Home Health Certification and Plan of Care

Order ID: 1150/14326

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36096155	11/25/2025	From: 11/25/2025 To: 01/23/2026	19822	217058

6. Patient's Name and Address

William Richardson
1940 Sidnee Dr,
EDGEWOOD, MD 21040-
443-602-1895

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 05/18/1959 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
J12.9	Viral pneumonia unspecified	11/25/25

13. ICD	Other Pertinent Diagnoses	Date
B97.89	Oth viral agents as the cause of diseases classd elswhr	11/25/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	11/25/25
I13.2	Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD	11/25/25
I50.32	Chronic diastolic (congestive) heart failure	11/25/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	11/25/25
N18.6	End stage renal disease	11/25/25
D63.1	Anemia in chronic kidney disease	11/25/25
Z99.2	Dependence on renal dialysis	11/25/25
I48.20	Chronic atrial fibrillation unspecified	11/25/25
I25.2	Old myocardial infarction	11/25/25
M45.6	Ankylosing spondylitis lumbar region	11/25/25
M06.9	Rheumatoid arthritis unspecified	11/25/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	11/25/25
M51.27	Other intervertebral disc displacement lumbosacral region	11/25/25
I65.29	Occlusion and stenosis of unspecified carotid artery	11/25/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	11/25/25
N25.81	Secondary hyperparathyroidism of renal origin	11/25/25
E78.5	Hyperlipidemia unspecified	11/25/25
R91.1	Solitary pulmonary nodule	11/25/25
E66.9	Obesity unspecified	11/25/25
Z79.01	Long term (current) use of anticoagulants	11/25/25
Z79.4	Long term (current) use of insulin	11/25/25
Z79.82	Long term (current) use of aspirin	11/25/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	11/25/25
Z95.5	Presence of coronary angioplasty implant and graft	11/25/25
Z98.1	Arthrodesis status	11/25/25

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

albuterol-ipratropium 0.5-2.5 (3) mg/3mL nebulizer solution,Take 3 mLs by mouth four times a day SOB
CEPACOL 15-3.6 MG Lozg lozenge Dissolve 1 by mouth every 4 hours as needed for up to 14 days. COUGH
Sevelamer Carbonate - Sevelamer Carbonate 800 MG tablet Take 3 tablets by mouth three times a day ESRD
Lipitor - Atorvastatin Calcium Take 80 mg tablet by mouth at bedtime For hyperlipidemia
Norvasc - Amlodipine Besylate 10 MG tablet Take 10 mg by mouth once a day HTN
Nitrostat - Nitroglycerin 0.4 mg tablet Place 1 tablet by mouth as necessary under the tongue every 5 min
as needed for Chest Pain.
Pantoprazole - Pantoprazole Sodium 40 mg tablet Take 1 tablet by mouth twice a day GERD
Tylenol - Acetaminophen 325 mg tablet Take 2 tablets by mouth every 6 hours as
needed. PAIN
Aspirin - Aspirin 81 MG chewable tablet Take 81 mg by mouth once a day HEART
Robitussin Dm - Chlorpheniramine Polistirex: Hydrocodone Polistirex 100-10 mg/5mL Syrp Take 10 mLs by mouth every 4 hours as
needed. COUGH
Percocet - Acetaminophen: Oxycodone Hydrochloride 10-325 mg tablet, Take 1 tablet by mouth every 8 hours as needed for Pain
Sensipar - Cinacalcet Hydrochloride 90 MG Tabs Take 1 tablet by mouth as necessary every monday,
wednesday & friday
Gabapentin - Gabapentin Take 100 mg capsule by mouth at bedtime NUERO PAIN
Oxygen - Oxygen 2 litre nasal cannula continuous RESPIRATORY FAILURE
Miralax - Polyethylene Glycol 3350 17 g packet Take 1 packet by mouth once a day STOOL SOFTENER
Methocarbamol - Methocarbamol Take 750 mg tablet by mouth four times a day MUSCLE RELAXANT
Cozaar - Losartan Potassium Take 100 mg tablet by mouth once a day HTN
Rocaltrol - Calcitriol 0.5 MCG capsule Take 3 capsules by mouth as necessary by mouth every monday,
wednesday & friday.
Apresoline - Hydralazine Hydrochloride 50 MG tablet Take 75 mg by mouth three times a day HTN
Carvedilol - Carvedilol Take 25 mg tablet by mouth twice a day HTN
Benzonatate - Benzonatate e 100 MG capsule Take 1 capsule by mouth three times a day as needed for Cough for up to 14 days.
Bumetanide - Bumetanide Take 2 mg tablet by mouth once a day FLUID PILL
Rena-Vite - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Take 1 tablet by mouth once a day SUPPLEMENT
Senna - Senna 8.6 MG Tabs Take 2 tablets by mouth at bedtime STOOL SOFTNER
Coumadin - Warfarin Sodium 7.5 mg take 1 tablet by mouth once a day Take 7.5mg daily except for Mondays, take 11.5mg.
Humalog 70/30 - Insulin Lispro Recombinant inject 20 units subcutaneous twice a day T2DM
Humalog - Insulin Lispro Recombinant 100 units/ml inject 0-5 units subcutaneous before meal SLIDING SCALE. 0-160 =0units, 161-220 = 1 unit, 221-280 = 2 units, 281-340 = 3 units, 341-400 = 4 units if BS is >400, give 5 units. if BS is <70 or >400mg/dl, notify provider/Max daily dose 15 units.

