Home Health Certification and Plan of Care

Order ID: 1150/16401

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
100483687	02/19/2026	From: 02/19/2026 To: 04/19/2026	22726	217058

6. Patient's Name and Address

Richard Stach
1823 Kittyhawk Rd,
Essex, MD 21221
443-559-1540

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 06/17/1960 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J43.2	Centrilobular emphysema	02/19/26

13. ICD	Other Pertinent Diagnoses	Date
E43.	Unspecified severe protein-calorie malnutrition	02/19/26
J96.10	Chronic respiratory failure unsp w hypoxia or hypercapnia	02/19/26
R26.2	Difficulty in walking not elsewhere classified	02/19/26
Z79.01	Long term (current) use of anticoagulants	02/19/26
Z99.81	Dependence on supplemental oxygen	02/19/26
Z87.01	Personal history of pneumonia (recurrent)	02/19/26

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

BACTROBAN 2 % Apply topically 3 (three) times daily
SUBOXONE 4-1 mg / 1 Film sublingual three times a day
Senokot - Senna 8.6 mg / 1 Tablet by mouth twice a day (Patient not taking: Reported on 12/4/2025)
ELIQUIS 5 mg / 1 Tablet by mouth twice a day
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) mg / 1 Tablet by mouth once a day (Patient not taking: Reported on 2/16/2026)
Vitamin C - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 500 mg / 1 Tablet by mouth once a day
Mag-Oxide - Simethicone 400 mg / 1 Tablet by mouth once a day
Ginseng Complex (Panax, American ginsg B12-royl) 150 mg-25 mg 25 mg-15 mcg / 1 Capsule by mouth once a day (Patient not taking: Reported on 2/16/2026)
Cymbalta - Duloxetine Hydrochloride 60 mg / 1 Capsule by mouth once a day
Zocor - Simvastatin 10 mg / 1 Tablet by mouth in the evening
Anoro Ellipta (umeclidinium-vilanteroL) umeclidinium-vilanteroL / 1 puff inhalant once a day
Miralax - Polyethylene Glycol 3350 17 g by mouth once a day (Patient not taking: Reported on 2/16/2026)
Advil - Ibuprofen 200 mg / 1 Tablet by mouth every 8 hours as needed for Pain. (Patient taking differently: Take 2 tablets (400 mg total) by mouth 2 (two) times daily as needed for Pain)
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 MCG (1000 UT) / 1 Tablet by mouth once a day
Tylenol - Acetaminophen 500 mg / 1 Tablet by mouth every 8 hours Take one or two tablets as needed for pain (Patient not taking: Reported on 12/4/2025)
Narcan - Naloxone Hydrochloride Nasal Spray / Spray into one nostril Nasal as necessary for suspected overdose. Repeat x1, if no response after 3 minutes. Dispense one package with 2 nasal sprays. (Patient not taking: Reported on 11/20/2024)
Voltaren - Diclofenac Sodium Apply 2 g topical four times a day Do not bathe for at least 1 hour. A dosing card is provided in the carton
Albuterol - Albuterol 0.09 mg/inh 2 puffs inhalant every 4 hours as needed FOR Wheezing OR Shortness of Breath.
Duoneb - Albuterol Sulfate: Ipratropium Bromide 0.5 mg-3 mg(2.5 mg base)/3 mL nebulizer solution / Take 3 mLs inhalant every 6 hours Take 3 mLs by nebulization every 6 (six) hours as needed.
Oxygen - Oxygen 2L nasal cannula continuous 2L oxygen continuously for emphysema and respiratory failure

14. DME and Supplies:

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

15. Safety Measures:

walker precautions, smoke detectors , O2 precautions, medication safety, fall precautions, bleeding precautions, ambulates with device, ambulates with assistance, emergency phone # clearly displayed, supervision at all times, transfer with assist, standard precautions, hand rails, , bathroom safety, anticoagulant precautions, activity supervision

