Home Health Certification and Plan of Care

Order ID: 1150/16576

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
41504256500	02/25/2026	From: 02/25/2026 To: 04/25/2026	16826	217058

6. Patient's Name and Address
David Thacker
69 N. Dundalk Avenue,
Dundalk, MD 21222-
410-921-5532

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 09/26/1958 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I13.2	Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD	02/25/26

13. ICD	Other Pertinent Diagnoses	Date
I50.30	Unspecified diastolic (congestive) heart failure	02/25/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	02/25/26
N18.6	End stage renal disease	02/25/26
D63.1	Anemia in chronic kidney disease	02/25/26
M46.26	Osteomyelitis of vertebra lumbar region	02/25/26
M48.07	Spinal stenosis lumbosacral region	02/25/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	02/25/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	02/25/26
E78.00	Pure hypercholesterolemia unspecified	02/25/26
F41.9	Anxiety disorder unspecified	02/25/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	02/25/26
T86.12	Kidney transplant failure	02/25/26
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	02/25/26
Z79.82	Long term (current) use of aspirin	02/25/26
Z99.2	Dependence on renal dialysis	02/25/26
Z91.81	History of falling	02/25/26

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

Baclofen - Baclofen 10 mg 10MG; 1 TAB by mouth at bedtime AS NEEDED FOR MUSCLE SPASMS
Lipitor - Atorvastatin Calcium eq 40 mg base 40 MG , Take 1 tablet by mouth Take 1 tablet (40 mg total) by mouth every evening. CHOLESTEROL
Aspirin 81Mg - Aspirin 81 mg , Take 1 tablet by mouth once a day Take 1 tablet (81 mg total) by mouth daily. PROPHYLACTIC
Renvela - Sevelamer Carbonate 800 mg 800 mg , Take 1 tablet by mouth three times a day Take 1 tablet (800 mg total) by mouth 3 (three) times daily with meals.
OZEMPIC 2MG subcutaneous once a week FOR DM
Extra Strength Tylenol - Acetaminophen 500mg, 2 tablets by mouth every 6 hours As needed for pain.
Neurontin - Gabapentin 100 mg 100 MG , Take 1 capsule by mouth three times per week Take 1 capsule (100 mg total) by mouth 3 times per week. Take after dialysis
You were taking this medication differently than prescribed.
Zofran - Ondansetron Hydrochloride eq 4 mg base take 1 tablet by mouth once a day Nausea
Zyrtec - Cetirizine Hydrochloride 10mg by mouth once a day Take 1 5ab daily for alle4gies

14. DME and Supplies:
wheelchair, rolling walker, hand held shower, bath bench, commode, walker, cane, 4 wheeled walker

15. Safety Measures:
transfer with assist, supervision at all times, remove environmental barriers, hand rails, fall precautions, diabetic precautions, bleeding precautions, ambulates with device, emergency phone # clearly displayed, ambulates with assistance, standard precautions, wheelchair precautions, walker precautions, smoke detectors , medication safety, bathroom safety, anticoagulant precautions, activity supervision

16. Nutrition:
renal diet

17. Allergies:
cefepime cipro latex

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
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

20. Prognosis: good

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 Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease, 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 complex medical history significant for end-stage renal disease on intermittent hemodialysis (Monday/Wednesday/Friday) via a left AV fistula, status post failed kidney transplant (2020), heart failure with improved ejection fraction (EF 60-65% as of August 2025), nonobstructive coronary artery disease, cervical myelopathy status post C3-C6 posterior cervical decompression and fusion (10/18/2022), type 2 diabetes mellitus, hypertension, obstructive sleep apnea (not on CPAP), and a recent admission for lumbar osteomyelitis. During his prior hospitalization, he was diagnosed with lumbar osteomyelitis versus amyloidosis and Staphylococcus epidermidis bacteremia with a paravertebral phlegmon encasing the aorta and possible thrombophlebitis, for which he completed a six-week course of IV vancomycin and meropenem (10/09/2025-11/21/2025). He now re-presents after a fall following discharge from subacute rehabilitation, with repeat imaging demonstrating progression of lumbosacral osteomyelitis. He is status post L4-L5 disc debridement, L4-L5 posterior lumbar interbody fusion, and L4-S1 transpedicular fusion performed on 12/04/2025. He continues hemodialysis three times weekly, ambulates with a walker outside the home, and lives alone in a rowhome in Dundalk, Maryland, with intermittent assistance from a neighbor; however, the home is reportedly cluttered, which may limit physical therapy participation. He declined a home health aide, requires no additional assistive devices, is full code, and has all medications available at home. Allergies include cefepime, ciprofloxacin, and latex. <o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 02/25/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 02/10/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 02/25/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Pankaj Kheterpal
223 Eastern Ave
Essex, MD 21221
PHONE: 410-687-8818 FAX: 14106823989 NPI: 1801813746

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 : 02/10/2026

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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renal disease
 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> 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;"> Kheterpal, Pankaj

SN Careplans

SN WK1: 1 (02/25/26-02/28/26)

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: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will 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, 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, 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 new/change meds
Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment)

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

PROCEDURES: incentive spirometer, monitor intake & output, home exercise program, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange for maintenance of clean/uncluttered living area, monitor dialysis schedule

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, 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

SN Goals

PATIENT-STATED GOAL: Patient states he wants to be able to get upstairs to his bedroom and sleep in his bed.

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 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
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/25/2026