Home Health Certification and Plan of Care

Order ID: 1150/17544

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
57229462	03/17/2026	From: 03/17/2026 To: 05/15/2026	23677	217058

6. Patient's Name and Address

Ronald Kessler
319 Camrose Ave,
BROOKLYN, MD 21225-
443-527-7751

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 07/19/1943 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	03/17/26

13. ICD	Other Pertinent Diagnoses	Date
N18.32	Chronic kidney disease stage 3b	03/17/26
J44.89	Other specified chronic obstructive pulmonary disease	03/17/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	03/17/26
I48.0	Paroxysmal atrial fibrillation	03/17/26
I69.354	Hemiplga following cerebral infrc affecting left nondom side	03/17/26
K21.9	Gastro-esophageal reflux disease without esophagitis	03/17/26
F41.9	Anxiety disorder unspecified	03/17/26
F33.8	Other recurrent depressive disorders	03/17/26
E78.49	Other hyperlipidemia	03/17/26
H40.89	Other specified glaucoma	03/17/26
Z95.1	Presence of aortocoronary bypass graft	03/17/26
Z79.4	Long term (current) use of insulin	03/17/26
Z79.82	Long term (current) use of aspirin	03/17/26
Z79.01	Long term (current) use of anticoagulants	03/17/26
Z91.81	History of falling	03/17/26

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

Acetaminophen - Acetaminophen 500 MG by mouth every 6 hours Give 2 tablet by mouth every 6 hours as needed for Pain 1-3
Aspirin - Aspirin 81mg by mouth once a day Give 1 tablet by mouth one time a day for CVA Prophylaxis Take 81 mg by mouth daily.
Atorvastatin Calcium - Atorvastatin Calcium 40mg by mouth once a day Give 1 tablet by mouth one time a day for Hyperlipidemia Take 40 mg by mouth nightly.
Buspirone Hcl - Buspirone Hydrochloride 1 tab by mouth three times a day Give 1 tablet by mouth every 8 hours for Anxiety Take 1 tablet by mouth 3 times daily.
Dabigatran Etexilate - Dabigatran Etexilate 100mg by mouth twice a day Give 1 capsule by mouth two times a day for AFib Take 1 capsule by mouth 2 times daily.
Dorzolamide Hydrochloride - Dorzolamide Hydrochloride eq 2 perc base right eye three times a day Instill 1 drop in right eye two times a day for Glaucoma Place 1 drop into the right eye 3 times daily.
Duloxetine Hydrochloride - Duloxetine Hydrochloride 60 mg by mouth once a day Give 1 capsule by mouth one time a day for Depression Take 60 mg by mouth daily.
Fludrocortisone Acetate - Fludrocortisone Acetate 0.1 mg by mouth in the morning Give 1 tablet by mouth one time a day for Inflammation Take 1 tablet by mouth every morning.
Gabapentin - Gabapentin 300 mg by mouth twice a day Give 1 capsule by mouth two times a day for Neuropathic pain Take 300 mg by mouth 2 times daily.
Glucagon - Glucagon Hydrochloride 1mg subcutaneous as necessary Inject 1 mg subcutaneously as needed for Hypoglycemia Blood sugar less than 70 and resident is cannot take anything by
Insulin - Insulin Pork 20units subcutaneous at bedtime Inject 20 unit subcutaneously at bedtime for DM
Insulin - Insulin Pork 5unit subcutaneous before meal Inject 5 unit subcutaneously before meals for DM
Insulin - Insulin Pork 12units subcutaneous before meal Inject as per sliding scale: if 0 - 150 = 0; 151 - 200 = 2; 201 - 250 = 4; 251 - 300 = 6; 301 - 350 = 8; 351 - 400 = 10 Greater than 400, give 12 units then call MD, subcutaneously before meals for DM
Jardiance Oral Tablet 25 MG (Empagliflozin) 25mg by mouth once a day Give 1 tablet by mouth one time a day for DMT2
Latanoprost - Latanoprost 0.005% left eye in the evening Instill 1 drop in left eye in the evening for Glaucoma Place 1 drop into the left eye nightly.
Lidocaine - Lidocaine 5% topical once a day Lidocaine External Patch 5 % (Lidocaine) Apply to 3 patches to Lower back topically one time a day for pain
Midodrine Hydrochloride - Midodrine Hydrochloride 10mg by mouth every 8 hours Lidodrine HCl Oral Tablet 10 MG (Midodrine HCl) Give 1 tablet by mouth every 8 hours for Hypotension Take 1 tablet by mouth 3 times daily. Hold for SBP greater than
Mirtazapine - Mirtazapine 7.5 mg by mouth in the evening Give 1 tablet by mouth in the evening for Depression Take 1 tablet by mouth nightly
Sodium Bicarbonate Oral Tablet 650 MG (Sodium Bicarbonate (Antacid) 650mg by mouth once a day Give 1 tablet by mouth one time a day for CKD Take 1 tablet by mouth daily.
Thera Oral Tablet (Multiple Vitamin) 1 tablet by mouth in the morning Give 1 tablet by mouth one time a day for Supplement Take 1 tablet by mouth every morning.

