# Home Health Certification and Plan of Care

**Order ID: 1150/17655**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 17313686 | 03/27/2026 | From: 03/27/2026 To: 05/25/2026 | 24071 | 217058 |

**6. Patient's Name and Address**

Anthony Siscosky
1112 Will O Brook Drive,
PASADENA, MD 21122-
443-784-1924

**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** 02/08/1957 | **9.Sex** Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| I48.92 | Unspecified atrial flutter | 03/27/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| D86.0 | Sarcoidosis of lung | 03/27/26 |
| J96.21 | Acute and chronic respiratory failure with hypoxia | 03/27/26 |
| J96.22 | Acute and chronic respiratory failure with hypercapnia | 03/27/26 |
| I11.9 | Hypertensive heart disease without heart failure | 03/27/26 |
| I21.4 | Non-ST elevation (NSTEMI) myocardial infarction | 03/27/26 |
| E78.5 | Hyperlipidemia unspecified | 03/27/26 |
| F41.9 | Anxiety disorder unspecified | 03/27/26 |
| I71.20 | Thoracic aortic aneurysm without rupture unspecified | 03/27/26 |
| E03.9 | Hypothyroidism unspecified | 03/27/26 |
| J45.909 | Unspecified asthma uncomplicated | 03/27/26 |
| F32.A | Depression unspecified | 03/27/26 |
| F10.90 | Alcohol use unspecified uncomplicated | 03/27/26 |
| R73.03 | Prediabetes | 03/27/26 |
| E66.01 | Morbid (severe) obesity due to excess calories | 03/27/26 |
| Z68.37 | Body mass index [BMI] 37.0-37.9 adult | 03/27/26 |
| Z99.81 | Dependence on supplemental oxygen | 03/27/26 |
| Z79.01 | Long term (current) use of anticoagulants | 03/27/26 |
| Z79.890 | Hormone replacement therapy | 03/27/26 |

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

Atorvastatin - Atorvastatin Calcium 40 mg / 1 Tablet by mouth once a day Commonly known as: LIPITOR
cholesterol
budesonide-formoterol 160-4.5 mcg/inh Aero Inhaler / Take 2 puffs by inhalation twice a day Commonly known as: SYMBICORT
pulmonary fibrosis
DABIGATRAN ETEXILATE 150 mg / 1 Capsule by mouth twice a day Commonly known as: PRADAXA
a flutter
FUROSEMIDE 40 mg 40 mg / 1 Tablet by mouth once a day Commonly known as: LASIX, Start taking on: March 25, 2026
HF
Levothyroxine - Levothyroxine Sodium 200 MCG tablet by mouth in the morning before breakfast. Commonly known as: SYNTHROID
HYPOTHYROIDISM
Metoprolol Succinate - Metoprolol Succinate eq 25 mg tartrate 3 TABS by mouth once a day A FLUTTER/HTN
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 Tablet by mouth once a day SUPPLEMENT
Thiamine - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 100 mg / 1 Tablet by mouth once a day Commonly known as: VITAMIN B 1 Start taking on: March 24, 2026
SUPPLEMENT
Vitamin D - Ergocalciferol 125 mcg (5000 unit) Capsule / Take 5,000 Units by mouth once a day Commonly known as: CHOLECALCIFEROL
SUPPLEMENT
Albuterol - Albuterol 0.09 mg/inh 108 (90 BASE) mcg/act aerosol solution / Take 2 puffs inhalant every 4 hours as needed for Wheezing. Commonly known as: VENTOLIN HFA
AS NEEDED FOR SOB
ALPRAZOLAM 0.5 mg 0.5 MG tablet by mouth three times a day as needed for Anxiety. Commonly known as: XANAX
O2 - Oxygen 3L inhalant continuous SUPPLEMENT O2

**14. DME and Supplies:**

rolling walker, hand held shower, bath bench, walker, grab bars, oxygen supplies, cane

**15. Safety Measures:**

standard precautions, fall precautions, bleeding precautions, ambulates with device, walker precautions, O2 precautions, medication safety, anticoagulant precautions

**16. Nutrition:**

cardiac diet, 2gm sodium

**17. Allergies:**

pollen and cats

**18.A. Functional Limitations**

Endurance, Ambulation

**18.B. Activities Permitted**

Cane, 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:** 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

