Home Health Certification and Plan of Care

Order ID: 1150/15409

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
79265822	01/13/2026	From: 01/13/2026 To: 03/13/2026	21315	217058

6. Patient's Name and Address

Jerome Watson
1315 Chesaco Avenue Apt 111,
Rosedale, MD 21237-
443-231-6521

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 08/25/1949 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J18.9	Pneumonia unspecified organism	01/13/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	01/13/26
I70.0	Atherosclerosis of aorta	01/13/26
I48.91	Unspecified atrial fibrillation	01/13/26
M10.9	Gout unspecified	01/13/26
E78.5	Hyperlipidemia unspecified	01/13/26
E03.9	Hypothyroidism unspecified	01/13/26
E43.	Unspecified severe protein-calorie malnutrition	01/13/26
K21.9	Gastro-esophageal reflux disease without esophagitis	01/13/26
Z87.440	Personal history of urinary (tract) infections	01/13/26
Z86.19	Personal history of other infectious and parasitic diseases	01/13/26
Z79.01	Long term (current) use of anticoagulants	01/13/26
Z85.46	Personal history of malignant neoplasm of prostate	01/13/26
Z85.830	Personal history of malignant neoplasm of bone	01/13/26
Z85.51	Personal history of malignant neoplasm of bladder	01/13/26
Z86.711	Personal history of pulmonary embolism	01/13/26
Z90.79	Acquired absence of other genital organ(s)	01/13/26

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

Lipitor - Atorvastatin Calcium eq 40 mg base 1 Tablet by mouth once a day
Narcan - Naloxone Hydrochloride 4 mg/actuation Nasal Spray nasal as necessary Spray in 1 nostril if not breathing/responding. Call 911. If still not breathing/responding, use new spray in 2 to 3 minutes in other nostril. For suspected opioid overdose use only
Roxicodone - Oxycodone Hydrochloride 5 mg Take 1 to 2 tablets by mouth every 6 hours as needed for pain
(KLOR CON M20) Potassium Chloride 20 mEq Oral SR DIS Tab by mouth twice a day Take 1 tablet by mouth 2 times a day with meals (Swallow tablet whole or dissolve in water)
Lasix - Furosemide 20 mg 1 Tablet by mouth in the morning
Pepcid - Famotidine 40 mg Take half tablet by mouth at bedtime daily at bedtime
Flomax - Tamsulosin Hydrochloride 0.4 mg 1 Capsule by mouth at bedtime Please monitor your awareness for dizziness when taking this medication and rise from lying positions slowly to prevent falls.
Albuterol (PROVENTIL HFA) 90 mcg/actuation Inhl HFAA by mouth every 4 hours Inhale 1-2 Puffs by mouth every 4 hours as needed (rescue inhaler)
Zofran Odt - Ondansetron 4 mg 1 Tablet by mouth every 8 hours Dissolve 1 tablet on the tongue every 8 hours as needed for vomiting or nausea
Apresoline - Hydralazine Hydrochloride 100 mg 1 Tablet by mouth once a day
Voltaren - Diclofenac Sodium 1 perc 2 g topical four times a day Apply 2 g to affected area(s) 4 times a day (OTC Product)
Catapres - Clonidine Hydrochloride 00.1 mg Oral Tab by mouth twice a day as needed

14. DME and Supplies:

walker, cane

15. Safety Measures:

infectious material management, , walker precautions, , bathroom safety, ambulates with device,

16. Nutrition:

regular

17. Allergies:

no known allergies

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted

Walker

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:

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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/13/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Jasmin Hans
1701 Twin Springs Rd
Halethorpe, MD 21227
PHONE: 410-933-79616 FAX: 14109337666 NPI: 1497805147

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 : 01/08/2026

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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Homebound status: Due to diagnosis of Pneumonia Unspecified Organism, 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 homebound due to advanced prostate cancer, generalized weakness, and recent medical complications including pneumonia and sepsis, resulting in significantly limited functional mobility. The patient requires human assistance and the use of a walker to safely ambulate and leave the home. A Foley catheter (24 French with a 30 mL balloon) is currently in place. Assessment revealed irritation at the catheter insertion site with associated bilateral flank/lower back pain, for which further evaluation has been recommended; the patient has the potential need for cystoscopy to further investigate the reported pain. Catheter care was performed during the visit, including cleansing of the catheter and perineal area. The surrounding skin was noted to be intact with no open areas. Neurologically, the patient was alert and oriented 4. The patient demonstrates generalized weakness and reports becoming short of breath upon standing, limiting tolerance for upright activities. Gait is unsteady, and the patient relies on a walker for mobility. These findings contribute to a high risk for falls and reinforce the patient's homebound status. Education was provided regarding catheter care, monitoring for signs and symptoms of infection or worsening irritation, and the importance of reporting increased pain, changes in urine output or color, fever, or escalating shortness of breath to the healthcare provider. The plan of care includes continued skilled nursing monitoring, ongoing catheter management, assessment of respiratory status and functional tolerance, reinforcement of safety and fall-prevention strategies, and coordination with the medical provider regarding further diagnostic evaluation, including possible cystoscopy, to address ongoing lower back and catheter-related discomfort.
 Date of Order 01/13/2026 Orders Physician Face-to-Face Date: 01/08/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat due to Pneumonia Unspecified Organism 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 Hans, Jasmin

SN Careplans

SN WK1: 1 (01/13/26-01/17/26) ,WK2: 1 (01/18/26-01/24/26) ,WK3: 1 (01/25/26-01/31/26) ,WK4: 1 (02/01/26-02/07/26) ,WK5: 1 (02/08/26-02/14/26) ,WK6: 1 (02/15/26-02/21/26) ,WK7: 1 (02/22/26-02/28/26) ,WK8: 1 (03/01/26-03/07/26)

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 > 6

CAREGIVER: 1. Non-agency caregiver(s) currently 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1400 - Dyspnea, abnormal blood pressure, diarrhea, M1600 - UTI, M1610 - Urinary Catheter, genital irritation, limited strength, limited range of motion

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , Patient to learn how to monitorblood pressure and pulse : Teach patient how to take blood pressure and pulse independently , cough/deep breathing exercises, monitor intake & output, catheter change, care & irrigation: Skilled nurse to instruct on signs/symptoms of infection. Patient to follow up with Urologist 1/16/26 for possible catheter removal.

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 medicatio, * 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, sched, * 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, * dietary guidelines for managing nutritional deficit, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: Get stronger with walking

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

patient/caregiver recalls
* dietary guidelines for managing nutritional deficit
* 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, sched

patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls related medication(s) purpose, sch

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

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/13/2026