Home Health Certification and Plan of Care

Order ID: 1150/17851

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
46161217	04/07/2026	From: 04/07/2026 To: 06/05/2026	24532	217058

6. Patient's Name and Address

William Brandt
19 JULIET LANE Unit 102,
NOTTINGHAM, MD 21236-
410-802-1680

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 11/11/1941 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
K92.2	Gastrointestinal hemorrhage unspecified	04/07/26

13. ICD	Other Pertinent Diagnoses	Date
K29.61	Other gastritis with bleeding	04/07/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	04/07/26
I50.30	Unspecified diastolic (congestive) heart failure	04/07/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	04/07/26
N18.30	Chronic kidney disease stage 3 unspecified	04/07/26
J44.9	Chronic obstructive pulmonary disease unspecified	04/07/26
I48.0	Paroxysmal atrial fibrillation	04/07/26
I48.92	Unspecified atrial flutter	04/07/26
C90.00	Multiple myeloma not having achieved remission	04/07/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	04/07/26
I08.0	Rheumatic disorders of both mitral and aortic valves	04/07/26
I27.20	Pulmonary hypertension unspecified	04/07/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	04/07/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	04/07/26
E03.9	Hypothyroidism unspecified	04/07/26
E11.69	Type 2 diabetes mellitus with other specified complication	04/07/26
E78.5	Hyperlipidemia unspecified	04/07/26
K22.2	Esophageal obstruction	04/07/26
I70.0	Atherosclerosis of aorta	04/07/26
I25.2	Old myocardial infarction	04/07/26
K22.70	Barrett's esophagus without dysplasia	04/07/26
K21.9	Gastro-esophageal reflux disease without esophagitis	04/07/26
M48.061	Spinal stenosis lumbar region without neurogenic claud	04/07/26
E66.9	Obesity unspecified	04/07/26
Z68.31	Body mass index [BMI] 31.0-31.9 adult	04/07/26
Z79.01	Long term (current) use of anticoagulants	04/07/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	04/07/26
Z86.16	Personal history of COVID-19	04/07/26
Z95.5	Presence of coronary angioplasty implant and graft	04/07/26

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

LEVOTHYROXINE 112 MCG tablet mouth daily before breakfast Commonly known as: SYNTHROID
NITROGLYCERIN 0.4 mg tablet under the tongue every 5 min as needed for Chest Pain Commonly known as: NITROSTAT
PANTOPRAZOLE Delayed Release 40 mg / 1 Tablet by mouth twice a day for 14 days, THEN 1 tablet daily. Commonly known as: PROTONIX. Start taking on: April 1, 2026
albuterol-ipratropium 0.5-2.5 (3) mg/3mL nebulizer solution / Take 3 mLs nebulization every 6 hours as needed for Wheezing Commonly known as: DUO-NEB
ELIQUIS 5 mg/tablet / Take 2.5 mg by mouth 2 times daily
budesonide-formoterol 80-4.5 mcg/inh Aero inhaler / Take 2 puffs inhalation twice a day Patient takes it only intermittently. Commonly known as: SYMBICORT
EZETIMIBE 10 MG tablet by mouth nightly Commonly known as: ZETIA
FLUTICASONE 50 MCG/ACT nasal spray / 2 sprays by Each Nare Nasal once a day Commonly known as: FLONASE
Isosorbide Mononitrate - Isosorbide Mononitrate ER 30 mg/tablet / Take 60 mg by mouth in the morning Commonly known as: IMDUR
Metoprolol Succinate - Metoprolol Succinate ER 100 mg/tablet / Take 150 mg by mouth daily Commonly known as: TOPROL XL

14. DME and Supplies:
rolling walker, diabetic supplies, cane

15. Safety Measures:
walker precautions, activity supervision, ambulates with assistance, diabetic precautions

16. Nutrition:
diabetic

17. Allergies:
pradaxa statins

18.A. Functional Limitations
Dyspnea With Minimal Exertion, Ambulation, Endurance

18.B. Activities Permitted
Cane, Transfer bed/Chair, Walker, 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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Gastrointestinal hemorrhage unspecified, 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 04/07/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Jerome Chambers
4920 Campbell Blvd
White Marsh, MD 21236
PHONE: 14109337600 FAX: NPI: 1053978189

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 : 04/01/2026

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
William Brandt 19 JULIET LANE Unit 102, NOTTINGHAM, MD 21236- 410-802-1680	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

The patient is an 84-year-old male with a past medical history significant for anemia, type 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-diabetes">diabetes</mh> mellitus, and recurrent falls. The patient also has a documented history of gastrointestinal bleeding associated with low hemoglobin levels, which may contribute to his ongoing weakness and decreased functional tolerance. At the time of assessment, the patient was noted to exhibit generalized weakness and an unsteady gait, placing him at an increased risk for additional falls and potential injury. The patient resides alone in a first-floor apartment, which allows for easier access and eliminates the need to navigate stairs. Although he lives independently, his wife resides across the street and is readily available for assistance when needed. She was present during the home visit and provides support and supervision as required. Due to the patient's history of repeated falls, weakness, and gait instability, close monitoring and fall prevention strategies are essential to maintain safety in the home environment. Education was provided regarding fall prevention and safety within the home, including the importance of using assistive devices as needed, maintaining a clutter-free environment, and requesting assistance when feeling weak or unsteady. The patient and caregiver were encouraged to monitor for symptoms related to anemia, such as increased fatigue, dizziness, or shortness of breath, and to report any signs of recurrent gastrointestinal bleeding, including dark or bloody stools, weakness, or lightheadedness. The plan of care includes continued monitoring of the patient's overall health status, mobility, and safety in the home. Skilled home health services will focus on fall risk reduction, strengthening and mobility support as appropriate, ongoing assessment of the patient's condition, and reinforcement of education to help prevent complications and promote safe functioning within the home.
 Date of Order 04/07/2026 Orders Physician Face-to-Face Date: 04/01/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT due to Gastrointestinal hemorrhage unspecified 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 - PT Notes: soc Physician Chambers, Jerome

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (04/07/26-04/11/26) ,WK2: 2 (04/12/26-04/18/26) ,WK3: 2 (04/19/26-04/25/26) ,WK4: 2 (04/26/26-05/02/26) ,WK5: 1 (05/03/26-05/09/26) ,WK6: 1 (05/10/26-05/16/26) ,WK7: 1 (05/17/26-05/23/26)

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, 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

PT Goals

PATIENT-STATED GOAL: To get stronger and walk better

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

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

patient's living environment is clean/uncluttered

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/07/2026

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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:Refused

PROBLEMS IDENTIFIED ON ASSESSMENT: 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, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0170E1 - Chair to Bed to Chair, M2020 - Oral Med Management, Home Safety, M1400 - Dyspnea, swelling in the arms/legs, abnormal BS < 70/140 > mg/dL, limited endurance, limited strength, muscle weakness, Pain Interference with ADLs, balance deficit, difficulty sleeping, obesity

PROCEDURES: cough/deep breathing exercises, incentive spirometer, monitor intake & output, home exercise program: SLR, LE ABD/ADD, LONG ARC , MARCHING AND HEEL RAISES --10X2 REPS, equipment training, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, 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

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
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