

Home Health Certification and Plan of Care							Order ID: 115017216		
1. Patient's HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
67259295		03/18/2026		From: 03/18/2026 To: 05/16/2026		23719		217058	
6. Patient's Name and Address Eric Jackson 5149 CEDGATE RD, BALTIMORE, MD 21206- 443-633-1352					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		10/07/1954		9. Sex		Male		10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
11. ICD N13.6		Principal Diagnosis Pyonephrosis			Date		03/18/26		
13. ICD I10. E78.5 D84.9 E87.6 M79.671 R33.9 R73.03 Z46.6 Z85.46		Other Pertinent Diagnoses Essential (primary) hypertension Hyperlipidemia unspecified Immunodeficiency unspecified Hypokalemia Pain in right foot Retention of urine unspecified Prediabetes Encounter for fitting and adjustment of urinary device Personal history of malignant neoplasm of prostate			Date		03/18/26 03/18/26 03/18/26 03/18/26 03/18/26 03/18/26 03/18/26 03/18/26 03/18/26 03/18/26		
14. DME and Supplies: urinary/catheter supplies, cane					15. Safety Measures: smoke detectors , emergency phone # clearly displayed, bathroom safety, ambulates with device, medication safety, hand rails, ambulates with assistance, standard precautions, fall precautions, activity supervision				
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET					17. Allergies: lisinopril				
18.A. Functional Limitations Ambulation, Bowel/Bladder Incontinence					18.B. Activities Permitted Exercises Prescribed, Cane, Up As Tolerated, Transfer bed/Chair				
19. Mental & Psychosocial 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:					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 Pyonephrosis, 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:					<p class="MsoNoSpacing">The patient was admitted with diagnoses of hypertension, hyperlipidemia, urinary retention, and prostate cancer, and is currently alert and oriented 3 with no acute distress. Vital signs are within normal limits; lung sounds are clear, heart rhythm is regular, the abdomen is soft and non-tender, and skin is intact with no edema. The patient has a 16F Foley catheter with clear yellow urine and ambulates with a cane and assistance from a spouse/caregiver. Following a recent hospitalization for lower back pain, fever, and dysuria, the patient now demonstrates decreased standing balance, tolerance, bilateral upper extremity strength, and overall activity tolerance, resulting in reduced independence with self-care, functional transfers, and ambulation compared to prior level of function, when he was independent and assisted with household tasks. Skilled occupational therapy services are recommended to address these deficits and support a return to prior functional level.</o:p></o:p></p><p class="MsoNoSpacing">Top of Form</o:p></o:p></p><p class="MsoNoSpacing">Bottom of Form</o:p></o:p></p><p class="MsoNoSpacing">OT Eval Notes:</o:p></o:p></p><p class="MsoNoSpacing">Adimorah, Nkemdilim</p>				
SN Careplans					SN Goals				
SN WK1: 1 (03/18/26-03/21/26) ,WK2: 2 (03/22/26-03/28/26) ,WK3: 2 (03/29/26-04/04/26) ,WK4: 1 (04/05/26-04/11/26) ,WK5: 1 (04/12/26-04/18/26) ,WK6: 1 (04/19/26-04/25/26)					PATIENT-STATED GOAL: Patient stated his goal is to have Foley catheter removed				
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					GOALS patient/caregiver recalls * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain * teach relaxation skills and diversional activities * recalls related medication(s) purpose, schedule				
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance									
HOSPITALIZATION RISKS: 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.					patient/caregiver recalls * urinary catheter management including how to flush catheter * change and wash drainage bags * prevent infection including proper handwashing * positioning of catheter * recalls related medication(s) purpose, schedule				
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 03/18/2026							25. Date HHA Received Signed POT		
24. Physician's Name and Address Nkemdilim Adimorah 5401 Old Court Rd Randallstown, MD 21133 PHONE: 4436350583 FAX: NPI: 1841941242					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 : 03/14/2026				
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. PAGE 1 of 3				

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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: A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, meal preparation, M1400 - Dyspnea, M1600 - UTI, M1610 - Urinary Catheter, limited endurance, limited strength, Pain Interference with ADLs, balance deficit, B1000 - Vision Deficit PROCEDURES: cough/deep breathing exercises, monitor intake & output, catheter change, care & irrigation 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 maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, meal preparation is available to patient for all meals			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 * prevention including increase fluid intake * increase Vitamin C intake to promote acidic bladder environment (cranberry juice) * perineal hygiene * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule meal preparation is available to patient for all meals patient's transportation needs are met		
OT Careplans			OT Goals		
OT WK1: 1 (03/18/26-03/21/26) ,WK2: 1 (03/22/26-03/28/26) ,WK3: 1 (03/29/26-04/04/26) ,WK4: 1 (04/05/26-04/11/26) ,WK5: 1 (04/12/26-04/18/26) ,WK6: 1 (04/19/26-04/25/26)			PATIENT-STATED GOAL: Get in the shower		
PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170I1 - Walk 10 Feet, GG0130A1 - Eating, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0130B1 - Oral Hygiene, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing			GOALS Chair to Bed to Chair - 06. Independent		
PROCEDURES: Medication Review : Medication reviewed with patient with all medications in the home. , equipment training, work simplification/energy conservation			Toilet Transfer - 06. Independent		
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 - 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			Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance		
Signature of Physician:			1 - Step (curb) - 05. Setup or clean-up assistance		
Date			Shower/Bathe Self - 05. Setup or clean-up assistance		
PAGE 2 of 3			patient/caregiver recalls		
Optional Name/Signature of Nurse/Therapist:			* lifestyle modifications to manage respiratory condition including		
Electronically Signed by Messick, Charles RN			* diet changes and regular exercise		
Date			* strategies to control shortness of breath		
03/18/2026			* 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		

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Body Dressing - 06. Independent			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 3 of 3
Optional Name/Signature of Nurse/Therapist: Electronically Signed by Messick, Charles RN	Date 03/18/2026