14. DME and Supplies:

rolling walker, diabetic supplies, walker, 4 wheeled walker

15. Safety Measures:

walker precautions, smoke detectors , medication safety, fall precautions, diabetic precautions, bleeding precautions, ambulates with device, ambulates with assistance, emergency phone # clearly displayed, supervision at all times, transfer with assist, standard precautions, hand rails, bathroom safety, activity supervision

16. Nutrition:

diabetic

17. Allergies:

iodine

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/17/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Shanita Chase
1701 Twin Springs Rd
Baltimore, MD 21227
PHONE: 410-737-5000 FAX: 14107375401 NPI: 1487650891

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 : 03/09/2026

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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18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Walker, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial 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: Yes

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans
patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Type 2 diabetes mellitus with diabetic 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 82-year-old male with a significant past medical history including coronary artery disease status post CABG (January 2026), chronic kidney disease stage 3, chronic atrial fibrillation, prior cerebrovascular accident with residual left-sided weakness, type 2 diabetes mellitus, GERD, depression, anxiety, orthostatic hypotension, hyperlipidemia, and glaucoma. He was recently hospitalized following recurrent falls and was diagnosed with rhabdomyolysis and acute renal failure, after which he underwent short-term rehabilitation and was discharged to his daughter's home, where she provides full-time caregiving. The patient presents with persistent weakness, impaired mobility, decreased lower extremity strength, balance deficits, neuropathic pain in both feet, and reduced safety awareness, contributing to a high fall risk; he has experienced an additional fall since returning home. He ambulates with a walker and requires standby to minimal assistance for transfers and ambulation. Skilled nursing, physical therapy, and occupational therapy services are indicated for continued diabetes management education, medication management, fall prevention, strengthening, gait and balance training, and improvement of functional mobility and activities of daily living. The patient and caregiver have been educated on glucose monitoring, insulin administration, safe ambulation, transfer techniques, pain management, hydration, nutrition, and recognition of symptoms requiring medical attention, and they verbalize understanding and agreement with the plan of care. The patient remains homebound due to his high fall risk, need for assistance, and limited functional capacity.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 03/17/2026
Order<o:p></o:p> Physician Face-to-Face Date: 03/09/2026
Clinical Condition Requiring Home Care per Certifying Physician: SN-Disease and Medication Management, PT and OT- Evaluation and Treatment DX: Type 2 diabetes mellitus with diabetic 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<o:p></o:p>
1 - SOC -SN Notes:<o:p></o:p> PT Eval Notes:<o:p></o:p> OT Eval Notes:<o:p></o:p> <span calibri",sans-serif;="" mso-ascii-theme-font:minor-latin;mso-fareast-font-family:calibri;mso-fareast-theme-font:="" minor-latin;mso-hansi-theme-font:minor-latin;mso-bidi-font-family:"times="" new="" roman";="" mso-bidi-theme-font:minor-bidi;mso-ansi-language:en-ph;mso-fareast-language:="" en-us;mso-bidi-language:ar-sa"="" style="font-size: 11pt; line-height: 15.6933px;">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; line-height: 14.98px;"> <span style="background-image: initial; background-position: initial; background-size: initial; background-repeat: initial; background-attachment: initial; background-origin: initial; background-clip: initial; line-height: 14.98px; font-size: 14.6667px;">chase, Shanita

SN Careplans

SN WK1: 2 (03/17/26-03/21/26) ,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)

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), 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/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

SN Goals

PATIENT-STATED GOAL: Patient states he wants to remain as independent as possible and move back to his home as soon as possible.

GOALS
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
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
03/17/2026

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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: D0160 - Depression, M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, muscle weakness, limited strength, limited endurance, daytime fatigue, balance deficit

PROCEDURES: incentive spirometer, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision

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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

PT Careplans

PT WK1: 2 (03/17/26-03/21/26) ,WK2: 2 (03/22/26-03/28/26) ,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)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: 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

PT Goals

PATIENT-STATED GOAL: I would like to get back to walking with my cane

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

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 WK1: 1 (03/17/26-03/21/26) ,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)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: Medication review , cough/deep breathing exercises, equipment training, work simplification/energy conservation

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 - 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 Body Dressing - 06. Independent, Home exercise program , Therapeutic exercise

OT Goals

PATIENT-STATED GOAL: I in BADLs

GOALS
Shower/Bathe Self - 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

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 - 06. Independent

Lower Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Therapeutic exercise

Home exercise program

Toileting Hygiene - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
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