Home Health Certification and Plan of Care

Order ID: 1150/15487

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
98282298	01/17/2026	From: 01/17/2026 To: 03/17/2026	21492	217058

6. Patient's Name and Address
Frederick Koepper
967 Fall Ridge way,
Gambrills, MD 21054-
410-672-0550

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 05/26/1947 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
K62.5	Hemorrhage of anus and rectum	01/17/26

13. ICD	Other Pertinent Diagnoses	Date
D62.	Acute posthemorrhagic anemia	01/17/26
C18.9	Malignant neoplasm of colon unspecified	01/17/26
C78.7	Secondary malig neoplasm of liver and intrahepatic bile duct	01/17/26
S92.514D	Nondisp fx of prox phalanx of r less toe(s) 7thD	01/17/26
I70.211	Athscl native arteries of extrm w intrmt claud right leg	01/17/26
I10.	Essential (primary) hypertension	01/17/26
M19.90	Unspecified osteoarthritis unspecified site	01/17/26
E66.9	Obesity unspecified	01/17/26
Z68.37	Body mass index [BMI] 37.0-37.9 adult	01/17/26
Z79.891	Long term (current) use of opiate analgesic	01/17/26

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

Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg 5mg; 1 tab by mouth every 4 hours as needed for pain
Pantoprazole - Pantoprazole Sodium 40 mg 40mg; 1 tab by mouth twice a day stomach s/p GI BLEED
Sucralfate - Sucralfate 1gm 1 gram; 1 tab by mouth four times a day before meals and at bedtime
Losartan Potassium - Losartan Potassium 50 mg 50mg; 1 tab by mouth once a day blood pressure
Hydrochlorathiazide - Hydralazine Hydrochloride: Hydrochlorothiazide 12.5mg; 1 tab by mouth once a day blood pressure
Trazadone - Trazodone Hydrochloride 50mg; 1 tab by mouth in the evening antidepressant

14. DME and Supplies:
grab bars, hospital bed, urinary/catheter supplies, wheelchair, wound care supplies, walker, cane

15. Safety Measures:
standard precautions, hand rails, fall precautions, bleeding precautions, ambulates with device, walker precautions, medication safety, ambulates with assistance, transfer with assist, supervision at all times, activity supervision

16. Nutrition:
low fiber, ENSURE BID AND INCREASE FLUIDS

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Bowel/Bladder Incontinence, Endurance

18.B. Activities Permitted
Cane, Walker, Exercises Prescribed, Transfer bed/Chair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., 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 Hemorrhage of anus and rectum, 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 elderly male recently hospitalized for an upper gastrointestinal bleed secondary to suspected duodenal ulcer disease, status post gastroduodenal artery embolization, with associated acute blood loss anemia. His medical history is significant for colon cancer with hepatic metastasis on active oral chemotherapy, bilateral small pleural effusions, hypertension, obesity, electrolyte abnormalities, and significant deconditioning. He also sustained nondisplaced right foot/toe fractures following a fall on January 5, resulting in impaired mobility; per discharge instructions, he may ambulate with a surgical shoe. The patient continues to report poor appetite and diarrhea, with limited oral intake, loose stools, and hypoactive bowel sounds. He is alert and oriented 3, denies shortness of breath, and has clear lung sounds. He reports no foot pain at rest but experiences increased right foot and thigh pain with movement or touch. He is currently unable to ambulate, transfer, or reposition independently and is dependent for mobility and basic ADLs. Skin assessment revealed dry, scaly skin on the right foot related to an old blister per spouse report. The patient lives with his spouse in a multilevel home with multiple steps, requiring family assistance for entry. Skilled nursing reviewed medications, bleeding precautions, skin and incontinence care, and pressure injury prevention; both patient and spouse were receptive but require continued education and support. Home health services were initiated, including skilled nursing, PT/OT evaluation and treatment, and OT assessment for HHA needs, to address weakness, impaired mobility, fall risk, and functional decline, with the goal of improving safety, independence, and the patient's stated goal of standing and transferring to the bathroom independently.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 01/17/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 01/14/2026
 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat HHA DX: Hemorrhage of anus and rectum
 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: Villar, Kenneth

SN Careplans | SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/17/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Kenneth Villar
7670 Quarterfield Road
Glen Burnie, MD 21061
PHONE: FAX: NPI: 1235314436

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 : 01/14/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/15487

