Home Health Certification and Plan of Care

Order ID: 1150/17430

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
35216822	03/23/2026	From: 03/23/2026 To: 05/21/2026	5972	217058

6. Patient's Name and Address
Matthew Bonaparte
2542 Lanvale St,
BALTIMORE, MD 21216-
443-720-8785

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 05/27/1945 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	03/23/26

13. ICD	Other Pertinent Diagnoses	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	03/23/26
N18.32	Chronic kidney disease stage 3b	03/23/26
M54.10	Radiculopathy site unspecified	03/23/26
M54.9	Dorsalgia unspecified	03/23/26
G89.4	Chronic pain syndrome	03/23/26
E78.5	Hyperlipidemia unspecified	03/23/26
E05.90	Thyrotoxicosis unsp without thyrotoxic crisis or storm	03/23/26
F41.1	Generalized anxiety disorder	03/23/26
E03.9	Hypothyroidism unspecified	03/23/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	03/23/26
H40.9	Unspecified glaucoma	03/23/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	03/23/26
Z79.4	Long term (current) use of insulin	03/23/26
Z87.440	Personal history of urinary (tract) infections	03/23/26

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

Latanoprost - Latanoprost 0.005 perc 1 drop drops in the evening affected eye
Oxycodone Hydrochloride - Oxycodone Hydrochloride 15 mg take 1 tablet by mouth every 6 hours
Metformin Hcl - Metformin Hydrochloride 500 MG,Take 1 Tablet by mouth twice a day With Meals
Methimazole - Methimazole 10 Mg, Take Half of a Tablet by mouth once a day With Food. For thyroid
Tizanidine Hydrochloride - Tizanidine Hydrochloride eq 4 mg base 4mg by mouth at bedtime For muscle spasms
Senna Pods Herbal PO in the morning For bowel regimen
Glucerna - Glucerna 1 bottle 10 ox by mouth twice a day for nutritional supplement
Doxazosin Mesylate - Doxazosin Mesylate eq 2 mg base eq 4 mg base take 1 tablet by mouth once a day
Extra Strength Tylenol - Acetaminophen 500mg (2) by mouth every 8 hours Three times a day for pain
Iron - Ferrous Sulfate: Folic Acid 325mg by mouth once a day Supplement
Flonase - Fluticasone Propionate 0.05 mg/spray 0.05mg inhalant twice a day 8am and 8pm 1 spray to each nostril
Hctz - Hydralazine Hydrochloride: Hydrochlorothiazide 25mg by mouth three times a day 7a, 1p, 7p hold for SPB less 5han 100
Morphine - Morphine Sulfate 15mg ER by mouth twice a day Pain
Buspirone Hcl - Buspirone Hydrochloride 10mg by mouth three times a day Anxiety
Lexapro - Escitalopram Oxalate eq 20 mg base 20mg by mouth once a day 8am for depression

14. DME and Supplies:
hospital bed, reacher, , diabetic supplies, walker

15. Safety Measures:
cardiac precautions, walker precautions, supervision at all times, , non-weight bearing LLE, diabetic precautions, , bathroom safety, activity supervision, ambulates with assistance, ambulates with device

16. Nutrition:
cardiac diet, diabetic,

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance, Amputation

18.B. Activities Permitted
Walker, Up As Tolerated

19. Mental & Pyschosocial 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: 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
patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive Chronic Kidney Disease With Stage 1 Through Stage 4, Or Unspecified, Chronic Kidney Disease, 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 81-year-old male with a complex medical history including congestive heart failure (CHF), diabetes mellitus, chronic back pain, constipation, lower extremity weakness, ambulatory difficulty requiring an assistive device, glaucoma, depression, anxiety, radiculopathy, hyperlipidemia, hypothyroidism, transient ischemic attack (TIA), bilateral foot drop, and a history of three prior back surgeries. The patient was recently hospitalized following a fall and is now admitted to an assisted living facility (ALF) with 24-hour staff support. The home environment includes a second-floor bedroom and bathroom accessible via stair lift, with an additional two steps requiring railing assistance. The patient is considered homebound due to the significant physical effort required to leave the home and increased fall risk, as evidenced by a Tinetti score of 12/28. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient is alert and oriented to person, place, and time, with occasional confusion noted. Chronic back pain is reported at a severity of 7-8/10, increasing to 8/10 during occupational therapy evaluation, significantly limiting mobility and activities of daily living (ADLs). Pain has also contributed to decreased appetite. The patient denies recent falls and exhibits no open wounds or abnormal bleeding. Bowel function is managed with senna, with the last bowel movement occurring the day prior and reported as effective. Medications have been reviewed and reconciled, with care managed by the facility provider, L. Rollins, NP. The patient's wife, Mrs. Ann, is listed as the emergency contact, and all necessary consents have been obtained. Functionally, the patient ambulates approximately 30 feet twice daily on indoor surfaces using a rolling walker with supervision, demonstrating a steppage gait due to bilateral foot drop. Bed mobility is performed with distant supervision, and transfers from bed and toilet to standing with a walker require supervision. The patient has declined stair <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> and demonstrates limited participation in mobility activities, reportedly due to perceived adequate exercise during prior rehabilitation. Staff have been assisting with meal delivery to the patient's room, contributing to decreased activity levels; however, the patient has been instructed and is agreeable to using the stair lift to access downstairs meals at least once daily to promote mobility. Education has been provided regarding the negative impact of prolonged bed rest on back pain and overall function, as well as the importance of increasing activity levels. Skilled nursing services are ordered at a frequency of once weekly for six weeks (1w6) to monitor clinical status,

