Home Health Certification and Plan of Care

Order ID: 1150/15272

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2V72A09KY15	01/06/2026	From: 01/06/2026 To: 03/06/2026	21090	217058

6. Patient's Name and Address

Gordon Stemler
28 ALANBROOKE CT APT B,
TOWSON, MD 21286-
410-935-6211

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 11/25/1937 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J96.21	Acute and chronic respiratory failure with hypoxia	01/06/26

13. ICD	Other Pertinent Diagnoses	Date
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	01/06/26
G10.	Huntington's disease	01/06/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	01/06/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	01/06/26
I10.	Essential (primary) hypertension	01/06/26
E78.5	Hyperlipidemia unspecified	01/06/26
J43.9	Emphysema unspecified	01/06/26
I05.9	Rheumatic mitral valve disease unspecified	01/06/26
I77.819	Aortic ectasia unspecified site	01/06/26
I70.0	Atherosclerosis of aorta	01/06/26
I45.2	Bifascicular block	01/06/26
H91.90	Unspecified hearing loss unspecified ear	01/06/26
R91.1	Solitary pulmonary nodule	01/06/26
Z85.118	Personal history of malignant neoplasm of bronchus and lung	01/06/26
Z99.81	Dependence on supplemental oxygen	01/06/26
Z87.891	Personal history of nicotine dependence	01/06/26
Z87.01	Personal history of pneumonia (recurrent)	01/06/26
Z91.81	History of falling	01/06/26
Z97.4	Presence of external hearing-aid	01/06/26

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

Metoprolol Succinate - Metoprolol Succinate eq 50 mg tartrate 50mg ; 1 tab by mouth once a day blood pressure
Aspirin - Aspirin 81 MG tablet, take 81 mg by mouth once a day Take 81 mg by mouth daily
Lipitor - Atorvastatin Calcium eq 10 mg base Take 10 MG tablet; 1 tab by mouth once a day Take 10 mg by mouth daily
Cozaar - Losartan Potassium 25 mg 25 MG tablet,Take 25 mg by mouth once a day Take 25 mg by mouth daily
Risperdal - Risperidone 1 mg; 1 tab by mouth in the morning Take 1 mg by mouth daily after breakfast.
Risperdal - Risperidone 1 mg; Take 1.5 mg by mouth at bedtime Take 1.5 mg by mouth at hour of sleep. (1 and 1/2 tablets)
Oxygen - Oxygen 03 litres nasal cannula continuous
Fluticasone-Umeclidin-Vilant (TRELEGY ELLIPTA) 0100-62.5-25 MCG/ACT AEPB,Take 100 mcg inhalant once a day Take 100 mcg by inhalation daily.
Centrum Multivitamin - Ascorbic Acid: Biotin: Cyanocobalamin: Ergocalciferol: Folic Acid: Niacinamide: Pantothenic Acid: Phytonadione: Pyridoxine: Ribo 0Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Insulin Glargine-Lixisenatide 0100-33 UNTMCG/ML SOPN,Inject 20 Units subcutaneous in the morning Inject 20 Units into the skin every morning.

14. DME and Supplies:

grab bars, diabetic supplies

15. Safety Measures:

diabetic precautions, , , , ambulates with assistance, transfer with assist, supervision at all times, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

gramineae pollins grass

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Exercises Prescribed, 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: 1. In new or complex situations only, 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: 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 Acute And Chronic Respiratory Failure With Hypoxia , 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 was recently admitted to an inpatient facility for treatment of pneumonia following a fall on 12/28 that was associated with agonal breathing and decreased responsiveness. Past medical history is significant for Huntington disease, chronic obstructive pulmonary disease (COPD), chronic hypoxia requiring continuous oxygen at 2-3 L/min since 2023, history of pneumonia, type 2 diabetes mellitus, lung nodules including a left lower lobe nodule status post endobronchial ultrasound (EBUS) biopsy in 2023 revealing a carcinoid tumor, and a history of smoking. The patient's spouse provides assistance with all activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Skilled nursing services were initiated with a frequency of 1 visit per week for 2 weeks, followed by 1 visit per week for 1 week, and then 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> per week as ordered. Physical therapy and occupational therapy evaluations were also ordered. At the time of assessment, the patient was alert and oriented. Fingerstick blood glucose was last recorded at 110 mg/dL. The patient denied pain and shortness of breath. <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-14 CE-FMS-Oxygen">Oxygen</mh> saturation was 99% on 3 L/min via nasal cannula. Lung sounds were diminished throughout without signs of acute respiratory distress. The patient reported a good appetite, with last bowel movement occurring the day prior to assessment. Involuntary movements consistent with Huntington disease were observed, and the patient demonstrated an unsteady gait. The patient is not currently using an assistive device for ambulation, raising safety concerns. Skilled nursing reviewed all current medications with the patient and spouse, including medication names, dosages, frequencies, and pertinent side effects. Education related to pneumonia,

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/06/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Vincent Wroblewski
1623 Bellona Ave
Lutherville Timonium, MD 21093
PHONE: 4102524406 FAX: 14102525655 NPI: 1780676775

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 : 01/03/2026

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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including disease process, monitoring for signs and symptoms of recurrence or worsening, and the importance of adherence to the treatment plan, was initiated. The spouse manages the patient's medications and was receptive to all instructions provided. An occupational therapy evaluation was completed. The patient has a known diagnosis of Huntington disease and experiences occasional falls but has historically been able to recover independently from the floor. Current medications have been effective in helping to control involuntary movements. Following the recent hospitalization, the patient is functioning at his baseline level. Safety education was provided, including strong recommendations for use of a walker due to unsteady gait. Additional recommendations included obtaining a shower chair or transfer bench to improve safety and thoroughness during bathing, as well as consideration of weighted utensils if needed to assist with self-feeding. All occupational therapy goals were met during the evaluation visit, and no further skilled OT services were indicated at that time. 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 respiratory status, oxygen use, chronic conditions, and overall safety, reinforcement of pneumonia-related education, and coordination with physical therapy to address gait instability and fall risk. The spouse will continue to assist with ADLs, IADLs, and medication management, with ongoing education and support to promote patient safety and prevent rehospitalization.
 Date of Order 01/06/2026 Orders Physician Face-to-Face Date: 01/03/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat due to Acute And Chronic Respiratory Failure With Hypoxia 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 OT Eval Notes:
 Physician Wroblewski, Vincent

SN Careplans

SN WK1: 1 (01/06/26-01/10/26) ,WK2: 2 (01/11/26-01/17/26) ,WK3: 1 (01/18/26-01/24/26) ,WK4: 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: 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, lung sounds not clear, limited strength, limited endurance, involuntary movement of extremity, balance deficit, weak hand grips

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver., cough/deep breathing exercises

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, * 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, * how to keep home safe for patient with dementia coping strategies for the caregiver, 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 hearing-impaired including installing special fire-detector/C O2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: TO GET BACK TO BASELINE

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 medicatio

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

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 keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* 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
* 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

meal preparation is available to patient for all meals

OT Careplans

OT WK1: 1 (01/06/26-01/10/26)

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

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, Oral Hygiene - 06. Independent, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03.

OT Goals

PATIENT-STATED GOAL: He ia about the same-no goals (wife)

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 medicatio

Oral Hygiene - 06. Independent

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/06/2026

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Partial/moderate assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 05. Setup or clean-up assistance, Upper Body Dressing - 06. Independent	Toileting Hygiene - 05. Setup or clean-up assistance Shower/Bathe Self - 03. Partial/moderate assistance Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Eating - 05. Setup or clean-up assistance Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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