Home Health Certification and Plan of Care

Order ID: 1150/17258

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
41299082	03/18/2026	From: 03/18/2026 To: 05/16/2026	23715	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

11. ICD	Principal Diagnosis	Date
J90.	Pleural effusion not elsewhere classified	03/18/26

13. ICD	Other Pertinent Diagnoses	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	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

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

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 & 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: 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: 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.
 Date of Order 03/18/2026 Orders Physician Face-to-Face Date: 03/14/2026 Clinical Condition Requiring Home Care per Certifying Physician: debility due to Pleural effusion not elsewhere classified 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:
 <span

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 **03/26/2026**: 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.

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style="font-size: 14px;">Physician Adimorah, Nkemdilim

SN Careplans

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

SN Goals

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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

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 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

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

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
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/18/2026