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 03/23/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Deepak Baskaran
3455 Wilkens Ave
Baltimore, MD 21229
PHONE: 410-644-4444 FAX: 14106444484 NPI: 1730135278

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 : 03/08/2026

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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manage chronic conditions, reinforce safety, and provide ongoing education. The patient has been instructed to use an assistive device at all times during ambulation to prevent falls. Physical therapy and occupational therapy services have been initiated to address strength deficits, improve functional mobility, and enhance ADL independence. Occupational therapy will focus on ADL training, adaptive equipment use, functional mobility, therapeutic exercise, home exercise program (HEP) development, caregiver education, and safety training. Recommendations include installation of an additional handrail for the final steps to improve safety. The overall plan of care emphasizes pain management, fall prevention, increased physical activity, and maximizing functional independence within the patient's current limitations.
 Date of Order 03/23/2026 Orders Physician Face-to-Face Date: 03/08/2026 Clinical Condition Requiring home Care per Certifying Physician: SKILLED NURSING: Disease and Medication Management, PT/OT: Evaluation and reatment due to Hypertensive Chronic Kidney Disease With Stage 1 Through Stage 4, Or Unspecified, Chronic Kidney Disease Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 <table border="0" cellpadding="0" cellspacing="0" width="146" style="width: 110pt;"> <colgroup><col width="146" style="mso-width-source:userset;mso-width-alt:5205;width:110pt"> </colgroup><tbody><tr height="19" style="height: 14.4pt;"> <td height="19" width="146" style="height: 14.4pt; width: 110pt; border-image: initial;">1 - SOC - SN</td> </tr> <tr height="19" style="height: 14.4pt;"> <td height="19" style="height: 14.4pt; border-image: initial;">PT Eval</td> </tr> <tr height="19" style="height: 14.4pt;"> <td height="19" style="height: 14.4pt; border-image: initial;">OT Eval</td></tr></tbody></table> <table border="0" cellpadding="0" cellspacing="0" width="146" style="width: 110pt;"><tbody><tr height="19" style="height: 14.4pt;"><td height="19" style="height: 14.4pt; border-image: initial;">
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</tr></tbody></table> Physician Baskaran, Deepak

SN Careplans

SN WK1: 1 (03/23/26-03/28/26) ,WK2: 1 (03/29/26-04/04/26) ,WK3: 1 (04/05/26-04/11/26) ,WK4: 1 (04/12/26-04/18/26) ,WK5: 1 (04/19/26-04/25/26) ,WK6: 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, blood sugar < 60 > 300

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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, 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; 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 ; 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.

No open wounds noted
Advance Directive:Ann Bonaparte

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M1720 - Anxiety, meal preparation, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, constipation, increased urine output, muscle weakness, limited range of motion, poor muscle tone, limited endurance, limited strength, muscle spasms, Pain Interference with Therapy activities, balance deficit, pain radiating to arms/legs, daytime fatigue, weak hand grips, difficulty sleeping, Pain Effect on Sleep, Pain Interference with ADLs, loss of appetite

PROCEDURES: cough/deep breathing exercises, apply anti-embolitic stockings, glucose testing via monitor, monitor intake & output, coordinate/arrange preparation of missing meals

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

SN Goals

PATIENT-STATED GOAL: To join the house for Neal's at least once a day

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

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* 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
* 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/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

meal preparation is available to patient for all meals

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/23/2026

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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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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, * 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, meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (03/23/26-03/28/26) ,WK2: 1 (03/29/26-04/04/26) ,WK3: 1 (04/05/26-04/11/26) ,WK4: 1 (04/12/26-04/18/26) ,WK5: 1 (04/19/26-04/25/26) ,WK6: 1 (04/26/26-05/02/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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: 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 ., gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * 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, 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 - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: To be able to walk with less pain

GOALS
Toilet Transfer - 06. Independent

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

Sit to Stand - 05. Setup or clean-up assistance

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

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

OT Careplans

OT WK1: 1 (03/23/26-03/28/26) ,WK4: 1 (04/12/26-04/18/26) ,WK5: 1 (04/19/26-04/25/26) ,WK6: 1 (04/26/26-05/02/26) ,WK7: 1 (05/03/26-05/09/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, 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

PROCEDURES: cough/deep breathing exercises, therapeutic exercises, equipment training, work simplification/energy conservation, dynamic standing balance exercises, 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, * 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, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 05. Setup or clean-up assistance

OT Goals

PATIENT-STATED GOAL: To bathe myself

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

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

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

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

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

Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/23/2026