16. Nutrition:

high protein, high calorie

17. Allergies:

amoxil keflex

18.A. Functional Limitations

Dyspnea With Minimal Exertion, , Ambulation, Endurance

18.B. Activities Permitted

Up As Tolerated, Walker, Exercises Prescribed

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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/19/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Stasia Reynolds
4940 Eastern Ave
Baltimore, MD 21224
PHONE: 4105503350 FAX: 14437691237 NPI: 1770525768

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 : 02/09/2026

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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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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Centrilobular emphysema, 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:

Mr. Stach is a 65-year-old male seen for follow-up after hospitalization at Franklin Square from January 2-8 for hypoxemia, Influenza A, and pneumonia, followed by a short-term rehabilitation stay. He initially presented with shortness of breath and weakness, with EMS documenting an oxygen saturation of 84% on room air. During hospitalization, he was treated with oseltamivir (Tamiflu), Augmentin for suspected pneumonia, and supplemental oxygen at 2 L/min via nasal cannula; hypoglycemia was also noted, and increased caloric intake with multivitamin, thiamine, and Ensure twice daily was recommended. He was discharged with a 3-day course of amoxicillin and continuation of home medications. Since returning home on 2/6, he reports gradual improvement but persistent weakness and dyspnea on moderate exertion, with noted benefit from prior PT exercises. His medical history is significant for chronic lung disease, including centrilobular emphysema. He remains on continuous oxygen at 2 L/min, uses Anoro Ellipta and nebulizer treatments as prescribed, and inquires about long-term prednisone use for symptom relief. The patient is frail, fatigues easily, and requires a walker with one-person assistance for ambulation and transfers; a cane is also available. He lives with his daughter and son in a single-family home with several entry steps; the home is single-level but cluttered, and the bathroom is not handicap-accessible. Both the patient and daughter smoke; education was provided regarding the dangers of smoking while oxygen is in use, and oxygen warning signage is needed for the home. All medications are present, and he is a full code with a MOLST on file. He would benefit from home care services for continued strengthening, medication management, oxygen safety education, and home safety improvement.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 02/19/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 02/09/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat dx: Centrilobular emphysema
 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:<o:p></o:p> PT Eval Notes:<o:p></o:p> Physician:<span style="font-size: 10.5pt; background-image: initial; background-position: initial; background-size: initial; background-repeat: initial; background-attachment: initial; background-origin: initial; background-clip: initial;"> Reynolds, Stasia

SN Careplans

SN WK1: 1 (02/19/26-02/21/26) ,WK2: 1 (02/22/26-02/28/26) ,WK3: 1 (03/01/26-03/07/26) ,WK4: 1 (03/08/26-03/14/26) ,WK5: 1 (03/15/26-03/17/26)

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: 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; 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, SPO2: 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.

; 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

SN Goals

PATIENT-STATED GOAL: Patient wants to regain his strength back so he can stop feeling SOB when playing with his grandkids.

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
* 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

caregiver administers and/or packages medications appropriately

Signature of Physician:

Date

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

Date
02/19/2026

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new/change meds
Advance Directive:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, Home Safety, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, coughing, limited endurance, limited strength, muscle weakness, balance deficit, difficulty sleeping, daytime fatigue

PROCEDURES: incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for maintenance of clean/uncluttered living area

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, * 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, caregiver administers and/or packages medications appropriately

PT Careplans

PT WK1: 1 (02/19/26-02/21/26) ,WK2: 2 (02/22/26-02/28/26) ,WK3: 2 (03/01/26-03/07/26) ,WK4: 1 (03/08/26-03/14/26) ,WK5: 1 (03/15/26-03/17/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Interference with ADLs, GG0170I1 - Walk 10 Feet, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0130B1 - Oral Hygiene, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing

PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, 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 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 - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent

PT Goals

PATIENT-STATED GOAL: To get stronger and walk better

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/19/2026