Home Health Certification and Plan of Care

Order ID: 1150/17581

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8HD3JU0KP01	03/26/2026	From: 03/26/2026 To: 05/24/2026	23909	217058

6. Patient's Name and Address

Alvin Newton
1815 Greencastle Drive,
Rosedale, MD 21237-
410-419-4766

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 01/10/1943 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	03/26/26

13. ICD	Other Pertinent Diagnoses	Date
I50.32	Chronic diastolic (congestive) heart failure	03/26/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	03/26/26
N18.32	Chronic kidney disease stage 3b	03/26/26
S22.31XD	Fracture of one rib right side subs for fx w routn heal	03/26/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	03/26/26
I25.5	Ischemic cardiomyopathy	03/26/26
E11.43	Type 2 diabetes w diabetic autonomic (poly)neuropathy	03/26/26
K31.84	Gastroparesis	03/26/26
E03.9	Hypothyroidism unspecified	03/26/26
J98.11	Atelectasis	03/26/26
E29.1	Testicular hypofunction	03/26/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	03/26/26
R91.1	Solitary pulmonary nodule	03/26/26
E66.9	Obesity unspecified	03/26/26
Z85.118	Personal history of malignant neoplasm of bronchus and lung	03/26/26
Z86.718	Personal history of other venous thrombosis and embolism	03/26/26
Z85.72	Personal history of non-Hodgkin lymphomas	03/26/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	03/26/26
Z79.01	Long term (current) use of anticoagulants	03/26/26
Z79.4	Long term (current) use of insulin	03/26/26
Z79.890	Hormone replacement therapy	03/26/26
Z95.0	Presence of cardiac pacemaker	03/26/26
Z95.5	Presence of coronary angioplasty implant and graft	03/26/26
Z91.81	History of falling	03/26/26

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

Amitiza - Lubiprostone 24mcg 24mcg / 1 Capsule by mouth twice a day for Constipation
ELIQUIS 0 2.5 mg / 1 Tablet by mouth every 12 hours for Hx DVT
Tylenol Es - Acetaminophen 0 500 mg / 1 Tablet by mouth every 8 hours Give 2 tablet for Pain
Testosterone - Testosterone 1 perc (2.5gm/packet) 1 perc (2.5gm/packet) / Apply 2.5 gram transdermal once a day for Testosterone replacement
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg 0.4 mg / 1 Capsule by mouth at bedtime for BPH
Tab-A-Vite (Multiple Vitamin) 0 1 Tablet by mouth once a day for Supplement

14. DME and Supplies:

diabetic supplies, wheelchair, walker, cane

15. Safety Measures:

ambulates with device, diabetic precautions, fall precautions, standard precautions, bathroom safety, anticoagulant precautions

16. Nutrition:

diabetic

17. Allergies:

Entresto, Zofran, Sulfa Antibiotics, IV Contrast, Bactrim (Severe), Hives

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

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: 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

SN and OT: patient will be responsible for managing treatment PT: family/careg

Homebound status: Due to diagnosis of Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/26/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Anisa Mirza
849 Fairmount Ave
Towson, MD 21286
PHONE: 4108218444 FAX: 14108218447 NPI: 1144298803

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 : 03/16/2026

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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Clinical Condition Requiring Homecare:

The patient is an 83-year-old male with a past medical history significant for type 2 diabetes mellitus, hypertension, hyperlipidemia, heart failure, chronic kidney disease stage 3, and metastatic lung cancer, who was hospitalized following 24 hours of vomiting and three weeks of constipation, ultimately diagnosed with fecal impaction and treated successfully with an aggressive bowel regimen before transfer to a rehabilitation facility. On assessment, he is alert and oriented 4, denies pain, shortness of breath, nausea, or vomiting, but reports fatigue and demonstrates generalized weakness, unsteady gait, decreased standing balance and tolerance, and reduced upper extremity strength and activity tolerance, impacting his independence with self-care, transfers, and ambulation. He ambulates with a walker and fatigues easily, occasionally vocalizing during movement, and is noted to have intermittent confusion. Although he reports dyspnea with exertion, oxygen saturation remains within normal limits. He is hard of hearing and owns hearing aids but declines their use. His diabetes management is suboptimal due to dietary noncompliance, with fluctuating blood glucose levels monitored via a Dexcom device; he is currently on a standing dose of Humalog 7 units with meals, and his endocrinologist has been contacted regarding reinstatement of a sliding scale regimen. The patient resides with his wife, with additional support from his daughter, and the home environment was noted to have safety concerns, including clutter and throw rugs, which were addressed with education. Skilled occupational therapy services are recommended to improve strength, balance, endurance, and functional independence, with the goal of returning the patient to his prior level of function.<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> 03/26/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 03/16/2026
 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat, OT eval and treat HHA Adl's DX: Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, 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<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> 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;"> Mirza, Anisa

SN Careplans

SN WK1: 1 (03/26/26-03/28/26) ,WK3: 1 (04/05/26-04/11/26) ,WK4: 1 (04/12/26-04/18/26) ,WK5: 1 (04/19/26-04/25/26)

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

HOSPITALIZATION RISKS: 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; 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:MOLST form on file

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, limited strength, balance deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, glucose testing via monitor, monitor intake & output, 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, * depression-prevention strategies including

SN Goals

PATIENT-STATED GOAL: To get stronger and to be able to transfer safely.

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
* 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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/26/2026

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avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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

PT Careplans

PT WK1: 1 (03/26/26-03/28/26) ,WK2: 2 (03/29/26-04/04/26) ,WK3: 2 (04/05/26-04/11/26) ,WK4: 2 (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: 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

PT Goals

PATIENT-STATED GOAL: To get stronger and walk betetr

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

Sit to Stand - 06. Independent, Target Date: 05/24/2026

Chair to Bed to Chair - 06. Independent, Target Date: 05/24/2026

Toilet Transfer - 06. Independent, Target Date: 05/24/2026

Car Transfer - 06. Independent, Target Date: 05/24/2026

Walk 10 Feet - 05. Setup or clean-up assistance, Target Date: 05/24/2026

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Target Date: 05/24/2026

Walk 150 Feet - 05. Setup or clean-up assistance, Target Date: 05/24/2026

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, Target Date: 05/24/2026

1 - Step (curb) - 05. Setup or clean-up assistance, Target Date: 05/24/2026

4 Steps - 05. Setup or clean-up assistance, Target Date: 05/24/2026

12 Steps - 05. Setup or clean-up assistance, Target Date: 05/24/2026

Picking Up Object - 05. Setup or clean-up assistance, Target Date: 05/24/2026

OT Careplans

OT 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: 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 : Medication reviewed with patient with all medications in the home , 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, 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: Build my endurance

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

HHA Careplans

HHA 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)

PROCEDURES: assist with bathing, assist with transferring: Cga with shower transfers, assist with mobility, assist with lower body dressing: Min A utilizing adaptive equipment.

HHA Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

03/26/2026