Home Health Certification and Plan of Care

Order ID: 1150/16757

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
33465398	03/03/2026	From: 03/03/2026 To: 05/01/2026	22995	217058

6. Patient's Name and Address

Edward Albright
25 HANFORD DRIVE,
HARMANS, MD 21077-
410-760-5205

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 01/17/1942 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J18.9	Pneumonia unspecified organism	03/03/26

13. ICD	Other Pertinent Diagnoses	Date
N39.0	Urinary tract infection site not specified	03/03/26
I50.9	Heart failure unspecified	03/03/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	03/03/26
N18.32	Chronic kidney disease stage 3b	03/03/26
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	03/03/26
I48.91	Unspecified atrial fibrillation	03/03/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	03/03/26
I25.2	Old myocardial infarction	03/03/26
E78.5	Hyperlipidemia unspecified	03/03/26
Z79.01	Long term (current) use of anticoagulants	03/03/26
Z79.4	Long term (current) use of insulin	03/03/26
Z79.82	Long term (current) use of aspirin	03/03/26
Z86.711	Personal history of pulmonary embolism	03/03/26

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

Metoprolol Succinate - Metoprolol Succinate eq 25 mg tartrate 0 25 mg by mouth once a day BLOOD PRESSURE
Tresiba - Insulin Degludec 100UNIT/ML; 16 UNITS subcutaneous once a day DM2
AMIODARONE 200 mg / tablet by mouth once a day arrythmia
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg/ 1 capsule by mouth once a day BPH
Atorvastatin - Atorvastatin Calcium 80 mg; / 1 tablet by mouth in the evening cholesterol
Jardiance - Empagliflozin 25 mg / 1 tablet by mouth once a day DM2
FUROSEMIDE 20 mg; / 1 tablet by mouth once a day FLUID PILL
Insulin Lispro 100 unit/ml / 4 units subcutaneous three times a day before meals
Fenofibrate - Fenofibrate 145 mg / 1 tablet by mouth in the evening CHOLESTEROL
Entresto - Sacubitril: Valsartan 24-26 mg / 1 tablet by mouth twice a day BLOOD PRESSURE
ELIQUIS 2.5 mg / 1 tablet Oral twice a day PE
Duoneb - Albuterol Sulfate: Ipratropium Bromide 0.5-2,5 3mg/3ml; take 3 ml inhalant four times a day sob

14. DME and Supplies:

oxygen supplies, diabetic supplies, walker

15. Safety Measures:

diabetic precautions, , ambulates with device, walker precautions, , ambulates with assistance, transfer with assist, sharps precautions, supervision at all times, , activity supervision

16. Nutrition:

diabetic, cardiac diet,

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Up As Tolerated, Walker, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, 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: 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 Pneumonia Unspecified Organism, 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 84-year-old male recently discharged from an inpatient hospitalization for acute hypoxic respiratory failure and systemic inflammatory response syndrome (SIRS), likely related to respiratory syncytial virus (RSV) exposure, as his spouse was recently diagnosed with RSV. Emergency medical services reported that the patient was found hypoxic with oxygen saturation of approximately 80% on room air and required supplemental oxygen during transport. Upon hospital arrival, the patient required 3-4 L/min via nasal cannula to maintain oxygen saturation above 94%. Physical examination during hospitalization revealed crackles on lung auscultation, and laboratory studies demonstrated a mildly elevated BNP. Chest X-ray showed mild pulmonary fluid. The patient was treated with antibiotics and was transitioned to Unasyn during the hospital course, after which he developed a maculopapular rash on the bilateral lower extremities that is currently resolving. His past medical history is significant for type 2 diabetes mellitus managed with insulin and continuous glucose monitoring via Dexcom device, dementia, congestive heart failure (CHF), coronary artery disease status post myocardial infarction (CAD s/p MI), hyperlipidemia (HLD), pulmonary embolism currently managed with Eliquis twice daily, and chronic kidney disease (CKD). The patient resides in a multilevel home with his spouse but remains on the main level at all times due to limited mobility and difficulty negotiating the four steps required to enter the home. The spouse and son assist the patient with all activities of daily living (ADLs) and instrumental activities of daily living (IADLs). The patient has not driven for approximately three months per physician recommendation and currently sleeps in a recliner. Assistive devices in use include a rollator walker for ambulation (in use for approximately two years), a shower bench for bathing, and a home oxygen system, which the patient has been using for approximately two weeks. <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-14 CE-FMS-Oxygen">Oxygen</mh> is currently administered continuously at 3-3.5 L/min via nasal cannula, although the patient occasionally removes the cannula when ambulating to the restroom. Skilled nursing services have been ordered with a frequency of 1 visit per week for 1 week, followed by 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> per week for 1 week, then 1 visit per week for 1 week. Physical therapy and occupational therapy evaluations have been ordered. At the time of the skilled nursing assessment, the patient was alert and oriented to person, place, and situation (A&O 3) but required occasional reorientation to date and time due to underlying dementia. The patient appeared pleasantly forgetful but cooperative. Finger-stick blood glucose during the visit measured 244 mg/dL. The patient denied shortness of breath at rest while receiving continuous oxygen at 3 L/min via nasal cannula. Lung sounds were diminished throughout on auscultation. Bilateral lower extremity edema was noted at +2 to +3. Areas of reddened, flaky skin were observed on both lower extremities and the right side of

