Home Health Certification and Plan of Care

Order ID: 1150/17649

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
191091428	03/28/2026	From: 03/28/2026 To: 05/26/2026	23980	217058

6. Patient's Name and Address

James Robinette
323 Panorama way,
BROOKLYN PARK, MD 21225-
443-791-5849

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 05/05/1947 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	03/28/26

13. ICD	Other Pertinent Diagnoses	Date
J18.9	Pneumonia unspecified organism	03/28/26
J44.0	Chr obstructive pulmon disease with (acute) lower resp infct	03/28/26
J90.	Pleural effusion not elsewhere classified	03/28/26
I10.	Essential (primary) hypertension	03/28/26
E11.36	Type 2 diabetes mellitus with diabetic cataract	03/28/26
G47.30	Sleep apnea unspecified	03/28/26
E78.5	Hyperlipidemia unspecified	03/28/26
I48.91	Unspecified atrial fibrillation	03/28/26
D68.69	Other thrombophilia	03/28/26
F33.1	Major depressive disorder recurrent moderate	03/28/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	03/28/26
Z79.01	Long term (current) use of anticoagulants	03/28/26

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

Tessalon Pearls - Tessalon Pearls 100 mg 1tablet by mouth as necessary Take 2 capsules by mouth every 8 hours as needed for cough for up to 15 days
Proair - Proair 90 mcg/ actuation by mouth as necessary Albuterol (PROAIR/PROVENTIL/VENTOLIN) 90 mcg/actuation Inhl HFAA Inhale 2 Puffs by mouth every 4 hours as needed for wheezing or cough (rescue inhaler)
Doxycycline Hyclate - Doxycycline Hyclate eq 100 mg base by mouth every 12 hours LYMEPAK Take 1 tablet by mouth every 12 hours for 10 days
Xanax - Alprazolam 0.25 mg by mouth as necessary Take 1 tablet by mouth 2 times a day as needed for anxiety Not good to be on this long term. Will go down 5 pills per month.
Cymbalta - Duloxetine Hydrochloride 60 mg 2 tablets by mouth once a day DULoxetine (CYMBALTA) 60 mg Oral CPDR SR Cap Take 2 capsules by mouth daily
Desyrel - Trazodone Hydrochloride 100 mg **federal register determination that product was not discontinued or withdrawn for safety or efficacy reason** by mouth as necessary Take 2 tablets by mouth at bedtime as needed for sleep
Lipitor - Atorvastatin Calcium eq 80 mg base by mouth once a day Take 1 tablet by mouth daily for cholesterol and heart protection
Vit B12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1,000 mcg/mL Inj Soln intramuscular monthly Inject 1 mL intramuscularly every 30 days
Neurontin - Gabapentin 600 mg by mouth three times a day Take 1 tablet by mouth 3 times a day
Duoneb - Albuterol Sulfate: Ipratropium Bromide 3 mL Inhl Neb Soln inhalant as necessary ipratropium-albuteroL (DUONEB) 0.5 mg-3 mg(2.5 mg base)/3 mL Inhl Neb Soln Use 3 mL via nebulizer every 6 hours as needed for shortness of breath
Glucotrol - Glipizide 10 mg by mouth in the morning Take 1 tablet by mouth every morning 30 minutes before a meal for diabetes
Drisdol - Ergocalciferol 50,000 International Units by mouth once a week Ergocalciferol, Vit D2, (DRISDOL) 1,250 mcg (50,000 unit) Oral Cap Take 1 capsule by mouth every 7 days(Patient not taking: Reported on 3/23/2026)
Narcan - Naloxone Hydrochloride 4 mg/actuation Nasl Spray nasal as necessary Instill 1 spray nasally As Indicated, as needed, opiate reversal, For suspected opioid overdose, administer a single spray of Naloxone nasal spray into one nostril (Patient not taking: Reported on 3/23/2026)
Flomax - Tamsulosin Hydrochloride 0.4 mg by mouth at bedtime Take 1 capsule by mouth daily at bedtime for urination
Mirapex - Pramipexole Dihydrochloride 0.125 mg by mouth at bedtime Take 1 tablet by mouth daily at bedtime
Pradaxa - Dabigatran Etexilate Mesylate 150 mg by mouth every 12 hours Take 1 capsule by mouth every 12 hours
Acetaminophen - Acetaminophen 500 mg by mouth three times a day Take 2 tablets by mouth 3 times a day as needed for pain
Multivitamins - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day
Voltaren - Diclofenac Sodium 1 perc topical as necessary Apply 2g to affected area(s) 4 times a day as needed (Patient not taking: Reported on 3/23/2026)

