Home Health Certification and Plan of Care

Order ID: 1150/16290

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
83185516	02/14/2026	From: 02/14/2026 To: 04/14/2026	16482	217058

6. Patient's Name and Address

Gene Cox
2419 WOODCROFT ROAD,
PARKVILLE, MD 21234-
410-668-6698

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 06/15/1958 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J86.9	Pyothorax without fistula	02/14/26

13. ICD	Other Pertinent Diagnoses	Date
B96.20	Unsp Escherichia coli as the cause of diseases classd elswhr	02/14/26
I48.0	Paroxysmal atrial fibrillation	02/14/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	02/14/26
I50.33	Acute on chronic diastolic (congestive) heart failure	02/14/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	02/14/26
N18.30	Chronic kidney disease stage 3 unspecified	02/14/26
J98.11	Atelectasis	02/14/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	02/14/26
G30.9	Alzheimer's disease unspecified	02/14/26
F02.83	Dem in other dis classd elswhr unsp sev with mood distrb	02/14/26
F32.A	Depression unspecified	02/14/26
K21.9	Gastro-esophageal reflux disease without esophagitis	02/14/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	02/14/26
J44.89	Other specified chronic obstructive pulmonary disease	02/14/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	02/14/26
G89.29	Other chronic pain	02/14/26
H91.93	Unspecified hearing loss bilateral	02/14/26
M51.379	Other intervertebral disc degeneration lumbosacral region	02/14/26
D50.9	Iron deficiency anemia unspecified	02/14/26
I70.0	Atherosclerosis of aorta	02/14/26
M96.1	Postlaminectomy syndrome not elsewhere classified	02/14/26
N52.9	Male erectile dysfunction unspecified	02/14/26
E78.2	Mixed hyperlipidemia	02/14/26
E66.9	Obesity unspecified	02/14/26

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

Abilify - Aripiprazole 5 MG , Take 5 mg tablet by mouth once a day Take 5 mg by mouth daily.
Lipitor - Atorvastatin Calcium 80 MG , Take 80 mg Tablet by mouth once a day Take 80 mg by mouth daily.
Pradaxa - Dabigatran Etexilate Mesylate 150 MG , Take 150 mg capsule by mouth twice a day
Cymbalta - Duloxetine Hydrochloride 30 MG , Take 60 mg capsule by mouth once a day Take 60 mg by mouth daily.
Flonase - Fluticasone Propionate 50 MCG/ACT , 1 spray by Each Nare nasal once a day 1 spray by Each Nare route daily.
Jardiance - Empagliflozin 25 MG , Take 25 mg tablet by mouth once a day
Cozaar - Losartan Potassium 100 MG , Take 100 mg Tablet by mouth once a day
Lopressor - Metoprolol Tartrate 50 MG Take 50 mg tablet by mouth twice a day Take 50 mg by mouth 2 times daily with meals
Singulair - Montelukast Sodium 10 MG Take 10 mg tablet by mouth in the evening
Oxymorphone Hydrochloride - Oxymorphone Hydrochloride 10 MG , Take 10 mg Tablet by mouth twice a day
Protonix - Pantoprazole Sodium 40 mg , Take 40 mg tablet by mouth once a day
Spiriva Respimat - Tiotropium Bromide 2.5 MCG/ACT Aers inhaler , Take 2 puffs by inhalation inhalant once a day
Flomax - Tamsulosin Hydrochloride 0.4 MG , Take 0.4 mg capsule by mouth in the evening
Carafate - Sucralfate 1 g , Take 1 g tablet by mouth four times a day Take 1 g by mouth 4 times daily - before meals & nightly
Topamax - Topiramate 50 MG , Take 50 mg tablet by mouth in the evening
Wixela Inhub 250-50 MCG/ACT inhaler 250-50 MCG/ACT inhaler , Take 1 puff by inhalation inhalant twice a day Take 1 puff by inhalation 2 times dailyf
Ventolin Hfa - Albuterol Sulfate 108 (90 BASE) mcg/act , Take 1-2 puffs by inhalation inhalant every 6 hours Take 1-2 puffs by inhalation every 6 hours as needed.
Humulin R Pen - Insulin Recombinant Human 95 units in the AM subcutaneous in the morning Administer Humulin R U-500 Insulin (95units) Subcutaneously, in the AM for diagnosis of diabetes mellitus.
Humalog Kwikpen - Insulin Lispro Recombinant 100unit/ml inject per sliding scale subcutaneous before meal Over 150 give 5 units, 150 -200, Give 6 units, 200-250, Give 7 units, 250-300, Give 8 units, 300-350, Give 9 units, over 350, Give 10 units and call MD for further instructions.
Rocephin - Ceftriaxone Sodium 2 gram intravenous once a day daily thru 3/2/26
Cardizem Cd - Diltiazem Hydrochloride 120 mg take 1 tablet by mouth once a day HTN/HEART
Torsemide - Torsemide 20 mg take 1 tablet by mouth twice a day diuretic
Potassium Chloride 10 MEQ by mouth twice a day Supplement

