Home Health Certification and Plan of Care

Order ID: 1150/15351

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
91148947	01/08/2026	From: 01/08/2026 To: 03/08/2026	2024	217058

6. Patient's Name and Address

Thomas Rainville
3438 Arcadia Drive,
Ellicott City, MD 21042-
410-207-8303

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 08/28/1941 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I82.401	Acute embolism and thombos unsp deep veins of r low extrem	01/08/26

13. ICD	Other Pertinent Diagnoses	Date
S30.12XD	Contusion of groin	01/08/26
N17.9	Acute kidney failure unspecified	01/08/26
G20.C	Parkinsonism unspecified	01/08/26
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	01/08/26
I44.1	Atrioventricular block second degree	01/08/26
R00.1	Bradycardia unspecified	01/08/26
Z79.899	Other long term (current) drug therapy	01/08/26
Z79.01	Long term (current) use of anticoagulants	01/08/26
Z95.0	Presence of cardiac pacemaker	01/08/26
Z91.81	History of falling	01/08/26

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

Eliquis - Apixaban 5 MG, Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for DVT
Quetiapine Fumarate - Quetiapine Fumarate 25 MG, Give 1 tablet by mouth in the evening Give 1 tablet by mouth in the evening for Agitation
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG, Give 2 capsule by mouth at bedtime Give 2 capsule by mouth at bedtime for BPH

14. DME and Supplies:

rolling walker, hand held shower, bath bench, walker, grab bars, commode, hospital bed, 4 wheeled walker, wheelchair,

15. Safety Measures:

walker precautions, smoke detectors , emergency phone # clearly displayed, bedrails up while in bed, bathroom safety, , ambulates with device, ambulates with assistance, cardiac precautions, hand rails, , supervision at all times, transfer with assist, wheelchair precautions, , , , activity supervision

16. Nutrition:

regular

17. Allergies:

Ciprofloxacin

18.A. Functional Limitations

Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Walker, Wheelchair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time., ANXIETY: 4. Constantly, SOCIAL ISOLATION: 8. Patient unable to respond, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions!4. Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects)!5. Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions)!6. Delusional, hallucinatory, or paranoid behavior, 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 Embolism And Thrombosis Of Unspecified Deep Veins Of Right Lower Extremity, 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 an 84-year-old male with a past medical history significant for dementia, Parkinson's disease, hypertension, prostate cancer, acute kidney failure, and bradycardia status post implantable cardioverter-defibrillator/pacemaker placement. He recently presented to the hospital with altered mental status and frequent falls; per his wife, he was more confused than his baseline, became intermittently aggressive, and experienced visual hallucinations. During hospitalization, his medications were adjusted and he was found to have a right lower extremity deep vein thrombosis. He was discharged to subacute rehabilitation and subsequently discharged to his son's home for 24-hour supervision and care. The patient resides on the first floor of his son's home in his own room and sleeps in a hospital bed. All prescribed medications were present in the home at the time of the visit. The skilled nurse provided caregiver education focused on safety and behavioral management in the home setting given the patient's cognitive impairment, fall history, and nighttime wandering risk. The caregiver was instructed on establishing a consistent daily routine for meals and sleep, implementing environmental safety measures such as childproof locks on doors, and using a bell or alert system on the patient's bedroom door to monitor nighttime mobility. Additional education included maintaining a well-lit environment during daytime hours to support orientation and safety, dimming lights during the evening to promote sleep hygiene, and discussing the option of melatonin for sleep support with the patient's provider as appropriate. Functionally, the patient demonstrates significant limitations due to impaired balance, reduced mobility, and difficulty with sequencing related to dementia. He requires assistance for functional ambulation using a rolling walker and also utilizes a wheelchair for mobility. He requires moderate assistance for sit-to-stand and toilet transfers with verbal cueing for proper limb placement and task sequencing, and he requires maximal assistance for bathing and dressing. The patient remains at high risk for falls and requires continued 24-hour supervision. The plan of care includes ongoing skilled nursing to reinforce medication management and safety education, monitor for changes in cognition/behavior and fall risk, and support caregiver training to promote safe mobility and daily routine within the home.
 Date of Order 01/08/2026 Orders Physician Face-to-Face Date: 12/23/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Acute Embolism And Thrombosis Of Unspecified Deep Veins Of Right Lower Extremity Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/08/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Shanita Chase
3319 W Belvedere Ave
Baltimore, MD 21215
PHONE: 410-737-5000 FAX: 14107375401 NPI: 1487650891

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 : 12/23/2025

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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 1 - SOC - SN Notes: soc OT Eval Notes:
 Physician Chase , Shanita

SN Careplans

SN WK1: 1 (01/08/26-01/10/26) ,WK2: 2 (01/11/26-01/17/26) ,WK3: 2 (01/18/26-01/24/26) ,WK4: 1 (01/25/26-01/31/26) ,WK5: 1 (02/01/26-02/07/26) ,WK6: 1 (02/08/26-02/14/26)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 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: M1720 - Anxiety, M1745 - Behavioral Issues, M1700 - Cognition, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M2020 - Oral Med Management, M1033 - Exhaustion, dependent edema, M1400 - Dyspnea, M1033 - Unintentional Weight Loss, M1620 - Bowel Incontinence, M1600 - UTI, poor muscle tone, limited range of motion, muscle spasms, limited endurance, limited strength, muscle weakness, withdrawal from conversations, daytime fatigue, difficulty sleeping, lethargy, weak hand grips, balance deficit, involuntary movement of extremity

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related m, * strategies to increase caloric intake, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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, caregiver administers and/or packages medications appropriately

SN Goals

PATIENT-STATED GOAL: Patient wants to learn ho2 to take care of her colostomy so she can leave the home and not worry about it leaking or smelling.

GOALS
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 cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* 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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related m

patient/caregiver recalls
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* 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

caregiver administers and/or packages medications appropriately

OT Careplans

OT WK1: 1 (01/08/26-01/10/26) ,WK2: 1 (01/11/26-01/17/26) ,WK3: 1 (01/18/26-01/24/26) ,WK4: 1 (01/25/26-01/31/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400

PROCEDURES: Patient/caregiver recalls related purpose and schedule of medications: Reviewed medications , cough/deep breathing exercises, therapeutic exercises, 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

OT Goals

PATIENT-STATED GOAL: Wants patient to be able to dress himself

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/08/2026