Home Health Certification and Plan of Care

Order ID: 1150/15458

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36327397	01/16/2026	From: 01/16/2026 To: 03/16/2026	21039	217058

6. Patient's Name and Address

Cornelius Gordon
305 E Joppa Rd Apt 710,
TOWSON, MD 21286-
443-490-2731

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 11/23/1954 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J96.21	Acute and chronic respiratory failure with hypoxia	01/16/26

13. ICD	Other Pertinent Diagnoses	Date
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	01/16/26
J10.1	Flu due to oth ident influenza virus w oth resp manifest	01/16/26
J18.8	Other pneumonia unspecified organism	01/16/26
B96.89	Oth bacterial agents as the cause of diseases classd elswhr	01/16/26
J44.0	Chr obstructive pulmon disease with (acute) lower resp infct	01/16/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	01/16/26
I50.22	Chronic systolic (congestive) heart failure	01/16/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	01/16/26
N18.9	Chronic kidney disease u	01/16/26
I48.0	Paroxysmal atrial fibrillation	01/16/26
I27.20	Pulmonary hypertension unspecified	01/16/26
R91.1	Solitary pulmonary nodule	01/16/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	01/16/26
F17.210	Nicotine dependence cigarettes uncomplicated	01/16/26
I42.8	Other cardiomyopathies	01/16/26
D50.9	Iron deficiency anemia unspecified	01/16/26
E78.5	Hyperlipidemia unspecified	01/16/26
J47.9	Bronchiectasis uncomplicated	01/16/26
Z79.01	Long term (current) use of anticoagulants	01/16/26
Z99.81	Dependence on supplemental oxygen	01/16/26
Z86.16	Personal history of COVID-19	01/16/26

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

Cozaar - Losartan Potassium 25 MG tablet by mouth daily. wait to this until your doctor or other care provider tells you to s Commonly known as: COZAAR
Ventolin Hfa - Albuterol Sulfate 108 (90 Base) MCG/ACT aerosol solution inhalant every 6 hours
Aldactone - Spironolactone 25 mg 0.5 Tablet by mouth once a day Wait to take this until your doctor or other care provider tells you to start again.
Albuterol - Albuterol 2.5 mg/3mL nebulizer solution inhalant every 6 hours take 3 mLs by inhalation every 6 hours as needed for Wheezing.
Flomax - Tamsulosin Hydrochloride 0.4 mg 1 Capsule by mouth once a day
Incruse Ellipta - Umeclidinium Bromide 62.5MCG/ACT Aepb 62.5 mcg/inh Inhaler inhalant once a day Take 1 puff by inhalation daily. Generic drug: umeclidinium
Furosemide - Furosemide 40 mg / 1 Tablet by mouth once a day Take daily until dry weight achieved (175 lbs) and then can change to as needed weight gain. Commonly known as: LASIX
Budesonide - Budesonide 0.5MG/2ML inhalation suspension inhalant twice a day Take 2 mLs by inhalation 2 times daily. Commonly known as: PULMICORT
Eliquis - Apixaban 5 mg / 1 Tablet by mouth twice a day
Atrovent - Ipratropium Bromide 00.02 % nebulizer solution inhalant twice a day Take 2.5 mLs
Metoprolol Er - Hydrochlorothiazide: Metoprolol Succinate 25mg = 1 tab by mouth once a day Take 1 tad daily for blood pressure
Amiodarone - Amiodarone Hydrochloride 0200MG tablet by mouth once a day Commonly known as: CORDARONE
Oxygen - Oxygen 3-4L continuously via NC nasal cannula continuous 3-4 L oxygen continuously via nasal cannula.

14. DME and Supplies:

rolling walker, walker, oxygen supplies, cane, 4 wheeled walker

15. Safety Measures:

walker precautions, smoke detectors , bathroom safety, anticoagulant precautions, ambulates with device, ambulates with assistance, medication safety, electrical safety measures, O2 precautions, transfer with assist, standard precautions, fall precautions, bleeding precautions, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

latex

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Transfer bed/Chair, Walker, 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

patient 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/16/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Manuel Ramos
1205 York Road Suite 36
Lutherville , MD 21093
PHONE: 4108327350 FAX: 14108327351 NPI: 1427166222

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 : 12/31/2025

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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Clinical Condition Requiring Homecare:

The patient is a 71-year-old male with a past medical history significant for HFrEF (EF 45-50% as of 3/25), COPD, Mounier-Kuhn syndrome, chronic kidney disease, pulmonary hypertension, coronary artery disease, atrial fibrillation, and active tobacco use, who is on home oxygen at a baseline of 3-4 L/min via nasal cannula. He was hospitalized at Saint Joseph's Hospital for acute respiratory distress characterized by shortness of breath, fever, and cough, and was diagnosed with community-acquired pneumonia/Influenza and a COPD exacerbation. During hospitalization, he was treated with Tamiflu, nebulizer treatments, and steroids. The patient has since returned home to his studio apartment on the 7th floor and is currently resting on 4 L/min of oxygen via nasal cannula. He ambulates independently without an assistive device, denies pain, and reports dyspnea on exertion but states he has returned to his baseline level of function. He completes self-care and functional transfers independently and previously used an e-bike as his primary means of transportation. His only durable medical equipment includes an oxygen concentrator and related supplies; medication compliance, particularly with respiratory medications, is uncertain. At this time, the patient demonstrates independence with mobility and activities of daily living, reports no need for further physical therapy, and presents with no apparent indication for skilled physical or occupational therapy services.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 01/16/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 12/31/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: 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<o:p></o:p>
 1 - SOC - SN Notes:
 PT Eval Notes:
 OT Eval Notes:<o:p></o:p> Physician: Ramos, Manuel

SN Careplans

SN WK1: 1 (01/16/26-01/17/26) ,WK2: 1 (01/18/26-01/24/26) ,WK3: 1 (01/25/26-01/31/26) ,WK4: 1 (02/01/26-02/07/26)

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), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 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: M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, coughing, limited endurance, limited strength, muscle weakness, difficulty sleeping, daytime fatigue, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, 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, * how to manage symptoms of nicotine withdrawal and nicotine cravings, 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, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: I want to be able to ride my ebike again.

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
* 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
* 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

patient/caregiver recalls
* how to manage symptoms of nicotine withdrawal and nicotine cravings
* recalls related medication(s) purpose, schedule

patient is adequately supervised

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK2: 1 (01/18/26-01/24/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: Medication Review: The medication was reviewed with the patient, cough/deep breathing exercises, incentive spirometer, gait training on uneven surfaces, 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06.

PT Goals

PATIENT-STATED GOAL: The patient reported that he is back to his base line and did not want further Physical Therapy

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/16/2026

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Independent, Picking Up Object - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

OT Careplans

OT WK2: 1 (01/18/26-01/24/26)

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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Evaluation only

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

01/16/2026