14. DME and Supplies:
oxygen supplies, diabetic supplies, walker

15. Safety Measures:
diabetic precautions, ambulates with device, bathroom safety,

16. Nutrition:
low sodium, regular, diabetic

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/25/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Robert Knight
104 Plumtree Rd
Belair, MD 21015
PHONE: 4105694224 FAX: 14105694368 NPI: 1639258932

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 : 11/19/2025

27. Attending Physician's Signature and Date Signed **12/04/2025**: 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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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: 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 Viral Pneumonia 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 is a 66-year-old man with a significant medical history including end-stage renal disease on hemodialysis (Monday/Wednesday/Friday), chronic heart failure, chronic renal failure, type 2 diabetes mellitus, and hypertension. He was recently hospitalized for respiratory distress and generalized weakness and is now receiving home health services for continued management and monitoring. On assessment, he was alert and oriented 4 and currently requires 2 L/min of oxygen via nasal cannula; he has both a stationary concentrator and a portable oxygen tank available in the home. Respiratory assessment revealed a persistent dry cough without acute distress. He reports chronic lower-back pain rated 5/10, which he manages with his prescribed analgesics. The patient is maintained on Coumadin therapy and attends the Coumadin clinic at MedStar Franklin Square Hospital every two weeks for PT/INR monitoring. He independently monitors his blood glucose before meals and reports no recent episodes of hypoglycemia. Functionally, he ambulates slowly without an assistive device inside the home but uses a walker for stability and safety when ambulating outdoors. During today's visit, medication adherence, oxygen safety, fall-prevention strategies, signs and symptoms of fluid overload or respiratory compromise, anticoagulation precautions, and diabetes self-management were reviewed in detail. Education included when to notify the provider (e.g., worsening shortness of breath, increased cough with sputum, dizziness, abnormal blood glucose readings, bleeding/bruising, or missed dialysis). The plan of care includes ongoing skilled nursing for cardiopulmonary assessment, medication and anticoagulation monitoring, reinforcement of diabetic education, respiratory assessment and oxygen-use safety, and coordination with the dialysis team and primary care provider to ensure continuity of care.
 Date of Order 11/25/2025 Orders Physician Face-to-Face Date: 11/19/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat due to Viral Pneumonia 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 Knight, Robert

SN Careplans

SN WK1: 1 (11/25/25-11/29/25)

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: 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: A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, heartburn/indigestion, muscle weakness, Pain Interference with ADLs, balance deficit

PROCEDURES: Medication Review: Medication reviewed with patient/caregiver., cough/deep breathing exercises, incentive spirometer, glucose testing via monitor

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, * 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 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * 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, 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 transportation needs are met

SN Goals

PATIENT-STATED GOAL: To breathe with ease.

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

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* 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 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

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

Signature of Physician:

Date

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

Date
11/25/2025

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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 transportation needs are met

Signature of Physician:	Date
	PAGE 3 of 3
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