Hypothyroidism unspecified	10/18/25
G89.29	Other chronic pain	10/18/25
I35.0	Nonrheumatic aortic (valve) stenosis	10/18/25
F32.A	Depression unspecified	10/18/25
F41.9	Anxiety disorder unspecified	10/18/25
M19.022	Primary osteoarthritis left elbow	10/18/25
K21.9	Gastro-esophageal reflux disease without esophagitis	10/18/25
D64.9	Anemia unspecified	10/18/25
H40.89	Other specified glaucoma	10/18/25
M81.0	Age-related osteoporosis w/o current pathological fracture	10/18/25
M41.9	Scoliosis unspecified	10/18/25
J30.9	Allergic rhinitis unspecified	10/18/25
E78.5	Hyperlipidemia unspecified	10/18/25
K50.90	Crohn's disease unspecified without complications	10/18/25
Z45.2	Encounter for adjustment and management of VAD	10/18/25
Z79.2	Long term (current) use of antibiotics	10/18/25
Z79.51	Long term (current) use of inhaled steroids	10/18/25
Z98.1	Arthrodesis status	10/18/25
Z85.46	Personal history of malignant neoplasm of prostate	10/18/25

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

Voltaren - Diclofenac Sodium take 1% gel, Apply to skin topical four times a day Apply to skin topically four times a day for pain 2-gram dose
Flonase Allergy Relief - Fluticasone Propionate take 50 MCG, 1 spray in both nostrils nasal in the evening 1 spray in both nostrils in the evening for Nasal congestion
Trazodone Hydrochloride - Trazodone Hydrochloride 50 MG, take 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for Insomnia
Oxycodone Hydrochloride - Oxycodone Hydrochloride 10 MG, take 1 tablet by mouth every 6 hours Give 1 tablet by mouth every 6 hours as needed for pain 7-10
Nuzyra 150 MG, take 2 tablet by mouth once a day Give 2 tablet by mouth one time a day for for bacteria Infection Pt needs to fast 4hrs before taking medication
Florastor - Floranex 250 MG, take 1 capsule by mouth twice a day Give 1 capsule by mouth two times a day for Supplement
Acetaminophen - Acetaminophen 500 MG, take 2 tablet by mouth every 8 hours Give 2 tablet by mouth every 8 hours as needed for pain 1-3 do not exceed 3G per day
Omeprazole - Omeprazole 40 MG, take 1 capsule by mouth once a day Give 1 capsule by mouth one time a day for GERD
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg, take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day every other day for supplement
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for supplement
Clomipramine Hydrochloride - Clomipramine Hydrochloride 50 MG, Take 1 capsule by mouth once a day Give 1 capsule by mouth one time a day for pain
Latanoprost - Latanoprost take 0.005 %, Instill 1 drop in both eyes both eyes once a day Instill 1 drop in both eyes one time a day for for glaucoma
Gabapentin - Gabapentin 300 MG, take 2 capsule by mouth four times a day Give 2 capsule by mouth four times a day for neuropathy
Duloxetine Hydrochloride - Duloxetine Hydrochloride 60 MG, take 1 capsule by mouth once a day Give 1 capsule by mouth one time a day for mood
Timolol Maleate - Timolol Maleate take 0.5 %, Instill 1 drop in both eyes both eyes once a day Instill 1 drop in both eyes one time a day for eye drop
Ezetimibe - Ezetimibe 10 MG, take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for high cholesterol
Melatonin - Melatonin 3 MG, take 2 tablet by mouth once a day Give 2 tablet by mouth one time a day for sleep aid
Levothyroxine - Levothyroxine Sodium 25 MCG, take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for thyroid
Pramipexole Dihydrochloride - Pramipexole Dihydrochloride 0.125 MG, take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for parkinson related disease
Ergocalciferol - Ergocalciferol 50,000 International Units 50,000u by mouth once a week Give 1 capsule by mouth one time a week every Fri for Crohn's disease
Heparin - Heparin Sodium 5ml intravenous twice a day flush with 5ml after NSS flush
Lamprene - Clofazimine 50 mg Take 2 tablets by mouth once a day
Primaxin - Cilastatin Sodium: Imipenem 1000 Milligram intravenous every 12 hours every 12 hours for infection
Nss - Normal Saline 10 Milliliters intravenous twice a day 10 Milliliters by Intracathter route. 10 ML brfore and 10 ML after each drug administration per SAS directions or blood draw. Flush daily per lumen not in use to maintain the patency of your VAD and as needed for Patency checks, Dressing change per protocol.
Amilodipine - Amlodipine Besylate 5 milligram by mouth once a day
Heparin Lock Flush - Heparin Sodium 30 units (3 Milliliters) intravenous once a day Use a 10 Unit/Milliliter syringe 3ML(30 Units) by intracathter route with SASH method or daily per lumen when not in use to maintain the patency of your VAD

