Home Health Certification and Plan of Care

Order ID: 1150/14943

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3e89p21hj34	12/13/2025	From: 12/13/2025 To: 02/10/2026	18157	217058

6. Patient's Name and Address
Patrick McCann
108 Highland Rd,
Glen Burnie, MD 21060-
410-761-1748

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 03/12/1953 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
T80.818D	Extravasation of other vesicant agent subsequent encounter	12/13/25

13. ICD	Other Pertinent Diagnoses	Date
I11.0	Hypertensive heart disease with heart failure	12/13/25
I50.20	Unspecified systolic (congestive) heart failure	12/13/25
I25.2	Old myocardial infarction	12/13/25
J43.9	Emphysema unspecified	12/13/25
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	12/13/25
N13.8	Other obstructive and reflux uropathy	12/13/25
M51.26	Other intervertebral disc displacement lumbar region	12/13/25
F25.0	Schizoaffective disorder bipolar type	12/13/25
F33.2	Major depressv disorder recurrent severe w/o psych features	12/13/25
E03.9	Hypothyroidism unspecified	12/13/25
G43.909	Migraine unsp not intractable without status migrainosus	12/13/25
F10.231	Alcohol dependence with withdrawal delirium	12/13/25
F17.210	Nicotine dependence cigarettes uncomplicated	12/13/25
F19.10	Other psychoactive substance abuse uncomplicated	12/13/25
H40.9	Unspecified glaucoma	12/13/25
Z79.1	Long term (current) use of non-steroidal non-inflam (NSAID)	12/13/25
Z79.82	Long term (current) use of aspirin	12/13/25
Z79.02	Long term (current) use of antithrombotics/antiplatelets	12/13/25
Z86.19	Personal history of other infectious and parasitic diseases	12/13/25

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

Atorvastatin Calcium - Atorvastatin Calcium 80 MG, take 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for HLD
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG, take 2 capsules by mouth once a day Give 2 capsule by mouth in the evening for BPH Take 2 capsules by mouth every evening.
Melatonin - Melatonin 10 MG, take 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for Insomnia
Thera take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Supplement
Vitamin B-1 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 100MG; 1 TAB by mouth once a day SUPPLEMENT
Vitamin B-1 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 100MG; 1 TAB by mouth once a day SUPPLEMENT
Folic Acid - Folic Acid 1 mg 1 mg ,Take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Supplement
Clopidogrel Bisulfate - Clopidogrel Bisulfate 75 mg 75 mg , take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Dual Antiplatelet therapy R/T ACS
Nicotine Patch - Nicotine Patch 14 MG, Patch, Apply 1 patch topical once a day Apply 1 patch transdermally one time a day for NRT for 14 Days
Cyclobenzaprine Hydrochloride - Cyclobenzaprine Hydrochloride 5 mg 5 MG, take 1 tablet by mouth every 8 hours Give 1 tablet by mouth every 8 hours as needed for Muscle spasms
Spironolactone - Spironolactone 25 mg 25 MG, take tablet by mouth once a day Give 25 mg by mouth one time a day for Fluid Retention R/T Heart Failure
Escitalopram Oxalate - Escitalopram Oxalate 5 mg 5MG; 1 TAB by mouth once a day DEPRESSION
Olanzapine - Olanzapine 5 mg 2.5 mg , Take 1 tablet by mouth three times a day Give 1 tablet by mouth with meals for Bipolar D/O
Acetaminophen - Acetaminophen 325 mg 325 MG, take 2 tablets by mouth every 6 hours Give 2 tablet by mouth every 6 hours as needed for Pain
Losartan Potassium - Losartan Potassium 25 mg 25MG Take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HTN
Trelegy Ellipta take 100-62.5-25 MCG, inhale 1 puff inhalant once a day 1 puff inhale orally one time a day for COPD

14. DME and Supplies:
None of the above

15. Safety Measures:
activity supervision

16. Nutrition:
cardiac diet

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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

Homebound status:
Due to diagnosis of Extravasation Of Other Vesicant Agent Subsequent Encounter, 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 12/13/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Kunmi Majekodunmi
1600 South Crain Highway
Glen Burnie, MD 21061
PHONE: 4107600098 FAX: 14107619131 NPI: 1497791917

