# Home Health Certification and Plan of Care

**Order ID: 1150/17723**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 59234949 | 04/01/2026 | From: 04/01/2026 To: 05/30/2026 | 24189 | 217058 |

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

Benjamin Landrum
2106 Edmondson Ave,
Catonsville, MD 21228-
410-744-0316

**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** 03/13/1953 **9.Sex** Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| C78.6 | Secondary malignant neoplasm of retroperiton and peritoneum | 04/01/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| C25.9 | Malignant neoplasm of pancreas unspecified | 04/01/26 |
| I10. | Essential (primary) hypertension | 04/01/26 |
| E78.5 | Hyperlipidemia unspecified | 04/01/26 |
| E55.9 | Vitamin D deficiency unspecified | 04/01/26 |
| K21.9 | Gastro-esophageal reflux disease without esophagitis | 04/01/26 |
| R73.03 | Prediabetes | 04/01/26 |
| Z93.3 | Colostomy status | 04/01/26 |
| Z79.01 | Long term (current) use of anticoagulants | 04/01/26 |
| Z79.82 | Long term (current) use of aspirin | 04/01/26 |
| Z87.891 | Personal history of nicotine dependence | 04/01/26 |

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

Lipitor - Atorvastatin Calcium eq 10 mg base 10mg; 1 tab by mouth once a day cholesterol
OMEPRAZOLE 20 mg DR 20 mg / 1 Capsule by mouth in the morning for GERD
Losartan Potassium - Losartan Potassium 100 mg / 1 Tablet by mouth once a day for HTN
Lasix - Furosemide 20 mg 20MG; 1 TAB by mouth once a day FLUID PILL
Atorvastatin Calcium - Atorvastatin Calcium 10 mg / 1 Tablet by mouth at bedtime for HLD
Spironolactone - Spironolactone 25 mg 25MG; 1 TAB by mouth once a day FLUID PILL/ HTN
Amilodipine - Amlodipine Besylate 10MG; 1 TAB by mouth once a day HTN
Eliquis - Apixaban 5MG; 1 TAB by mouth twice a day BLOOD THINNER
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 TAB by mouth once a day SUPPLEMENT
Coq10 - Coenzyme Q10 1 TAB by mouth once a day SUPPLEMENT

**14. DME and Supplies:**

wheelchair, ostomy supplies, walker, commode, wound care supplies, hospital bed, cane

**15. Safety Measures:**

wheelchair precautions, standard precautions, fall precautions, bleeding precautions, ambulates with device, walker precautions, medication safety, infectious material management, ambulates with assistance, transfer with assist, supervision at all times, anticoagulant precautions, activity supervision

**16. Nutrition:**

low sodium

**17. Allergies:**

lisinopril simvastatin

**18.A. Functional Limitations**

Endurance, Ambulation

**18.B. Activities Permitted**

Up As Tolerated

**19. Mental & Pyschosocial Status:** COGNITION: 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium., ANXIETY: NA Patient nonresponsive, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

