Home Health Certification and Plan of Care

Order ID: 1150/16389

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
41401700700	02/19/2026	From: 02/19/2026 To: 04/19/2026	22596	217058

6. Patient's Name and Address

John Taylor
401 E. 25th Street Apt 11F,
BALTIMORE, MD 21218-
410-916-8628

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 08/11/1943 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	02/19/26

13. ICD	Other Pertinent Diagnoses	Date
I50.22	Chronic systolic (congestive) heart failure	02/19/26
N18.32	Chronic kidney disease stage 3b	02/19/26
D63.1	Anemia in chronic kidney disease	02/19/26
I48.0	Paroxysmal atrial fibrillation	02/19/26
K74.60	Unspecified cirrhosis of liver	02/19/26
I71.40	Abdominal aortic aneurysm without rupture unspecified	02/19/26
M48.56XD	Collapsed vert NEC lumbar region subs for fx w routn heal	02/19/26
B18.2	Chronic viral hepatitis C	02/19/26
E03.9	Hypothyroidism unspecified	02/19/26
I73.9	Peripheral vascular disease unspecified	02/19/26
G62.9	Polyneuropathy unspecified	02/19/26
D47.2	Monoclonal gammopathy	02/19/26
F11.20	Opioid dependence uncomplicated	02/19/26
R91.1	Solitary pulmonary nodule	02/19/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	02/19/26
Z87.891	Personal history of nicotine dependence	02/19/26
Z91.81	History of falling	02/19/26

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

Proventil-Hfa - Albuterol Sulfate eq 0.09 mg base/inh 90mcg/act inhalant every 6 hours 2 puffs every 6 hours as needed for SOB/WHEEZING
Spiriva Respimat - Tiotropium Bromide 2.5MCG/ACT; 2 PUFFS inhalant once a day EMPHYSEMA
Coreg - Carvedilol 25 mg 25 mg / 1 Tablet by mouth twice a day Give with food
BLOOD PRESSURE
Synthroid - Levothyroxine Sodium 88 mcg / 1 Tablet by mouth once a day THYROID
SUBOXONE 8 mg;2 mg 0 12 mg / 1 Film sublingual once a day
Plavix - Clopidogrel Bisulfate eq 75 mg base eq 75 mg base / 1 Tablet by mouth once a day ANTICOAGULANT
Lasix - Furosemide 20 mg 20 mg / 1 Tablet by mouth once a day FLUID PILL
Prinivil - Lisinopril 20 mg 20 mg / 1 Tablet by mouth once a day BLOOD PRESSURE

14. DME and Supplies:

bath bench, cane

15. Safety Measures:

standard precautions, fall precautions, bleeding precautions, ambulates with device, medication safety, anticoagulant precautions

16. Nutrition:

cardiac diet,

17. Allergies:

Amlodipine

18.A. Functional Limitations

Endurance

18.B. Activities Permitted

Up As Tolerated, Cane

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

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

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney 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 was recently hospitalized status post fall and was diagnosed with a spiculated lung lesion and opioid use disorder. His past medical history is significant for heart failure, chronic kidney disease, cirrhosis secondary to chronic hepatitis C, hypothyroidism, peripheral vascular disease status post iliac artery angioplasty, chronic anemia, pulmonary emphysema/bronchitis, and a history of smoking. He is alert and oriented 3, denies pain, reports shortness of breath with moderate exertion, and has diminished lung sounds on assessment; appetite is good, last bowel movement was today, and no edema is noted. A cane is available in the home; however, he is not currently using it. The patient's sister assists as needed, manages his medications and healthcare matters, and expressed concerns regarding newly prescribed medications, which she plans to review with the primary care provider at the scheduled follow-up appointment on 2/23/26. Skilled nursing services are ordered, and the patient has declined PT/OT evaluation at this time. Skilled nursing reviewed all medications and their indications with the patient and sister, initiated heart failure education, and will continue teaching related to his multiple chronic conditions.<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: 02/07/2026
 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat, OT eval and treat DX: Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney 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;"> Ni, Nan

SN Careplans

SN Goals

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

Nan Ni
200 E 33Rd St
Baltimore, MD 21218
PHONE: 410-261-8019 FAX: 14102618021 NPI: 1518926500

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 : 02/07/2026

27. Attending Physician's Signature and Date Signed **02/26/2026** 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.

Home Health Certification and Plan of Care

Order ID: 1150/16389

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
41401700700	02/19/2026	From: 02/19/2026 To: 04/19/2026	22596	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
John Taylor 401 E. 25th Street Apt 11F, BALTIMORE, MD 21218- 410-916-8628	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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, 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: M2020 - Oral Med Management, Home Safety, meal preparation, M1400 - Dyspnea, lung sounds not clear, limited endurance

PROCEDURES: cough/deep breathing exercises

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, 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

PATIENT-STATED GOAL: I JUST WANT TO STAY OUT THE HOSPITAL

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

meal preparation is available to patient for all meals

patient's living environment is clean/uncluttered

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/19/2026