Home Health Certification and Plan of Care

Order ID: 1150/17145

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
12311730	03/14/2026	From: 03/14/2026 To: 05/12/2026	17842	217058

6. Patient's Name and Address

Martin Lang
9135 SPERL AVE,
PARKVILLE, MD 21234-
410-882-5043

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 06/10/1955 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I50.22	Chronic systolic (congestive) heart failure	03/14/26

13. ICD	Other Pertinent Diagnoses	Date
I48.0	Paroxysmal atrial fibrillation	03/14/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	03/14/26
N18.32	Chronic kidney disease stage 3b	03/14/26
D63.1	Anemia in chronic kidney disease	03/14/26
J43.9	Emphysema unspecified	03/14/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	03/14/26
I42.9	Cardiomyopathy unspecified	03/14/26
F01.50	Vascular dementia unsp severity without beh/psych/mood/anx	03/14/26
G91.9	Hydrocephalus unspecified	03/14/26
E78.5	Hyperlipidemia unspecified	03/14/26
E03.9	Hypothyroidism unspecified	03/14/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	03/14/26
Z79.01	Long term (current) use of anticoagulants	03/14/26
Z95.5	Presence of coronary angioplasty implant and graft	03/14/26
Z86.718	Personal history of other venous thrombosis and embolism	03/14/26
Z86.711	Personal history of pulmonary embolism	03/14/26

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

Lasix - Furosemide Take 20 mg tablet by mouth in the morning 20 mg, Oral, 1 time daily every morning
Synthroid - Levothyroxine Sodium 0.137 mg **see current annual edition, 1.8 description of special situations, levothyroxine sodium 0 Take 125 mcg tablet by mouth once a day 1 time daily before breakfast for hypothyroidism
Lipitor - Atorvastatin Calcium 0 Take 40 mg tablet by mouth at bedtime Cholesterol
Coreg - Carvedilol 3.125 mg 0 Take 12.5 mg tablet by mouth twice a day HTN
Clopidogrel - Clopidogrel 75 mg Take 1 tablet by mouth once a day Peripheral Vascular Disease

14. DME and Supplies:

4 wheeled walker

15. Safety Measures:

walker precautions, smoke detectors , , , , ambulates with device, ambulates with assistance, supervision at all times, transfer with assist, , hand rails, bathroom safety, , activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted

Walker, Exercises Prescribed

19. Mental & Psychosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, 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: 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

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Chronic Systolic (Congestive) Heart Failure, 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 70-year-old male referred to home health services following a recent emergency department evaluation for acute abdominal pain. His past medical history is extensive and includes recurrent deep vein thrombosis and pulmonary embolism, atrial fibrillation, cardiomyopathy with reduced ejection fraction status post automatic implantable cardioverter-defibrillator placement in 2018, chronic kidney disease, type 2 diabetes mellitus, hydrocephalus, emphysema, hypothyroidism, vascular dementia with mild cognitive impairment, and a history of frequent falls. In January 2026, he was also diagnosed with a left ventricular thrombus. Due to failure of prior anticoagulation therapies, he has been transitioned to warfarin (Coumadin) for ongoing anticoagulation management. During his recent emergency department visit, the patient presented with diffuse abdominal cramping, vomiting, and pain rated at 8/10. He reported one episode each of loose stool and emesis. Laboratory findings revealed leukocytosis (WBC 13.5), elevated lactate initially at 2.4 decreasing to 1.9, and a critically elevated INR of 9.4, indicating supratherapeutic anticoagulation and significantly increased bleeding risk. Imaging with CT of the abdomen and pelvis demonstrated moderate mural thickening of a 15 cm segment of the distal jejunum, concerning for possible intramural hemorrhage, inflammatory or ischemic process, vasculitis, or neoplasm. Additionally, a nonocclusive thrombus was identified at the origin of the superior mesenteric artery with distal reconstitution, and an incidental pulmonary nodule was noted in the right middle lobe. The patient resides alone in a single-family home that was observed to be cluttered, posing additional fall risk. He has limited to no consistent social support. Despite his complex medical condition, he is currently functioning independently with basic activities of daily living, functional transfers, and ambulation, and is able to perform simple meal preparation tasks. Occupational therapy evaluation determined no need for ongoing skilled OT services at this time. At the time of assessment, the patient is at high risk for bleeding due to supratherapeutic anticoagulation, as well as for thromboembolic and gastrointestinal complications related to his underlying conditions. He is also at elevated risk for falls due to cognitive impairment, environmental hazards, and generalized weakness. Skilled nursing services are indicated for close cardiopulmonary assessment, monitoring for signs and symptoms of bleeding, ongoing evaluation of abdominal status, medication reconciliation and management, and anticoagulation education. Regular laboratory monitoring, including PT/INR, is required to guide safe medication adjustments. Education was provided regarding fall prevention strategies, including decluttering the home environment, as well as instruction in a home exercise program consisting of long arc quadriceps exercises, side leg raises, mini squats, and heel raises to improve strength and stability. The patient is considered homebound due to multiple chronic conditions, decreased endurance, cognitive impairment,

