Home Health Certification and Plan of Care

Order ID: 1150/14696

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
10043376	12/05/2025	From: 12/05/2025 To: 02/02/2026	19993	217058

6. Patient's Name and Address

Richard Brooks
2825 Lodge Farm Road, Rm 207,
Edgemere, MD 21219-
443-801-4982

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 06/19/1950 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	12/05/25

13. ICD	Other Pertinent Diagnoses	Date
J18.9	Pneumonia unspecified organism	12/05/25
J44.0	Chr obstructive pulmon disease with (acute) lower resp infct	12/05/25
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	12/05/25
I50.23	Acute on chronic systolic (congestive) heart failure	12/05/25
I50.32	Chronic diastolic (congestive) heart failure	12/05/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	12/05/25
N18.9	Chronic kidney disease u	12/05/25
D63.1	Anemia in chronic kidney disease	12/05/25
J96.11	Chronic respiratory failure with hypoxia	12/05/25
I48.0	Paroxysmal atrial fibrillation	12/05/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	12/05/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	12/05/25
C91.10	Chronic lymphocytic leuk of B-cell type not achieve remis	12/05/25
C34.90	Malignant neoplasm of unsp part of unsp bronchus or lung	12/05/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	12/05/25
E87.1	Hypo-osmolality and hyponatremia	12/05/25
D50.9	Iron deficiency anemia unspecified	12/05/25
G89.29	Other chronic pain	12/05/25
F41.9	Anxiety disorder unspecified	12/05/25
E78.5	Hyperlipidemia unspecified	12/05/25
Z79.01	Long term (current) use of anticoagulants	12/05/25
Z99.81	Dependence on supplemental oxygen	12/05/25
Z79.4	Long term (current) use of insulin	12/05/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	12/05/25

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

Melatonin - Melatonin 3 mg oral tablet by mouth at bedtime Sleep pill
Furosemide - Furosemide 40 mg oral tablet, take 1 tablet by mouth once a day Fluid pill
Pregabalin - Pregabalin a 100 mg oral capsule, take 1 cap by mouth at bedtime Neuropathy
Acetaminophen - Acetaminophen 500 mg oral tablet by mouth every 8 hours As needed for pain
Albuterol - Albuterol 90 mcg/inh inhalation aerosol inhalant as necessary SOB and Wheezing
Fluticasone - Fluticasone Furoate Trelegy Ellipta 100 mcg-62.5 mcg-25 mcg/inh, take 1 puff inhalation inhalant as necessary for 90 Day(s)
Sodium chloride 1000mg, take 2 tablets by mouth twice a day
Reglan - Metoclopramide Hydrochloride 10mg, take 1 tablet by mouth every 6 hours
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 15 mg oral tablet, take 1 tablet by mouth as necessary as needed for pain, every 4-6 hours
Morphine - Morphine Sulfate 10 mg, Take 1 tablet by mouth once a day For pain
Humalog - Insulin Lispro Recombinant 100 units/mL injectable solution) intravenous before meal Sliding Scale 151-200 = 0
201-2590 = 2 units,
251-300 = 4 units
301-350= 6 units
351 - 400 = 8 units, call MD.
Amiodarone - Amiodarone Hydrochloride 200 mg oral tablet, take 1 tablet by mouth once a day
Atorvastatin - Atorvastatin Calcium 40 mg oral tablet, take 1 tablet by mouth at bedtime Cholesterol
Escitalopram - Escitalopram Oxalate 5 mg oral tablet, Take 1 tablet by mouth once a day
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg (65 mg elemental iron) oral tablet):, take 1 tablet by mouth once a day Every Other Day
Fexofenadine - Fexofenadine Hydrochloride 180 mg oral tablet, take 1 tablet by mouth once a day
Multivitamins - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Take 1 tablet by mouth once a day supplement
Metformin - Metformin Hydrochloride 500 mg oral tablet, take 1 tablet by mouth twice a day with breakfast and dinner for T2DM
Pantoprazole - Pantoprazole Sodium 40 mg oral delayed release tablet, Take 1 tablet by mouth once a day
Sucralfate - Sucralfate 1 g oral tablet, Take 1 tablet by mouth once a day
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg oral capsule, take 1 capsule by mouth once a day BPH
Xarelto - Rivaroxaban 20 mg oral tablet, take 1 tablet by mouth once a day WITH DINNER
Oxygen - Oxygen 4 litres nasal cannula continuous sob, wheezing
Caltrate - Calcium Acetate 600mg, take 1 tablet by mouth once a day supplement
Spironolactone - Spironolactone 25 mg take half tablet (12.5mg) by mouth once a day fluid pill
Sennosides - Senna 25mg by mouth in the evening For constipation.
Guaifenesin - Guaifenesin 600mg by mouth twice a day For chest congestion. (Over the counter).