14. DME and Supplies:

rolling walker, hand held shower, diabetic supplies, walker, cane, 4 wheeled walker, nebulizer

15. Safety Measures:

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

16. Nutrition:

diabetic

17. Allergies:

morphine aspirin

18.A. Functional Limitations

Endurance, Dyspnea With Minimal Exertion, Ambulation

18.B. Activities Permitted

Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/28/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Umme Yasmin
7670 Quaterfield Rd
Pasadena, MD 21122
PHONE: 410-508-7650 FAX: 1-410-553-2465 NPI: 1164702874

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 : 03/19/2026

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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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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Chronic obstructive pulmonary disease with (acute) lower respiratory infection, 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 78-year-old male with a significant past medical history including <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-hypertension">hypertension</mh>, chronic obstructive pulmonary disease (COPD), obstructive sleep apnea, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-16 CE-FMS-hyperlipidemia">hyperlipidemia</mh>, type 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-18 CE-FMS-diabetes">diabetes</mh> mellitus with cataracts, atrial fibrillation with secondary hypercoagulable state, and major depressive disorder (recurrent, moderate). He also has a history of pneumonia and pleural effusion. The patient presents with current symptoms of cough, pleuritic chest pain, rib pain, subjective fever, shortness of breath, and wheezing, consistent with an acute respiratory process requiring close monitoring. The patient currently resides with his daughter and son-in-law due to inability to independently manage his medical conditions and medication regimen. All prescribed medications are available in the home. He has documented allergies to morphine and aspirin and is designated as full code. The patient has a notable history of frequent falls over the past six months, placing him at high fall risk. His most recent fall involved descending approximately 10 steps at his son's home, resulting in left shoulder injury, with ongoing pain and mobility limitations. On functional assessment, the patient ambulates without an assistive device but has a walker available and would benefit from consistent use given his instability and fall history. He demonstrates decreased mobility and endurance, likely exacerbated by both his respiratory condition and residual musculoskeletal pain from prior injury. These factors contribute to impaired safety and increased risk for further falls. Given his complex medical history and current presentation, the patient requires skilled nursing oversight for monitoring of respiratory status, management of chronic conditions, medication adherence, and early identification of complications such as worsening infection or cardiopulmonary compromise. Education should be reinforced regarding fall prevention strategies, safe ambulation with assistive devices, medication management, and recognition of worsening symptoms, including increased shortness of breath, chest pain, or fever. The plan of care includes continued monitoring of respiratory symptoms, support for safe mobility, and coordination of care to address both acute and chronic conditions. Due to his high fall risk, functional limitations, and need for assistance with medical management, the patient is considered homebound and appropriate for ongoing home health services to optimize safety, reduce risk of hospitalization, and improve overall functional status.
 Date of Order 03/28/2026 Orders Physician Face-to-Face Date: 03/19/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN due to Chronic obstructive pulmonary disease with (acute) lower respiratory infection Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc
 Physician Yasmin, Umme

SN Careplans

SN WK1: 1 (03/28/26-03/28/26) ,WK2: 1 (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) ,WK7: 1 (05/03/26-05/09/26)

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), 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

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.

SN Goals

PATIENT-STATED GOAL: Patient states he wants to be able to walk up and down the steps again 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
* 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
* 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

Signature of Physician:

Date

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

Date
03/28/2026

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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

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, M2102c - Med Admin, M1033 - Exhaustion, coughing, dependent edema, lung sounds not clear, wheezing, M1400 - Dyspnea, limited endurance, muscle weakness, limited range of motion, limited strength, weak hand grips, daytime fatigue, balance deficit, Pain Interference with ADLs, Pain Effect on Sleep

PROCEDURES: incentive spirometer, teach/coordinate/arrange medication packaging and/or administration

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, * 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, * 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, caregiver administers and/or packages medications appropriately

* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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