**20. Prognosis:** poor

**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**

family/caregiver will be responsible for managing treatment

**Homebound status:** Due to diagnosis of Secondary malignant neoplasm of retroperiton and peritoneum, 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 73-year-old male admitted to home health services following a recent hospitalization for peritoneal carcinomatosis and malignant small bowel obstruction associated with Stage IV pancreatic cancer and mesenteric carcinomatosis. His past medical history is significant for pancreatic mass, essential <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-hypertension">hypertension</mh>, dyslipidemia, gastroesophageal reflux disease, vitamin D deficiency, pre<mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-diabetes">diabetes</mh>, and chronic pain and nausea related to his oncologic condition. The patient also has a right upper quadrant ostomy following recent surgical intervention. He resides in a single-family home with his sister, who serves as his primary caregiver and assists with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) as needed. At the time of assessment, the patient was alert and oriented to person, place, and time. He denied pain and shortness of breath during the visit. Vital signs were obtained, with blood pressure noted at 160/80 mmHg; the patient reported that his physician adjusted his blood pressure medications earlier the same day. Respiratory status was stable, and the patient did not exhibit signs of acute distress. Physical examination revealed +1 bilateral lower extremity edema. The patient ambulates with the use of a walker for safety and stability. Assessment of surgical and ostomy sites revealed a right upper quadrant ostomy with loose brown stool present in the ostomy pouch. The midline abdominal surgical incision measured approximately 15.0 cm in length and appeared closed. Additionally, an old abdominal drain site on the left abdomen was observed to have a moderate amount of serosanguinous drainage and was covered with dry gauze dressing as needed. Wound care instructions were provided, including education on proper care of the closed incision line and management of the old drain site. The patient's sister demonstrated the ability to manage ostomy care. The skilled nurse reviewed all current medications with the patient and caregiver, including dosage, frequency, and potential side effects, and reinforced the importance of medication adherence. Education was also provided regarding incision care, ostomy management, and monitoring for signs and symptoms of infection or complications. Both the patient and his sister verbalized understanding and were receptive to all instructions. Functionally, the patient currently requires minimal assistance for basic activities of daily living and supervision for functional ambulation due to weakness, edema, and overall decreased endurance related to his advanced disease and recent hospitalization. Despite these limitations, the patient remains motivated to improve his functional status and return to his prior level of function. Skilled nursing services are planned at a frequency of one visit per week for two weeks followed by one visit per week for three weeks to monitor medical status, wound healing, ostomy management, and medication effectiveness. Physical therapy and occupational therapy evaluations have been ordered to assess mobility, strength, and functional safety within the home. Occupational therapy will also evaluate the need for home health aide services. The overall plan of care focuses on maintaining patient safety, preventing complications, supporting wound and ostomy management, improving functional independence with ADLs, and reducing the risk of falls and further functional decline within the home environment. <br> Date of Order 04/01/2026 Orders Physician Face-to-Face Date: 03/15/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN, PT, OT due to Secondary malignant neoplasm of retroperiton and peritoneum 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 OT Eval Notes: PT Eval

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

Electronically Signed by Messick, Charles RN on 04/01/2026

**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 : 03/15/2026

**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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Notes: <br> Physician Chase, Shanita

## SN Careplans

SN WK1: 1 (04/01/26-04/04/26) ,WK2: 2 (04/05/26-04/11/26) ,WK3: 2 (04/12/26-04/18/26) ,WK4: 1 (04/19/26-04/25/26) ,WK5: 1 (04/26/26-05/02/26) ,WK6: 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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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:YES

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, M2020 - Oral Med Management, Home Safety, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, heartburn/indigestion, limited range of motion, limited strength, limited endurance, balance deficit, M1630 - GI Ostomy, #1 - Other - Other - ML ABDOMINAL INCISION -

PROCEDURES: physician-ordered wound care: #1 - Other - Other - ML ABDOMINAL INCISION -, Medication Review- : medications reviewed with patient/caregiver. , cough/deep breathing exercises, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, ostomy care & irrigation, coordinate/arrange for maintenance of clean/uncluttered living area

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, * how to keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * ostomy management including how to clean stoma change ostomy pouch, 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, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence

## SN Goals

PATIENT-STATED GOAL: to resolve wounds without interruptions

GOALS
patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

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
* ostomy management including how to clean stoma
* change ostomy pouch
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* 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's living environment is clean/uncluttered

meal preparation is available to patient for all meals

patient/caregiver recalls
* low cholesterol dietary guidelines
* 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

patient is adequately supervised

caregiver performs medical/rehabilitation treatments with adequate competence

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
* 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
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 04/01/2026 |

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* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

## OT Careplans

OT WK1: 6 (04/01/26-04/04/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130G1 - Lower Body Dressing, GG0130A1 - Eating, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns

PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation, 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, 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, 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

## OT Goals

PATIENT-STATED GOAL: to get to PLOF

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

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

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

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