14. DME and Supplies:

IV supplies, diabetic supplies, cane

15. Safety Measures:

diabetic precautions, , ambulates with device, , bathroom safety, , activity supervision

16. Nutrition:

diabetic

17. Allergies:

oxycodone-acetaminophen sulfa lisinopril

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

No Restrictions

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: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, 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: 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
family/caregiver will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/14/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Laura Emmanuel-Allen
7141 Security Blvd
Woodlawn, MD 21044
PHONE: FAX: NPI: 1114312352

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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6. Patient's Name and Address
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Homebound status: Due to diagnosis of Pyothorax Without Fistula, 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 a 67-year-old male with a significant past medical history of pyothorax, atrial fibrillation, congestive heart failure (CHF), type 2 diabetes mellitus, obesity, and documented cognitive deficits. He was recently evaluated at Kaiser Urgent Care for bilateral lower extremity redness, erythema, swelling, and foul-smelling drainage consistent with infection and is currently receiving intravenous antibiotic therapy with ceftriaxone 2 grams daily via a peripherally inserted central catheter (PICC) line placed in the right upper extremity on 02/12/2026. The patient resides in a ranch-style home with his wife, who serves as his primary caregiver and assists with medication administration and daily care. Medication reconciliation was completed during the visit. His medication regimen includes two antihypertensive agents, a diuretic, metoprolol, and diabetic management medications. During the visit, caregiver education was provided regarding IV antibiotic administration, and the patient's wife demonstrated appropriate understanding and technique. She reported that after administration of morning medications, the patient became dizzy. Vital signs at that time revealed blood pressure of 85/48 mmHg and pulse of 54 bpm. Blood glucose was 258 mg/dL. After oral fluid intake and brief monitoring, repeat blood pressure improved to 90/56 mmHg and pulse to 57 bpm; however, he remained weak and symptomatic. It was identified that blood pressure had not been checked prior to administration of morning antihypertensive medications. Education was reinforced regarding the importance of daily blood pressure and pulse monitoring prior to medication administration, including instructions to hold metoprolol if pulse is below 60 bpm and to notify the primary care provider of hypotension or bradycardia. The patient denied pain but presented with generalized weakness, fatigue, slow and unsteady gait, and limited activity tolerance. His wife also reported skin excoriation to the buttocks; however, due to dizziness and weakness, the patient was unable to safely stand or turn for full assessment. Skin assessment will be completed at the next visit, and education was provided on pressure relief and monitoring for skin breakdown. Functionally, the patient demonstrates decline from his prior level of function. Previously, he was independent with basic self-care tasks, functional transfers, and household ambulation. Currently, he exhibits decreased standing balance, reduced standing tolerance, diminished bilateral upper extremity strength, and decreased overall activity tolerance, resulting in impaired independence with activities of daily living, transfers, and mobility. He requires assistance for safe transfers and ambulation. During therapy intervention, he tolerated straight leg raises, long arc quadriceps exercises, mini squats, and heel/toe raises at 10 repetitions for 2 sets each, though he fatigued easily and required close supervision and assistance for safety. Skilled nursing services remain medically necessary for continued IV antibiotic management, PICC line care, cardiopulmonary monitoring, diabetic management, medication education and safety reinforcement, and skin integrity assessment. Skilled physical and occupational therapy services are also recommended to address deficits in strength, endurance, balance, and functional mobility, with the goal of restoring independence in self-care and ambulation and preventing further deconditioning or falls. The plan of care includes continued therapeutic exercise progression, transfer and gait training, energy conservation strategies, caregiver education, close monitoring of vital signs and glycemic control, and coordination with the primary care provider regarding hypotension, bradycardia, and medication adjustments as indicated.
 Date of Order 02/14/2026 Orders Physician Face-to-Face Date: 02/09/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Pyothorax Without Fistula 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: OT Eval Notes:
 Physician Emmanuel-Allen, Laura

