Home Health Certification and Plan of Care

Order ID: 1150/15073

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
83210083	12/23/2025	From: 12/23/2025 To: 02/20/2026	20718	217058

6. Patient's Name and Address

Erick Lindo
16 Bryans Mill Way,
CATONSVILLE, MD 21228-
813-454-5772

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 02/16/1951 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	12/23/25

13. ICD	Other Pertinent Diagnoses	Date
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	12/23/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	12/23/25
N18.31	Chronic kidney disease stage 3a	12/23/25
E78.5	Hyperlipidemia unspecified	12/23/25
E03.9	Hypothyroidism unspecified	12/23/25
E66.9	Obesity unspecified	12/23/25
Z68.38	Body mass index [BMI] 38.0-38.9 adult	12/23/25
Z95.1	Presence of aortocoronary bypass graft	12/23/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	12/23/25
Z79.82	Long term (current) use of aspirin	12/23/25
Z79.02	Long term (current) use of antithrombotics/antiplatelets	12/23/25
Z87.891	Personal history of nicotine dependence	12/23/25

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

Astelin - Azelastine Hydrochloride 0.1 % nasal solution,1 spray topical as necessary
Zyrtec - Cetirizine Hydrochloride 10 mg oral tablet by mouth at bedtime 10 mg, nightly PRN
Flonase - Fluticasone Propionate 50 MCG/ACT nasal spray,2 sprays topical once a day 2 sprays, 1 time daily
Synthroid - Levothyroxine Sodium 100 mcg oral tablet by mouth as necessary
Acetaminophen - Acetaminophen 500 MG tablet,take 2 tablet by mouth every 6 hours 500 MG tablet
Take 2 tablets by mouth every 6 hours for 7
days. And then as needed for pain
Amiodarone - Amiodarone Hydrochloride 200 MG tablet Take 1 tablet by mouth twice a day 200 MG tablet
Take 1 tablet by mouth 2 times daily for 5 days,
THEN 1 tablet daily
Aspirin - Aspirin 81 MG chewable tablet Take 1 tablet by mouth once a day 81 MG chewable tablet
Take 1 tablet by mouth daily.
Clopidogrel - Clopidogrel 75 mg tablet Take 1 tablet by mouth once a day 75 mg tablet
Take 1 tablet by mouth daily.
Commonly known as: PLAVIX
Start taking on: December 20, 2025
Furosemide - Furosemide 40 MG tablet Take 1 tablet by mouth once a day 40 MG tablet
Take 1 tablet by mouth daily for 10 days.
Metoprolol Succinate - Metoprolol Succinate 50 MG tablet,Take 1 tablet by mouth once a day 50 MG tablet extended
release 24 HR
Take 1 tablet by mouth daily
Polyethylene Glycol - Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 17 g packet Take 1 packet by mouth once a day 17 g packet
Take 1 packet by mouth 1 time daily as needed
for Constipation. Stir and dissolve 1 packet in
any 4-8 ounces of non-carbonated beverage.
Potassium Chloride - Potassium Chloride 20 MEQ tablet,Take 1 tablet by mouth once a day 20 MEQ tablet extended
release
Take 1 tablet by mouth daily for 10 days. Take
with lasix
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG capsule Take 1 capsule by mouth in the evening 0.4 MG capsule
Take 1 capsule by mouth every evening.

14. DME and Supplies:

urinary/catheter supplies

15. Safety Measures:

emergency phone # clearly displayed, bathroom safety, transfer with assist, medication safety, cardiac precautions, standard precautions, fall precautions, bleeding precautions, activity supervision, Foley precautions , Sternal precautions

16. Nutrition:

low sodium, cardiac diet

17. Allergies:

levothyroxine statins tadalafil

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation, Endurance

18.B. Activities Permitted

Exercises Prescribed, 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/23/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Abigail Hamilton
1701 Twin Springs Rd
Halthorpe, MD 21227
PHONE: 410-737-5000 FAX: 14107375401 NPI: 1821592817

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 : 12/19/2025

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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Homebound status: Due to diagnosis of Encounter for surgical aftercare following surgery on the circulatory 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 74-year-old male status post quadruple CABG on 12/15 at Saint Joseph's Hospital, with a past medical history significant for hypertension, hypothyroidism, hyperlipidemia, chronic kidney disease stage 3, cerebrovascular accident, and a history of smoking. He resides in a townhouse with his wife, who serves as his full-time caregiver, and his daughter. The patient is a full code and currently has no active allergies. He has a 16 French Foley catheter in place due to postoperative urinary retention, with a follow-up voiding trial scheduled with his urologist on 12/29. Postoperative appointments include a surgical follow-up on 1/13, cardiology on 12/30, and a chest X-ray on 1/8. He exhibits +3 edema in the left leg, bruising to the posterior left thigh, and a sternum incision from the surgery. Medications are present in the home, and he was educated on a low-sodium diet. Prior to hospitalization, the patient ambulated independently without assistive devices and was working as a mechanic. At the time of evaluation, he demonstrates decreased bilateral lower-extremity strength (3/5 MMT), requires supervision for transfers and short-distance ambulation without an assistive device, and reports fatigue and difficulty sleeping. He was instructed in pursed-lip and box breathing techniques for breath control. Skilled physical therapy is medically necessary to improve strength, balance, and functional mobility, enhance safety, and support a return to his prior level of function.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 12/23/2025<o:p></o:p> Physician Face-to-Face Date: 12/19/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat dx: Encounter for surgical aftercare following surgery on the circulatory system
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
 1 - SOC - SN Notes: <o:p></o:p> PT Eval Notes:<o:p></o:p> Physician: Hamilton, Abigail