**Homebound status:** Due to diagnosis of Unspecified atrial flutter, 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 adult with a complex medical history, recently discharged following inpatient hospitalization. Primary diagnoses include metastatic breast cancer status post mastectomy with adjuvant chemotherapy, with comorbid conditions of hyperlipidemia, hypertension, anxiety, depression, atherosclerosis of the aorta, cervical disc degeneration, prior cerebrovascular accident, bilateral knee osteoarthritis, and unsteady gait. The patient resides at home with family support, who assist with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Skilled nursing services have been initiated with planned frequency, and physical and occupational therapy evaluations have been ordered to address functional decline. On assessment, the patient is alert and oriented, denies pain, and reports shortness of breath with moderate exertion. Lung sounds are diminished throughout, though no acute distress at rest is noted. The patient reports a fair appetite and had a bowel movement on the day of assessment. Functional mobility is limited, with reliance on a wheelchair, indicating decreased endurance and strength. Skilled nursing interventions included a comprehensive medication review covering dosing, frequency, and purpose, with plans for ongoing medication reconciliation as additional prescriptions are pending. Nutritional education was provided, emphasizing the importance of small, frequent meals to support energy needs and overall health. The patient demonstrated understanding of the instructions provided. Additional education focused on facilitating communication with healthcare providers, encouraging engagement with available support resources, and reinforcing caregiver involvement to optimize care coordination. Given the patient's medical complexity and decreased functional status, skilled therapy services are warranted. Physical and occupational therapy will focus on improving strength, balance, endurance, and safety with mobility and ADLs to promote return toward prior level of function

**23. Signature and Date of Verbal SOC Where Applicable:**

Electronically Signed by Messick, Charles RN on 03/27/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**

Kenneth Villar
7670 Quarterfield Road
Glen Burnie, MD 21061
PHONE: FAX: NPI: 1235314436

**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 : 03/23/2026

**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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and reduce fall risk. Overall, the patient remains medically stable but demonstrates functional limitations requiring multidisciplinary home health services. The plan of care includes continued skilled nursing for monitoring clinical status, medication management, and education, along with rehabilitation services to address mobility and activity tolerance deficits. Family support remains integral to care, and ongoing coordination with the healthcare team is recommended to optimize outcomes and prevent further decline. <br> Date of Order 03/27/2026 Orders Physician Face-to-Face Date: 03/23/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN, PT, OT due to Unspecified atrial flutter Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes: <br> Physician Villar, Kenneth

## SN Careplans

SN WK1: 1 (03/27/26-03/28/26) ,WK2: 2 (03/29/26-04/04/26) ,WK3: 2 (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

CAREGIVER: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, Home Safety, meal preparation, M2102c - Med Admin, M1033 - Exhaustion, M1400 - Dyspnea, coughing, lung sounds not clear, limited strength, limited endurance, balance deficit, obesity, rough/scaly/cracked skin, discolored patches of skin

PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange for maintenance of clean/uncluttered living area

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, * 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's living environment is clean/uncluttered, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately

## SN Goals

PATIENT-STATED GOAL: I WANT TO FEEL BETTER

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/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's living environment is clean/uncluttered

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 03/27/2026 |

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7. Provider's Name, Address and Telephone Number
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## PT Careplans

PT WK1: 1 (03/27/26-03/28/26) ,WK3: 1 (04/05/26-04/11/26) ,WK4: 1 (04/12/26-04/18/26) ,WK5: 1 (04/19/26-04/25/26) ,WK6: 1 (04/26/26-05/02/26) ,WK7: 1 (05/03/26-05/09/26) ,WK8: 1 (05/10/26-05/16/26) ,WK9: 1 (05/17/26-05/23/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, 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, * 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

## PT Goals

PATIENT-STATED GOAL: wants to be able to have enough stamina that he can leave the home, drive car for social visits

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

## 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) ,WK7: 1 (05/03/26-05/09/26)

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: To improve endurance, improve balance , cough/deep breathing exercises, incentive spirometer, 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: Become more active

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

Signature of Physician:

Date



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

Date
03/27/2026