Home Health Certification and Plan of Care

Order ID: 1150/16426

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3TT5U79AE85	11/15/2025	From: 01/14/2026 To: 03/14/2026	16244	217058

6. Patient's Name and Address

Sean Mangrum
5003 Edgar Terrace,
BALTIMORE, MD 21214-
443-379-6434

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 10/18/1965 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
A04.72	Enterocolitis d/t Clostridium difficile not spcf as recur (A04.72)	11/15/25

13. ICD	Other Pertinent Diagnoses	Date
I69.351	Hemiplga following cerebral infrc aff right dominant side	11/15/25
E43.	Unspecified severe protein-calorie malnutrition	11/15/25
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	11/15/25
I50.22	Chronic systolic (congestive) heart failure	11/15/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	11/15/25
N18.32	Chronic kidney disease stage 3b	11/15/25
D63.1	Anemia in chronic kidney disease	11/15/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	11/15/25
B20.	Human immunodeficiency virus [HIV] disease	11/15/25
C16.9	Malignant neoplasm of stomach unspecified	11/15/25
I07.1	Rheumatic tricuspid insufficiency	11/15/25
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	11/15/25
E78.49	Other hyperlipidemia	11/15/25
R13.10	Dysphagia unspecified	11/15/25
Z79.2	Long term (current) use of antibiotics	11/15/25
Z79.4	Long term (current) use of insulin	11/15/25
Z79.02	Long term (current) use of antithrombotics/antiplatelets	11/15/25
Z79.82	Long term (current) use of aspirin	11/15/25
Z87.440	Personal history of urinary (tract) infections	11/15/25
Z86.19	Personal history of other infectious and parasitic diseases	11/15/25

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

Atorvastatin Calcium - Atorvastatin Calcium 80 MG, Give 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for HLD
Dovato Oral Tablet 50-300 MG (Dolutegravir SodiumLamivudine) 50-300 MG, Give 1 tablet by mouth once a day
Jardiance - Empagliflozin 25 MG, Give 1 tablet by mouth once a day
Folic Acid - Folic Acid 1 MG Give 1 tablet by mouth once a day
Spironolactone - Spironolactone 25 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for CARDIOMYOPATHY/ HFrEF HOLD FOR SBP LESS THAN 110 OR HR LESS THAN 60
Extra Strength Tylenol - Acetaminophen 500mg (2 tabs) by mouth as necessary Every 8 hours as needed for pain
8-Hour Bayer - Aspirin 81 mg = 1 tab PO Daily with breakfast
Valacyclovir Hydrochloride - Valacyclovir Hydrochloride 0500 MG, Give 1/2 tablet by mouth twice a day Give 1/2 tablet by mouth two times a day for ANTIVIRAL
Pantoprazole - Pantoprazole Sodium 40 mg 40 mg40mg by mouth once a day Gi e1 tab 1/2 to 1 hour before morning meal daily
Humalog - Insulin Lispro Recombinant 100 units/ml See comments subcutaneous as necessary
Diflucan - Fluconazole 200 mg 200mg = 1 tab by mouth once a day 1 tab every 24 hours for 13 days.
Amlodipine Besylate And Atorvastatin Calcium - Amlodipine Besylate: Atorvastatin Calcium 80 mg PO Daily TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Clopidogrel - Clopidogrel 75 mg PO Daily for 90 Day(s)
Ascorbic Acid - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 1 mg PO Daily
Dutasteride And Tamsulosin Hydrochloride - Dutasteride: Tamsulosin Hydrochloride 0.4 mg PO Nightly

14. DME and Supplies:

hand held shower, wheelchair, bath bench, commode, hospital bed, diabetic supplies

15. Safety Measures:

sharps precautions, emergency phone # clearly displayed, bedrails up while in bed, hand rails, anticoagulant precautions, activity supervision, smoke detectors , infectious material management, fall precautions, diabetic precautions, bleeding precautions, supervision at all times, transfer with assist, wheelchair precautions, standard precautions, bathroom safety, ambulates with assistance, ambulates with device