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/03/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Rajiv Dua
8186 Lark Brown Rd
Elkridge, MD 21075
PHONE: 4107303399 FAX: 14434784736 NPI: 1043326945

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 : 02/22/2026

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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the body, though these areas appear to be resolving. The patient ambulates within the home using a rollator walker and reports no falls within the past year; however, gait remains unsteady and the patient demonstrates decreased balance and reduced safety awareness. The skilled nurse reviewed all current medications with the patient and family, including dose, frequency, indications, and potential side effects, with particular attention to insulin administration and anticoagulation therapy with Eliquis. Education was provided on proper insulin administration, emphasizing the importance of verifying the insulin label to ensure the correct type and dosing schedule. Instruction was also provided on safe use of the Dexcom continuous glucose monitoring system. During the visit, the patient demonstrated the ability to check his blood glucose using the Dexcom device when prompted. Additional teaching focused on diabetes management, medication adherence, and monitoring for signs and symptoms of hypo- or hyperglycemia. Safety education was provided regarding oxygen tubing and cord management in the home to reduce fall risk. The patient, spouse, and son were receptive to the education provided but will require continued reinforcement and instruction. The patient demonstrates multiple functional deficits including decreased bilateral lower extremity strength, impaired balance, unsteady gait, difficulty with transfers, decreased functional mobility, difficulty negotiating stairs, and reduced safety awareness, placing him at increased risk for falls and further functional decline. The patient remains homebound due to cardiovascular and respiratory disease resulting in limited endurance for mobility outside the home, causing fatigue and increased fall risk with community ambulation. Skilled physical therapy is indicated to address strengthening, gait training, balance improvement, transfer training, stair negotiation, and safety awareness in order to restore the patient's functional independence and prevent further decline. Occupational therapy is also indicated to address safety with ADLs and functional performance in the home. The physical therapy plan of care is scheduled to begin 03/05/2026 with a frequency of 1 visit for 1 week, 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> for 1 week (Monday/Wednesday), and 1 visit weekly for 3 weeks, with services assigned to PTA Jenn Foster. Continued skilled nursing care will focus on cardiopulmonary monitoring, diabetes management, medication education, skin integrity assessment, fall prevention, and ongoing patient and caregiver education to support safe management of the patient's complex medical conditions in the home environment.
 Date of Order 03/03/2026 Orders Physician Face-to-Face Date: 02/22/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat due to Pneumonia Unspecified Organism 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 Dua, Rajiv

SN Careplans

SN WK1: 1 (03/03/26-03/07/26) ,WK2: 2 (03/08/26-03/14/26) ,WK3: 2 (03/15/26-03/21/26) ,WK4: 1 (03/22/26-03/28/26)

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: 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; 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, M1745 - Behavioral Issues, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, lung sounds not clear, abnormal BS < 70/140 > mg/dL, limited strength, limited endurance, balance

SN Goals

PATIENT-STATED GOAL: TO GET STRONGER AND WALK BETTER TO GET OUTSIDE TO APPOINTMENTS

GOALS
patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* 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
* 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
* 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

meal preparation is available to patient for all meals

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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deficit, obesity, discolored patches of skin, rough/scaly/cracked skin

PROCEDURES: cough/deep breathing exercises, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor: THREE TIMES A DAY BEFORE MEALS USING DEXACOM

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 keep home safe for patient with dementia coping strategies for the caregiver*, 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, * 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, meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (03/03/26-03/07/26) ,WK2: 2 (03/08/26-03/14/26) ,WK3: 1 (03/15/26-03/21/26) ,WK4: 1 (03/22/26-03/28/26) ,WK5: 1 (03/29/26-03/31/26)

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, 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., dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., 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, 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 - 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, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: To be able to move better

GOALS
Toilet Transfer - 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 medication(s) purpose, schedule

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

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

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

Car Transfer - 05. Setup or clean-up assistance

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

OT Careplans

OT WK1: 1 (03/03/26-03/07/26) ,WK2: 1 (03/08/26-03/14/26) ,WK3: 1 (03/15/26-03/21/26) ,WK4: 1 (03/22/26-03/28/26) ,WK5: 1 (03/29/26-03/31/26)

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: Home exercise program , Therapeutic exercise , Medication review , Endurance training , cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation, 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 medication(s) purpose, schedule, Chair to Bed to Chair - 06. Independent, Sit to Stand - 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, 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

OT Goals

PATIENT-STATED GOAL: Family wants pt to go back to PLOF

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

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

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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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

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
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