SN Careplans

SN WK1: 1 (02/14/26-02/14/26) ,WK2: 1 (02/15/26-02/21/26) ,WK3: 1 (02/22/26-02/28/26) ,WK4: 1 (03/01/26-03/07/26) ,WK5: 1 (03/08/26-03/14/26) ,WK6: 1 (03/15/26-03/21/26) ,WK7: 1 (03/22/26-03/28/26) ,WK8: 1 (03/29/26-04/04/26) ,WK9: 1 (04/05/26-04/11/26) ,WK10: 1 (04/12/26-04/14/26)

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: 3. Multiple hospitalizations (2 or more) in the past 6 months, 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

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, SpO_2: 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

SN Goals

PATIENT-STATED GOAL: To complete the antiobiotics without complications.

GOALS
patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpos

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

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

Signature of Physician:

Date

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

Date
02/14/2026

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

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, D0160 - Depression, M2020 - Oral Med Management, M1400 - Dyspnea, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, muscle weakness, balance deficit, skin breakdown r/t incontinence

PROCEDURES: cough/deep breathing exercises, glucose testing via monitor, infusion therapy: Administer IV Rocephin 2g every 24 hours via PICC line. Change PICC line dressing and collect blood specimen for CBC, Chem 7 weekly.

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule

PT Careplans

PT WK2: 1 (02/15/26-02/21/26) ,WK3: 2 (02/22/26-02/28/26) ,WK4: 2 (03/01/26-03/07/26) ,WK5: 1 (03/08/26-03/14/26) ,WK6: 1 (03/15/26-03/21/26) ,WK7: 1 (03/22/26-03/28/26)

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: cough/deep breathing exercises, incentive spirometer, strengthening exercises, 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 - 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: To get stronger and walk better

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 medicatio

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

OT Careplans

OT WK2: 1 (02/15/26-02/21/26) ,WK3: 1 (02/22/26-02/28/26) ,WK4: 1 (03/01/26-03/07/26) ,WK5: 1 (03/08/26-03/14/26) ,WK6: 1 (03/15/26-03/21/26) ,WK7: 1 (03/22/26-03/28/26)

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

PROCEDURES: Medication Review : Medication reviewed with patient and patient's wife with all medications in the home. , therapeutic exercises, equipment training, transfers training, transfers training, assist with bathing, assist with lower body dressing, assist with upper body dressing

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath

OT Goals

PATIENT-STATED GOAL: I want to walk outside

GOALS
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 medicatio

Sit to Stand - 05. Setup or clean-up assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/14/2026

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home remedies to keep lungs healthy, related medicatio, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet 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, Car Transfer - 05. Setup or clean-up 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, Eating - 06. Independent, Upper Body Dressing - 06. Independent

Chair to Bed to Chair - 05. Setup or clean-up assistance

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

Car Transfer - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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