14. DME and Supplies:

wheelchair, diabetic supplies, bath bench, walker, grab bars, commode, oxygen supplies, hospital bed, cane

15. Safety Measures:

diabetic precautions, , wheelchair precautions, , hand rails, cardiac precautions, bathroom safety, , activity supervision

16. Nutrition:

renal diet, low sodium, diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Hearing, Ambulation

18.B. Activities Permitted

Up As Tolerated, Wheelchair

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: fair

22. A Rehabilitation Potential:

22.B.Discharge Plans

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/05/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Narender Bharaj
8901 Clement Ave
Baltimore, MD 21234
PHONE: 4106614670 FAX: 14106614671 NPI: 1083682074

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 : 11/22/2025

27. Attending Physician's Signature and Date Signed **01/08/2026**: 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.

Home Health Certification and Plan of Care

Order ID: 1150/14696

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
10043376	12/05/2025	From: 12/05/2025 To: 02/02/2026	19993	217058

6. Patient's Name and Address
Richard Brooks
2825 Lodge Farm Road, Rm 207,
Edgemere, MD 21219-
443-801-4982

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

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.

patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Chronic Obstructive Pulmonary Disease With Acute Exacerbation, 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 75-year-old male with a significant past medical history of atrial fibrillation, chronic obstructive pulmonary disease (COPD), coronary artery disease, gastroesophageal reflux disease, and type 2 diabetes mellitus. He is alert and oriented 4. He was recently hospitalized for acute hypoxic respiratory failure secondary to a COPD exacerbation and was treated with antibiotics and corticosteroids. He is currently maintained on continuous 4 L/min of oxygen via nasal cannula. The patient resides in an assisted living facility with his son, who serves as his primary caregiver. On assessment, lung sounds were diminished bilaterally, bowel sounds were active, and the patient reported intermittent nausea, vomiting, shortness of breath, headache, and generalized pain rated 7/10. Skin was warm and intact except for excoriation noted on the bilateral inner thighs, for which Calmoseptine ointment was applied daily. He is hard of hearing but has an upcoming audiology appointment. He uses a bedside commode and was observed to have +4 bilateral lower-extremity edema; he takes two diuretic tablets daily with frequent urination, evidenced by four voids during the start-of-care visit. The patient is markedly weak and requires assistance to transfer from the chair to the bedside commode. His son reports that the patient is wheelchair-dependent for mobility despite having a walker and cane available. Education was provided on proper insulin administration, medication adherence, potential side effects, and the importance of leg elevation to reduce edema. The patient currently demonstrates decreased standing balance, reduced activity tolerance, limited bilateral upper-extremity strength, and impaired functional mobility, resulting in decreased independence with self-care and transfers. Skilled occupational therapy services are recommended to address these functional deficits and assist the patient in progressing toward his prior baseline level of independence.
 Date of Order 12/05/2025 Orders Physician Face-to-Face Date: 11/22/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat, OT eval and treat due to Chronic Obstructive Pulmonary Disease With Acute Exacerbation 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 PT Eval Notes: OT Eval Notes: Physician Bharaj, Narender

SN Careplans

SN WK1: 1 (12/05/2025 - 12/06/2025), WK2: 1 (12/07/2025 - 12/13/2025), WK3: 1 (12/14/2025 - 12/20/2025), WK4: 1 (12/21/2025 - 12/27/2025), WK5: 1 (12/28/2025 - 12/30/2025)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 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; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SpO_2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

SN Goals

PATIENT-STATED GOAL: To get back to his 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 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
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting
* diarrhea
* appetite loss
* hair loss
* fatigue
* insomnia
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* 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 manage sleep disorder including changes to daytime habits and bedtime routine

Signature of Physician:

Date

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

Date
12/05/2025

Home Health Certification and Plan of Care

Order ID: 1150/14696

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
10043376	12/05/2025	From: 12/05/2025 To: 02/02/2026	19993	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Richard Brooks 2825 Lodge Farm Road, Rm 207, Edgemere, MD 21219- 443-801-4982	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

; 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: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, nausea/vomiting, frequent urination, muscle weakness, Pain Effect on Sleep, Pain Interference with ADLs, headache, daytime fatigue, balance deficit

PROCEDURES: Medication review: Medication reviewed with patient and 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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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 manage sleep disorder including changes to daytime habits and bedtime routine maintaining a journal to track sleep patterns, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, 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

* maintaining a journal to track sleep patterns
* 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, 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

OT Careplans

OT WK1: 1 (12/05/2025 - 12/06/2025), WK3: 1 (12/14/2025 - 12/20/2025), WK4: 1 (12/21/2025 - 12/27/2025), WK5: 1 (12/28/2025 - 12/30/2025)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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

PROCEDURES: Medication Review : Medication reviewed with patient and caregiver , incentive spirometer, equipment training, work simplification/energy conservation, assist with bathing, assist with lower body dressing, therapeutic exercises

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

OT Goals

PATIENT-STATED GOAL: Put on my shoes

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

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 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

Oral Hygiene - 06. Independent

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

Toileting Hygiene - 06. Independent

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

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/05/2025