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 : 12/09/2025

27. Attending Physician's Signature and Date Signed **12/19/2025**: 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 an adult male recently discharged following an inpatient hospitalization for multiple complex medical and psychiatric conditions, including major depressive disorder, chronic obstructive pulmonary disease (COPD), chronic urinary retention related to benign prostatic hyperplasia (BPH), essential hypertension, glaucoma, a history of alcohol abuse, and recurrent falls. He presented to the emergency department on 9/9/25 with left-sided chest pain radiating to the left arm, dyspnea on exertion, and generalized fatigue, and was diagnosed with a non-ST-elevation myocardial infarction (NSTEMI). During hospitalization, he required medication management, psychiatric support, wound care to the right arm (now healed), and ongoing chronic disease management. He currently resides with his significant other, Cathy, who assists with all activities of daily living and instrumental activities of daily living as needed. The home has three steps to exit. The patient reports that his cane was left at the hospital and that he uses a walker when leaving the home for appointments. He reports one fall within the past two months. On skilled nursing assessment, the patient was alert and oriented to person, place, and time. He reported chronic low back pain rated 6-7/10 related to L4-L5 disc disease and muscle spasms and stated that he took prescribed pain medication approximately 45 minutes prior to the visit. He endorsed shortness of breath with exertion that improves with rest but denied acute respiratory distress at rest. Appetite was reported as good, and the patient stated he had a bowel movement on the day of assessment. Gait was observed to be slow and unsteady, and the patient was not using an assistive device within the home at the time of the visit. Vital signs were obtained and reviewed per documentation. No active wounds were noted. A significant portion of the nursing visit was dedicated to medication education, including indications, dosing, and potential side effects. The caregiver is currently managing the patient's medications. Several prescribed medications were not present in the home at the time of the visit; the skilled nurse will follow up regarding missing medications, and the caregiver was instructed to have outstanding prescriptions filled. It was noted that the patient does not currently have a nebulizer in the home despite a history of COPD. The caregiver plans to arrange an appointment with a new primary care provider for ongoing medical follow-up. A physical therapy evaluation identified deficits including chronic back pain, decreased bilateral lower-extremity strength, impaired balance, unsteady gait, decreased functional mobility, difficulty negotiating steps, impaired transfer safety, poor safety awareness, and a history of falls, placing the patient at high risk for further falls and functional decline. Due to his cardiovascular and respiratory disease, the patient has limited endurance for mobility outside the home, with significant fatigue and prolonged recovery time following exertion, making regular trips out of the home unsafe. Skilled physical therapy is medically necessary to address strength, balance, gait, transfers, stair negotiation, and safety awareness to promote improved independence and reduce fall risk. The patient is homebound due to the significant effort required to leave the home and limited cardiopulmonary endurance. The patient is in agreement with the physical therapy plan of care, with <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> scheduled to begin on 12/15/25. Skilled nursing services will continue per ordered frequency to monitor cardiopulmonary status, pain control, medication compliance, and overall safety in the home.
 Date of Order 12/13/2025 Orders Physician Face-to-Face Date: 12/09/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Extravasation Of Other Vesicant Agent Subsequent Encounter 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: Physician Majekodunmi, Kunmi

SN Careplans

SN WK1: 1 (12/13/25-12/13/25) ,WK2: 1 (12/14/25-12/20/25) ,WK3: 1 (12/21/25-12/27/25) ,WK4: 1 (12/28/25-01/03/26) ,WK5: 1 (01/04/26-01/10/26) ,WK6: 1 (01/11/26-01/17/26) ,WK7: 1 (01/18/26-01/24/26) ,WK8: 1 (01/25/26-01/31/26)

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: 4. Assistance needed, but no non-agency caregiver(s) available

HOSPITALIZATION RISKS: 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, 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: D0160 - Depression, M2020 - Oral Med Management, Home Safety, meal preparation, M2102c - Med Admin, M1033 - Exhaustion, M1400 - Dyspnea, lung sounds not clear, muscle spasms, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, teach/coordinate/arrange medication packaging and/or administration

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 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * how to promote optimized mobility with strength balance dexterity range-of-motion

SN Goals

PATIENT-STATED GOAL: TO FEEL BETTER

GOALS
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 medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

patient/caregiver recalls
* how to promote optimized mobility with strength
* balance
* dexterity
* range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing
* prevent constipation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/13/2025

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therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent constipation, 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's living environment is clean/uncluttered, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately

* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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

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

patient's living environment is clean/uncluttered

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

PT Careplans

PT WK2: 2 (12/14/25-12/20/25) ,WK3: 1 (12/21/25-12/27/25) ,WK4: 1 (12/28/25-01/03/26) ,WK5: 1 (01/04/26-01/10/26) ,WK6: 1 (01/11/26-01/17/26) ,WK7: 1 (01/18/26-01/24/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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: cough/deep breathing exercises, home exercise program: Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., therapeutic modalities: Ice to L shoulder x 20 minutes with necessary barrier and skin assessments q 5 minutes., dynamic standing balance exercises, gait training on uneven surfaces, gait training/stair training, transfers training, assist with fall prevention

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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: I just want to improve my strength and mobility.

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/13/2025