

Home Health Certification and Plan of Care						Order ID: 1150/17528			
1. Patient's HI claim No. 41299082		2. Start Of Care Date 03/18/2026		3. Certification Period From: 03/18/2026 To: 05/16/2026		4. Medical Record No. 23715		5. Provider No. 217058	
6. Patient's Name and Address John Patrisian 39 Luffing Ct, ESSEX, MD 21221- 443-745-4733					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 04/04/1941 9.Sex Male					10. Medications: Dose/Frequency/Route (N)ew (C)hanged Vitamin C - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 65mg iron-125mg Tbec Dr tab by mouth once a day 1 tab daily for supplement and repletion Lipitor - Atorvastatin Calcium eq 80 mg base 80mg=1 tab by mouth once a day Take 1 tab daily for cholesterol Torsemide - Torsemide 20 mg 20 mg 20mg=1tab by mouth twice a day Two tabs (40mg) twice daily for fluid retention Tylenol - Acetaminophen 325 mg 1tablet by mouth as necessary every 6 hrs as needed Torsemide - Torsemide 20 mg 20 mg 3 tablets by mouth twice a day Hydralazine - Hydralazine Hydrochloride 50mg=1 tab by mouth three times a day 1 tab three times/day for blood pressure				
11. ICD J90.		Principal Diagnosis Pleural effusion not elsewhere classified			Date 03/18/26				
13. ICD I13.0		Other Pertinent Diagnoses Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny			Date 03/18/26				
I50.32		Chronic diastolic (congestive) heart failure			03/18/26				
E11.22		Type 2 diabetes mellitus w diabetic chronic kidney disease			03/18/26				
N18.6		End stage renal disease			03/18/26				
D63.1		Anemia in chronic kidney disease			03/18/26				
I35.0		Nonrheumatic aortic (valve) stenosis			03/18/26				
I71.21		Aneurysm of the ascending aorta without rupture			03/18/26				
I89.0		Lymphedema not elsewhere classified			03/18/26				
N40.0		Benign prostatic hyperplasia without lower urinry tract symp			03/18/26				
H54.62		Unqualified visual loss left eye normal vision right eye			03/18/26				
E02.		Subclinical iodine-deficiency hypothyroidism			03/18/26				
K21.9		Gastro-esophageal reflux disease without esophagitis			03/18/26				
E04.1		Nontoxic single thyroid nodule			03/18/26				
Z87.01		Personal history of pneumonia (recurrent)			03/18/26				
Z86.16		Personal history of COVID-19			03/18/26				
Z87.891		Personal history of nicotine dependence			03/18/26				
Z99.2		Dependence on renal dialysis			03/18/26				
14. DME and Supplies: rolling walker, hand held shower, bath bench, commode, grab bars, walker, oxygen supplies, 4 wheeled walker					15. Safety Measures: walker precautions, smoke detectors , emergency phone # clearly displayed, bathroom safety, ambulates with device, ambulates with assistance, electrical safety measures, hand rails, , , supervision at all times, transfer with assist, , , activity supervision				
16. Nutrition: low sodium, renal diet					17. Allergies: amlodipine				
18.A. Functional Limitations Bowel/Bladder Incontinence, Endurance, Ambulation					18.B. Activities Permitted Exercises Prescribed, Walker, Up As Tolerated				
19. Mental & Psychosocial 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:					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 patient will be responsible for managing treatment				
Homebound status:					Due to diagnosis of Pleural effusion not elsewhere classified, 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:					<div>The patient is an 84-year-old male recently hospitalized for acute-on-chronic pruritus with generalized urticaria, likely secondary to medication (tramadol), during which he was also found to have a recurrent right-sided pleural effusion and worsening renal function. His past medical history is significant for chronic kidney disease with planned initiation of dialysis in approximately 10 days pending arteriovenous fistula maturation, diastolic heart failure, aortic stenosis, ascending thoracic aortic aneurysm, gastroesophageal reflux disease, lymphedema, and a history of recurrent pleural effusions and pleuritis. He most recently underwent thoracentesis on 03/06/2026. During hospitalization, he was treated with antihistamines and corticosteroids with improvement in pruritus and hives. The patient is currently designated as full code and is agreeable to initiating dialysis when medically indicated. At the time of home evaluation, the patient was found resting in a recliner, where he now sleeps, reporting persistent itching, generalized weakness, and discomfort with intermittent restlessness. Compared to his prior level of function-where he was independent with basic activities of daily living, transfers, and ambulation using a walker in a two-story home-he now demonstrates a notable functional decline. He requires assistance with transfers and ambulation due to profound weakness and decreased activity tolerance. Physical assessment reveals diminished strength and endurance, contributing to impaired mobility and increased fall risk. Although occupational therapy evaluation identified decreased bilateral upper extremity strength and reduced activity tolerance, the patient declined ongoing skilled occupational therapy services at this time following evaluation. However, given his current deficits, skilled physical therapy is indicated to address impaired strength, functional mobility, transfers, and ambulation, with the goal of improving safety and promoting return toward prior level of function. Education was provided regarding symptom monitoring, energy conservation, and the importance of mobility to prevent further deconditioning. Continued interdisciplinary management is recommended, particularly in anticipation of dialysis initiation and ongoing management of his complex medical conditions.</div><div>Date of Order</div><div>03/18/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 03/14/2026</div><div>Clinical Condition Requiring Home Care per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div>PT Eval Notes:</div><div>OT Eval Notes:</div></div>				
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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style="font-size: 14px;">Physician</div><div>Adimorah, Nkemdilim</div>	
SN Careplans	SN Goals
SN 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) ,WK7: 1 (04/26/26-05/02/26) ,WK8: 1 (05/03/26-05/09/26) 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, 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 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: M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, M2102c - Med Admin, M1400 - Dyspnea, dependent edema, M1033 - Exhaustion, limited range of motion, muscle weakness, limited strength, limited endurance, balance deficit, weak hand grips, daytime fatigue, difficulty sleeping, Pain Interference with ADLs, Pain Effect on Sleep, new incidence of rash, rough/scaly/cracked skin, itchy skin PROCEDURES: incentive spirometer, glucose testing via monitor, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, 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, * 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, * 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, caregiver administers and/or packages medications appropriately	PATIENT-STATED GOAL: Patient states he wants the itching he is having to stop and to rebuild his strength up again so he can walk with his walker to and from his doctors appointments and not use a wheelchair. 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 * 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 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 caregiver administers and/or packages medications appropriately

PT Careplans	PT Goals
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/18/2026

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PT 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) 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, 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			PATIENT-STATED GOAL: To get stronger and walk better 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 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 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		
OT Careplans			OT Goals		
OT WK2: 1 (03/22/26-03/28/26) 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			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 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
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