14. DME and Supplies:
bath bench, IV supplies, sling,

15. Safety Measures:
bathroom safety,

16. Nutrition:

17. Allergies:

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Johnson, Angelene SN RN on 12/16/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Benjamin Fakheri
10751 Falls Rd
Lutherville, MD 21093
PHONE: 4108473535 FAX: 14103672236 NPI: 1760700074

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 : 09/25/2025

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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low sodium

rosuvastatin

18.A. Functional Limitations
Contracture

18.B. Activities Permitted
No Restrictions,

19. Mental & Pyschosocial Status: COGNITION: 2. Accurate within 5 days, ANXIETY: , 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: 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
patient will be responsible for managing treatment

Homebound status:
Due to diagnosis of Other Intraoperative And Postprocedural Complications And Disorders Of The Musculoskeletal System, 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 73-year-old male with a complex medical history that includes osteomyelitis of the left radius and ulna, hypertension, hypothyroidism, chronic pain, anxiety, depression, osteoarthritis of the left elbow, gastroesophageal reflux disease (GERD), glaucoma, allergic rhinitis, Crohn's disease, right macular degeneration, hearing impairment, and a history of multiple orthopedic surgeries. He also has a history of disruption of an external operative wound, infection following a surgical procedure, and arthrodesis status. The patient lives alone in a single-family home but receives assistance from his daughter as needed. The patient was admitted to home health services following prolonged hospitalization and stays in rehabilitation facilities totaling approximately four months, related to osteomyelitis of the left wrist and forearm complicated by infection requiring intravenous (IV) antibiotic therapy. He currently receives Primaxin 500 mg IV every 12 hours via a peripherally inserted central catheter (PICC) located in the right upper chest for treatment of Mycobacterium abscessus-associated tenosynovitis. The PICC line site was assessed during this visit, with the dressing clean, dry, and intact, and no signs of erythema, swelling, or drainage noted. The patient is instructed to flush the line with 5 mL of saline daily to maintain patency. He retains supplies from previous IV therapy sessions. On assessment, the patient was alert and oriented 3-4 and in no acute distress. He reported left upper extremity pain rated at 4/10, stiffness, and limited active range of motion (AROM) of the left wrist and fingers. The left elbow exhibits decreased mobility due to osteoarthritis. The patient has an unsteady gait and reports dyspnea on exertion but denies dizziness or recent falls. Lung sounds were clear bilaterally, and a deep cough was noted without abnormal findings. He denies abnormal bleeding or bruising. Bowel movements are regular, and the patient noted improved stool consistency since discharge. He also reported use of an artificial urinary sphincter ("button") to aid urination, with decreased stream strength but no pain. The patient's psychiatric history includes depression and anxiety; he reports occasional shakiness but denies suicidal ideation. Visual assessment is notable for glaucoma and right macular degeneration, for which he receives ocular injections at Wilmer Eye Clinic. He ambulates without an assistive device but owns a cane for support. Medication reconciliation was performed, and the patient demonstrated good understanding of his medication regimen, identifying most drugs by both brand and generic names and describing their purpose and dosing instructions. Skilled nursing care focused on assessment of infection control, pain management, medication review, and reinforcement of proper PICC line care. Physical and occupational therapy evaluations were ordered to address weakness, balance, and functional limitations. The patient was instructed on a home exercise program including long arc quads, marching, side kicks, and mini squats, 10 repetitions 2 sets daily, to improve lower extremity strength and endurance. Education was provided regarding infection prevention, safe ambulation, proper breathing techniques for exertional dyspnea, and adherence to antibiotic therapy. The patient verbalized understanding of all instructions. Upcoming appointments include: surgical follow-up for suture removal on 10/20 at Greenspring Station, urology on 10/30, infectious disease video consultation on 10/31, and cardiology on 11/11. The plan of care includes continued skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> to monitor wound status, PICC line management, pain control, and medication compliance, along with coordination of care among his multidisciplinary team to optimize recovery and functional independence.
 Date of Order 12/16/2025 Orders Physician Face-to-Face Date: 09/25/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-iv management pt-eval & treat ot-eval & treat due to Other Intraoperative And Postprocedural Complications And Disorders Of The Musculoskeletal System Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: The patient had a surgical procedure done on the left hand due to infection and was hospitalized for 2 days. Physician Fakheri, Benjamin