16. Nutrition:

diabetic, high protein, cardiac diet, low cholesterol

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Up As Tolerated, Exercises Prescribed, Wheelchair, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 2. Accurate within 5 days, ANXIETY: , SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, 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 Enterocolitis Due To Clostridium Difficile, Not Specified As Recurrent, 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 a 60-year-old male who was recently admitted to Good Samaritan Hospital due to chemotherapy-related adverse effects including generalized weakness, fatigue, anorexia, and inability to tolerate solid foods. During hospitalization, the patient was also found to have a cancerous gastric mass and was treated for Clostridioides difficile infection with oral vancomycin, resulting in improvement from approximately seven loose stools per day to two stools within a 24-hour period. The patient is scheduled to follow up with Oncology for resumption of chemotherapy. His past medical history is significant for cerebrovascular accident status post stent placement three months ago, heart failure with reduced ejection fraction (30-35%), coronary artery disease status post left anterior descending drug-eluting stent placement in June 2025, type 2 diabetes mellitus, chronic kidney disease stage 3, hyperlipidemia, and HIV. The patient was previously prescribed mirtazapine for appetite stimulation; however, this medication was discontinued during hospitalization and replaced with an alternative appetite stimulant, which has not yet been picked up by the caregiver due to pharmacy closure and inability to recall the medication name. Prior to hospitalization, the patient was living in a basement-level residence with direct entrance, ambulating with a rolling walker under supervision, and able to negotiate a few steps. He required assistance for self-care activities including bathing and support with household instrumental activities of daily living. Following hospitalization, the patient now presents with significant functional decline, including decreased sitting and standing balance, reduced standing tolerance, decreased bilateral upper extremity strength, and diminished overall activity tolerance. These deficits are contributing to impaired independence with self-care tasks, functional transfers, and functional mobility. Skilled occupational therapy services are medically necessary at this time to address the patient's balance, strength, endurance, and functional

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/10/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Regine Guefack
8901 Clement Ave
Parkville, MD 21234
PHONE: 4106614670 FAX: 14106614671 NPI: 1285279364

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 : 09/10/2025

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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mobility limitations in order to facilitate a safe return to his prior level of function and reduce risk of further decline. The plan of care will focus on improving the patient's ability to perform activities of daily living, safely complete functional transfers, and participate in mobility tasks within the home environment while monitoring tolerance to activity given his cardiac, oncologic, and infectious disease comorbidities.
 Date of Order 01/10/2026 Orders Physician Face-to-Face Date: 09/10/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Enterocolitis Due To Clostridium Difficile, Not Specified As Recurrent Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: Patient currently presents with decreased standing balance, standing tolerance, sitting balance, bilateral UE strength and activity tolerance resulting in decreased self care, functional transfer and functional mobility independence dute to C-diff.
 Physician Guefack, Regine

SN Careplans

SN WK1: 1 (01/14/26-01/17/26) ,WK2: 2 (01/18/26-01/24/26) ,WK4: 1 (02/01/26-02/07/26) ,WK5: 1 (02/08/26-02/14/26)

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: 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), 2. Unintentional weight loss of a total of 10 pounds or more 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, 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, 9. Other risk(s) not listed in 1- 8

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
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102c - Med Admin, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, M1610 - Urinary Incontinence, limited range of motion, muscle spasms, lethargy, difficulty sleeping, daytime fatigue, withdrawal from conversations, weak hand grips, diarrhea, abdominal pain, nausea/vomiting

PROCEDURES: cough/deep breathing exercises, glucose testing via monitor, monitor intake & output, bladder training, home exercise program, teach/coordinate/arrange medication packaging and/or administration, infusion therapy: Meropenum 1 gram IV every 8 hours until complete no lab draw. pharmary:nations., infusion therapy: Meropenum 1 gram IV every 8 hours thru 11/16/25 no lab draw. pharmary:nations., monitor dialysis schedule

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * low cholesterol dietary guidelines, 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize genito-urinary condition including diet exercise home remedies, related medication(s) purpose, schedule, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, 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, patient living environment has adequate lighting, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately

SN Goals

PATIENT-STATED GOAL: caregiver to complete IV ABX therapy successfully

GOALS
patient/caregiver recalls
* dietary guidelines for managing nutritional deficit
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low cholesterol dietary guidelines
* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

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
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* 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 living environment has adequate lighting

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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/10/2026

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patient/caregiver recalls
* how to help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize genito-urinary condition including diet
* exercise
* home remedies
* recalls related medication(s) purpose, schedule

OT Careplans

OT WK1: 1 (01/14/26-01/17/26) ,WK2: 1 (01/18/26-01/24/26) ,WK4: 1 (02/01/26-02/07/26)

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

PROCEDURES: work simplification/energy conservation, therapeutic exercises, transfers training, assist with bathing, assist with toilet transferring, assist with transferring, assist with grooming, assist with lower body dressing, assist with upper body dressing

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, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: Get in the shower

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

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

Eating - 06. Independent

Signature of Physician:

Date

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

Date
01/10/2026