SN Careplans

SN WK1: 1 (12/23/25-12/27/25) ,WK2: 2 (12/28/25-01/03/26) ,WK3: 2 (01/04/26-01/10/26) ,WK4: 1 (01/11/26-01/17/26) ,WK5: 1 (01/18/26-01/24/26) ,WK6: 1 (01/25/26-01/31/26)

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: 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, dependent edema, M1400 - Dyspnea, urine retention, M1610 - Urinary Catheter, muscle weakness, swelling of affected area, limited strength, limited endurance, obesity, bruising/discoloration, #1 - Observable Surgical Wound - Other - Sternal - Surgical incision s/p CABG, #2 - Observable Surgical Wound - Other - Left upper calf - Surgical incision s/p CABG, #3 - Observable Surgical Wound - Other - Left lower calf - Surgical incision s/p CABG

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer: Patient demonstrated proper use of his IS and can teaches back the importance of using it multiple times daily., physician-ordered wound care: To surgical incision sites, Shower daily and clean incisions with soap and water once a day and pat dry (do not rub) with a clean washcloth. No baths for 2 weeks after the surgery., monitor intake & output, catheter change, care & irrigation: Instruct on signs/symptoms of infection. Patient to follow up with urologist for management of catheter. No orders for skilled nurse to change the catheter., teach/coordinate/arrange medication packaging and/or administration

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 medicatio, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, 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, sch, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, sch, * how to keep journal of food and fluid intake healthy meal plan tips exercise program nutritional knowledge, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

SN Goals

PATIENT-STATED GOAL: Patient wants to have his foley removed.

GOALS
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
* 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, sch

patient/caregiver recalls
* how to keep journal of food and fluid intake
* healthy meal plan tips
* exercise program
* nutritional knowledge
* 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 medicatio

patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter

Signature of Physician:

Date

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

Date: 12/23/2025

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positioning of catheter
* recalls related medication(s) purpose, sch

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

caregiver administers and/or packages medications appropriately

PT Careplans

PT WK1: 1 (12/23/25-12/27/25) ,WK2: 1 (12/28/25-01/03/26) ,WK3: 1 (01/04/26-01/10/26) ,WK4: 1 (01/11/26-01/17/26) ,WK5: 1 (01/18/26-01/24/26) ,WK6: 1 (01/25/26-01/31/26) ,WK7: 1 (02/01/26-02/07/26) ,WK8: 1 (02/08/26-02/14/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, GG0170J1 - Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, GG0130A1 - Eating - 06. Independent, GG0170P1 - Picking Up Object - 02. Substantial/maximal assistance, GG0170O1 - 12 Steps - 02. Substantial/maximal assistance, GG0170N1 - 4 Steps - 02. Substantial/maximal assistance, GG0170M1 - 1 - Step (curb) - 02. Substantial/maximal assistance, GG0170L1 - Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, GG0170K1 - Walk 150 Feet - 02. Substantial/maximal assistance, GG0130B1 - Oral Hygiene - 03. Partial/moderate assistance, GG0170I1 - Walk 10 Feet - 02. Substantial/maximal assistance, GG0170G1 - Car Transfer - 05. Setup or clean-up assistance, GG0170E1 - Chair to Bed to Chair - 05. Setup or clean-up assistance, GG0170D1 - Sit to Stand - 05. Setup or clean-up assistance, GG0130C1 - Toileting Hygiene - 03. Partial/moderate assistance, GG0170F1 - Toilet Transfer - 03. Partial/moderate assistance, GG0130E1 - Shower/Bathe Self - 03. Partial/moderate assistance, GG0130H1 - Don/Doff Footwear - 03. Partial/moderate assistance, GG0130G1 - Lower Body Dressing - 03. Partial/moderate assistance, GG0130F1 - Upper Body Dressing - 03. Partial/moderate assistance

PROCEDURES: Medication Review- : - medications reviewed with patient/caregiver, cough/deep breathing exercises, incentive spirometer, work simplification/energy conservation, strengthening exercises, gait training/stair training, transfers training

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 medicatio, * 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 relaxatio, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Medication Review

PT Goals

PATIENT-STATED GOAL: To be able to walk without help

GOALS
Chair to Bed to Chair - 06. Independent

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 medicatio

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 relaxatio

Sit to Stand - 06. Independent

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 06. Independent

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Medication Review

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/23/2025