Home Health Certification and Plan of Care

Order ID: 1150/17357

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
091014141	03/20/2026	From: 03/20/2026 To: 05/18/2026	23835	217058

6. Patient's Name and Address

Robert Pellaton
1510 BOLTON ST,
BALTIMORE, MD 21217
410-215-1692

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 10/22/1937 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
A41.9	Sepsis unspecified organism	03/20/26

13. ICD	Other Pertinent Diagnoses	Date
N17.9	Acute kidney failure unspecified	03/20/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	03/20/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	03/20/26
N18.30	Chronic kidney disease stage 3 unspecified	03/20/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	03/20/26
R33.8	Other retention of urine	03/20/26
I45.2	Bifascicular block	03/20/26
K57.92	Dvtrcli of intest part unsp w/o perf or abscess w/o bleed	03/20/26
M17.12	Unilateral primary osteoarthritis left knee	03/20/26
E11.49	Type 2 diabetes w oth diabetic neurological complication	03/20/26
G25.0	Essential tremor	03/20/26
M50.10	Cervical disc disorder w radiculopathy unsp cervical region	03/20/26
A04.72	Enterocolitis d/t Clostridium difficile not spcf as recur (A04.72)	03/20/26
H91.93	Unspecified hearing loss bilateral	03/20/26
E87.5	Hyperkalemia	03/20/26
F41.9	Anxiety disorder unspecified	03/20/26
F32.A	Depression unspecified	03/20/26
Z79.01	Long term (current) use of anticoagulants	03/20/26
Z79.2	Long term (current) use of antibiotics	03/20/26
Z46.6	Encounter for fitting and adjustment of urinary device	03/20/26
Z86.718	Personal history of other venous thrombosis and embolism	03/20/26
Z85.828	Personal history of other malignant neoplasm of skin	03/20/26
Z86.0100	Personal history of colonic polyps	03/20/26

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

Vancomycin - Vancomycin Hydrochloride 0 125 mg / 1 Capsule by mouth twice a day daily for 14 days. Commonly known as: VANCOCIN
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg 0.4 mg by mouth in the evening Commonly known as: FLOMAX
SACCHAROMYCES BOULARDII PO Tablets by mouth 2 times daily
Propranolol - Hydrochlorothiazide: Propranolol Hydrochloride 160 mg Capsule Extended Release 24 Hour / Take 160 mg by mouth in the morning Commonly known as: INDERAL LA
Nifedipine - Nifedipine 60 mg 0 60 mg / 1 Tablet by mouth once a day Commonly known as: ADALAT CC
Isosorbide Mononitrate - Isosorbide Mononitrate 20 mg 20 mg by mouth three times a day Commonly known as: ISMO
Hydralazine - Hydralazine Hydrochloride 0 Take 100 mg / Tablet by mouth three times a day Commonly known as: APRESOLINE
ELIQUIS 0 5 mg / 1 Tablet by mouth twice a day
Doxycycline - Doxycycline Hyclate 0 Take 100 mg / Capsule by mouth twice a day Commonly known as: VIBRAMYCIN
Dicyclomine - Dicyclomine Hydrochloride 0 Take 10 mg / Capsule by mouth four times a day Commonly known as: BENTYL
Clobetasol 0 0.05 % ointment / Apply 1 Application to the skin topical as necessary Commonly known as: TEMOVATE
Acetaminophen - Acetaminophen 0 325 mg / 1 Tablet by mouth every 4 hours Take 2 tablets as needed for SEVERE Pain. Commonly known as: TYLENOL

14. DME and Supplies:

urinary/catheter supplies, hospital bed, bath bench, cane, , walker

15. Safety Measures:

walker precautions, medication safety, infectious material management, fall precautions, diabetic precautions, cardiac precautions, bathroom safety, ambulates with device

16. Nutrition:

renal diet

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Cane, 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: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status:

Due to diagnosis of Sepsis unspecified organism, 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/20/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Robert Levine
2391 Greenspring Drive
Timonium, MD 21093
PHONE: 410-847-3000 FAX: 18554160980 NPI: 1417274432

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 : 03/17/2026

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.

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Robert Pellaton 1510 BOLTON ST, BALTIMORE, MD 21217 410-215-1692	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

The patient is an 88-year-old male admitted to home health services following a recent hospitalization for sepsis and acute kidney failure, with a past medical history significant for benign prostatic hyperplasia, bilateral urinary incontinence, chronic kidney disease stage III, type 2 diabetes mellitus, MRSA related to retained spinal hardware, Clostridioides difficile on long-term vancomycin therapy, osteoarthritis status post left total knee replacement, tremors, skin cancer, depression, and cervical disc disorder with radiculopathy. He is alert and oriented 4, denies pain, and reports "raw" skin in the buttocks and groin areas managed with barrier cream; skin assessment reveals pallor, poor turgor, dryness, and bilateral lower extremity edema (+1-2). He denies shortness of breath, chest pain, nausea, or vomiting but reports dizziness with standing and ambulation. He has an indwelling Foley catheter draining clear yellow urine and reports his last bowel movement was yesterday. Lung sounds are clear to auscultation, bowel sounds are active, and pulses are palpable, with noted bilateral upper extremity tremors. The patient lives with his wife in a townhouse with a first-floor setup and requires supervision for bed mobility and transfers, and ambulates short distances indoors with a rolling walker and supervision; he is able to negotiate two steps with contact guard assistance. He is considered homebound due to the significant effort required to leave the home and an increased fall risk (Tinetti score 16/28). Skilled home health services, including therapy, are indicated to improve strength, mobility, safety, and functional independence.<o:p></o:p> <o:p> </o:p> Bottom of Form<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 03/20/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 03/17/2026
 Clinical Condition Requiring Home Care per Certifying Physician: SN for checks/evaluation of vital signs, disease process teaching and medication education, PT eval and treat, OT eval and treat DX: Sepsis unspecified organism
 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> PT Eval 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;"> Levine, Robert

SN Careplans

SN WK1: 1 (03/20/26-03/21/26) ,WK2: 2 (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)

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: 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: D0160 - Depression, D0700 - Social Isolation, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M2020 - Oral Med Management, A1250 - Lack of Necessary Transportation, swelling in the arms/legs, abnormal blood pressure, dependent edema, M1400 - Dyspnea, M1033 - Exhaustion, M1610 - Urinary Catheter, muscle weakness, limited endurance, limited strength, weak hand grips, rough/scaly/cracked skin, swell/redness surround. skin, pallor

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, catheter change, care & irrigation, home exercise program, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange long-term socialization activities, coordinate/arrange transportation services, monitor dialysis schedule

SN Goals

PATIENT-STATED GOAL: I want to be able to move around and get up and down the steps.

GOALS
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

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
* 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

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/20/2026

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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, * 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, * 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, * strategies to increase socialization, related medication(s) purpose, schedule, patient's transportation needs are met, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT 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) ,WK9: 1 (05/10/26-05/16/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170G1 - Car Transfer, 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, GG0170I1 - Walk 10 Feet, GG0130B1 - Oral Hygiene, 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

PROCEDURES: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, 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 - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet 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, Car Transfer - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 02. Substantial/maximal assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Upper Body Dressing - 06. Independent

PT Goals

PATIENT-STATED GOAL: Walk independently with cane.

GOALS
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 - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

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

Car Transfer - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 02. Substantial/maximal assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

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	03/20/2026