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
98282298	01/17/2026	From: 01/17/2026 To: 03/17/2026	21492	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Frederick Koepper 967 Fall Ridge way, Gambrills, MD 21054- 410-672-0550	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

SN WK1: 1 (01/17/26-01/17/26) ,WK2: 2 (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)

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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: A1250 - Lack of Necessary Transportation, meal preparation, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, M1620 - Bowel Incontinence, abnormal bowel sounds, diarrhea, M1610 - Urinary Incontinence, muscle weakness, limited range of motion, limited strength, limited endurance, difficulty sleeping, Pain Interference with ADLs, B1000 - Vision Deficit, Pain Effect on Sleep, obesity, loss of appetite, bruising/discoloration, rough/scaly/cracked skin

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, physician-ordered wound care: CAREGIVER TO CLEANSE BILATERAL LOWER EXTREMITY WITH SOAP AND WATER AND DRY DAILY.

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 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 relaxatio, * 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, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medic, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, 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 journal of food and fluid intake healthy meal plan tips exercise program nutritional knowledge, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, meal preparation is available to patient for all meals

PATIENT-STATED GOAL: I WANT TO BE ABLE TO GET STRONGER AND WALK AGAIN

GOALS
patient/caregiver recalls
* lifestyle modifications
* low-residue dietary guidelines
* alternative medicine options for ulcerative colitis
* 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, sched

patient/caregiver recalls
* pain control
* therapeutic exercises to optimize range of motion of affected area
* diet and fluids to promote healing
* 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
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* recalls related medic

patient/caregiver recalls
* how to keep journal of food and fluid intake
* healthy meal plan tips
* exercise program
* nutritional knowledge
* 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 relaxatio

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
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/17/2026

Home Health Certification and Plan of Care

Order ID: 1150/15487

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
98282298	01/17/2026	From: 01/17/2026 To: 03/17/2026	21492	217058

6. Patient's Name and Address
Frederick Koepper
967 Fall Ridge way,
Gambrills, MD 21054-
410-672-0550

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

* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

patient's transportation needs are met

meal preparation is available to patient for all meals

PT Careplans

PT WK2: 2 (01/18/26-01/24/26) ,WK3: 2 (01/25/26-01/31/26) ,WK4: 2 (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)

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, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet

PROCEDURES: cough/deep breathing exercises, wheelchair training, home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., 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 - 03. Partial/moderate assistance, 1 - Step (curb) - 06. Independent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, 12 Steps - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Car Transfer - 06. Independent, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

PT Goals

PATIENT-STATED GOAL: To be able to stand and walk so I can get to my bathroom

GOALS
Chair to Bed to Chair - 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

Toilet Transfer - 03. Partial/moderate assistance

1 - Step (curb) - 06. Independent

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

12 Steps - 02. Substantial/maximal assistance

4 Steps - 02. Substantial/maximal assistance

Car Transfer - 06. Independent

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Walk 150 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

OT Careplans

OT 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)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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: cough/deep breathing exercises, wheelchair training, equipment training, work simplification/energy conservation, 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, * 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 relaxatio, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 01. Dependent, Car Transfer - 01. Dependent, Wheel 50 ft w 2 Turns - 01. Dependent, Wheel 150 feet - 01. Dependent, Oral Hygiene - 06. Independent, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Therapeutic exercise , Medication review , to improve bed

OT Goals

PATIENT-STATED GOAL: To stand up

GOALS
Chair to Bed to Chair - 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

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 relaxatio

Sit to Stand - 06. Independent

Toilet Transfer - 01. Dependent

Car Transfer - 01. Dependent

Signature of Physician:

Date

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

Date
01/17/2026

Home Health Certification and Plan of Care

Order ID: 1150/15487

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
98282298	01/17/2026	From: 01/17/2026 To: 03/17/2026	21492	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Frederick Koepper 967 Fall Ridge way, Gambrills, MD 21054- 410-672-0550	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

mobility	Wheel 50 ft w 2 Turns - 01. Dependent Wheel 150 feet - 01. Dependent Oral Hygiene - 06. Independent Toileting Hygiene - 03. Partial/moderate assistance Shower/Bathe Self - 04. Supervision or touching assistance Upper Body Dressing - 05. Setup or clean-up assistance Lower Body Dressing - 05. Setup or clean-up assistance Don/Doff Footwear - 05. Setup or clean-up assistance Eating - 06. Independent Medication review Therapeutic exercise to improve bed mobility

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/17/2026