SN Careplans

SN WK1: 1 (12/17/25-12/20/25) ,WK2: 1 (12/21/25-12/27/25) ,WK3: 1 (12/28/25-01/03/26) ,WK4: 1 (01/04/26-01/10/26) ,WK5: 1 (01/11/26-01/17/26) ,WK6: 1 (01/18/26-01/24/26) ,WK7: 1 (01/25/26-01/31/26) ,WK8: 1 (02/01/26-02/07/26)

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: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

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:

SN Goals

PATIENT-STATED GOAL: not to return to hospital

GOALS
patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls related medication(s) purpose, schedule

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

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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Johnson, Angelene SN RN

Date
12/16/2025

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Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: weak hand grips, swell/redness surround. skin, #2 - Non-Observable Surgical Wound - Anterior Left Wrist/Hand -

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , physician-ordered wound care: To left wrist surgical site- stitches intact, scheduled for removal on 12/29/25 at the Physician's office., infusion therapy: IV-primaxin q12 hours and amikacin m-w-f. Lab draw: CBC with differential, CMP. Fax to Johns Hopkins Infectious Disease at 410-367-3321. pharmacy: nations. Skilled nurse to change IV site/Hickman catheter dressing weekly using aseptic technique.

TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, 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, * low cholesterol dietary guidelines, related medication(s) purpose, schedule, * symptom management avoidance of conditions that exacerbate allergy, 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, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, 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, * 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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * prescribed dietary modifications monitoring intake and output monitoring weight loss or weight gain monitor changes in neurological status, related medication(s) purpose, schedule, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, related medication(s) purpose, schedule, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, related medication(s) purpose, schedule, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient living environment has adequate lighting, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals

* home safety
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prescribed dietary modifications
* monitoring intake and output
* monitoring weight loss or weight gain
* monitor changes in neurological status
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

patient living environment has adequate lighting

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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
* low cholesterol dietary guidelines
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low-fat diet
* lifestyle modifications to manage esophageal condition
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low-fat diet
* lifestyle modifications to manage esophageal condition
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* 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
* symptom management
* avoidance of conditions that exacerbate allergy
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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

meal preparation is available to patient for all meals

patient/caregiver recalls
* lifestyle modifications

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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* low-residue dietary guidelines
* alternative medicine options for ulcerative colitis
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

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
* diet
* weight-bearing exercises to promote bone healing and strengthening
* fluids to prevent constipation
* home safety
* pain control
* recalls related medication(s) purpose, schedule

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

Signature of Physician:	Date
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