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/14/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Chetan Sharma
1447 York Rd
Lutherville-Timonium, MD 21093
PHONE: FAX: NPI: 1477734341

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 : 03/03/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/17145

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
12311730	03/14/2026	From: 03/14/2026 To: 05/12/2026	17842	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Martin Lang 9135 SPERL AVE, PARKVILLE, MD 21234- 410-882-5043	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

and the need for assistance and significant effort to safely leave the home. The plan of care includes continued skilled nursing for monitoring and management of anticoagulation therapy, early identification of complications, coordination with primary care and specialty providers, and reinforcement of safety and disease management education, with the goal of preventing further decline and reducing risk of hospitalization.
 Date of Order 03/14/2026 Orders Physician Face-to-Face Date: 03/03/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Chronic Systolic (Congestive) Heart Failure 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 Sharma, Chetan

SN Careplans

SN WK1: 1 (03/14/26-03/14/26) ,WK2: 2 (03/15/26-03/21/26) ,WK3: 1 (03/22/26-03/28/26) ,WK4: 1 (03/29/26-04/04/26) ,WK5: 1 (04/05/26-04/11/26) ,WK6: 1 (04/12/26-04/18/26) ,WK7: 1 (04/19/26-04/25/26)

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: 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, 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, 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: M1745 - Behavioral Issues, D0160 - Depression, M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, Home Safety, Home Safety, M1400 - Dyspnea, dependent edema, muscle weakness, limited strength, limited endurance, balance deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, apply compression bandage, physician-ordered wound care, physician-ordered wound care, physician-ordered wound care, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange repair of inadequate lighting, coordinate/arrange for maintenance of clean/uncluttered living area, venipuncture: Please draw PT/INR on 3/16/26 Please drop blood sample at a KP lab or fax results to ACC at 1-866-256-8660. Call results to KP Anticoag clinic 703-962-2677 or 1-888-845-0095 Option 3

SN Goals

PATIENT-STATED GOAL: Patient states he wants to be able to drive to the grocery store again and shop for his own food.

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/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) 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's living environment is clean/uncluttered

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

patient living environment has adequate lighting

caregiver administers and/or packages medications appropriately

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/14/2026

Home Health Certification and Plan of Care

Order ID: 1150/17145

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
12311730	03/14/2026	From: 03/14/2026 To: 05/12/2026	17842	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Martin Lang 9135 SPERL AVE, PARKVILLE, MD 21234- 410-882-5043	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient living environment has adequate lighting, patient's living environment is clean/uncluttered, caregiver administers and/or packages medications appropriately

PT Careplans

PT WK2: 1 (03/15/26-03/21/26) ,WK3: 2 (03/22/26-03/28/26) ,WK4: 2 (03/29/26-04/04/26) ,WK5: 1 (04/05/26-04/11/26) ,WK6: 1 (04/12/26-04/18/26)

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, equipment training, 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, 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

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 - 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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

OT Careplans

OT WK2: 1 (03/15/26-03/21/26)

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

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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Evaluation only

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/14/2026

Home Health Certification and Plan of Care

Order ID: 1150/17145

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
12311730	03/14/2026	From: 03/14/2026 To: 05/12/2026	17842	217058

6. Patient's Name and Address

Martin Lang
9135 SPERL AVE,
PARKVILLE, MD 21234-
410-882-5043

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

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

03/14/2026