Home Health Certification and Plan of Care

Order ID: 1150/17921

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36726312	03/08/2026	From: 03/08/2026 To: 05/06/2026	23064	217058

6. Patient's Name and Address

Patrick Hughes
10921 Juniper Road,
KINGSVILLE, MD 21087-
856-278-1686

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 08/31/1954 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.23	Encounter for aftercare following liver transplant	04/14/26

13. ICD	Other Pertinent Diagnoses	Date
A41.50	Gram-negative sepsis unspecified	04/14/26
R21.	Rash and other nonspecific skin eruption	04/14/26
I48.0	Paroxysmal atrial fibrillation	04/14/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	04/14/26
I50.32	Chronic diastolic (congestive) heart failure	04/14/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	04/14/26
N18.9	Chronic kidney disease u	04/14/26
D63.1	Anemia in chronic kidney disease	04/14/26
B18.2	Chronic viral hepatitis C	04/14/26
K21.9	Gastro-esophageal reflux disease without esophagitis	04/14/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	04/14/26
E78.00	Pure hypercholesterolemia unspecified	04/14/26
M54.2	Cervicalgia (M54.2)	04/14/26
G89.29	Other chronic pain	04/14/26
K22.70	Barrett's esophagus without dysplasia	04/14/26
F32.A	Depression unspecified	04/14/26
F42.9	Obsessive-compulsive disorder unspecified	04/14/26
Z45.2	Encounter for adjustment and management of VAD	04/14/26
Z79.2	Long term (current) use of antibiotics	04/14/26
Z79.4	Long term (current) use of insulin	04/14/26
Z79.891	Long term (current) use of opiate analgesic	04/14/26
Z94.4	Liver transplant status	04/14/26
Z95.2	Presence of prosthetic heart valve	04/14/26
Z95.810	Presence of automatic (implantable) cardiac defibrillator	04/14/26

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

CEFTRIAXONE 2 g IV Daily
MAGIC MOUTHWASH 10 mL by mouth every 8 hours swsp, as needed
Bisacodyl Suppository 10 mg rectal once a day
Ammonium Lactate - Ammonium Lactate eq 12 perc base 1 Application topical every 12 hours
Bacitracin - Bacitracin Topical Ointment / 1 Application topical twice a day
Aquaphor (Emollient) ointment 1 application topical every 12 hours
Novolog - Insulin Aspart Recombinant 100 units/ml 0-12 units subcutaneous after meal & bedtime
Lantus - Insulin Glargine Recombinant 100 units/ml 8 units subcutaneous once a day at bedtime
Lactulose - Lactulose 10gm/15ml / 10 g by mouth every 4 hours
Nystatin - Nystatin 100,000 units/gm 1 application topical every 12 hours
Polyethylene Glycol - Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 17 g packet by mouth once a day
Spironolactone - Spironolactone 25 mg by mouth once a day
Senna - Senna 8.6 mg Tablet by mouth every 12 hours
Pregabalin - Pregabalin 75 mg Capsule by mouth every 12 hours
Digoxin - Digoxin 125 mcg Tablet by mouth once a day
Tacrolimus - Tacrolimus eq 0.5 mg base by mouth once a day
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg by mouth once a day at bedtime
Torsemide - Torsemide 40 mg Tablet by mouth once a day
Trazodone - Trazodone Hydrochloride 50 mg Tablet by mouth once a day at bedtime
Ursodiol - Ursodiol 300 mg by mouth three times a day with meals
Zinc Sulfate - Zinc Sulfate 220 mg (elemental dose 50 mg) / 1 Tablet by mouth once a day
Albuterol - Albuterol (2.5 mg / 3 ml) 0.083% nebulizer solution / 2.5 mg inhalant every 6 hours PRN RT
Melatonin - Melatonin 6 mg Tablet by mouth once a day at bedtime PRN
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 10 mg IR Tablet by mouth every 6 hours PRN
XIFAXAN 550 mg Tablet by mouth every 12 hours
Metoprolol Succinate - Metoprolol Succinate 50 mg ER Tablet by mouth once a day
Lansoprazole - Lansoprazole 15 mg DR Capsule by mouth once a day pre breakfast

14. DME and Supplies:

rolling walker, hand held shower, diabetic supplies, bath bench, walker, grab bars, 4 wheeled walker

15. Safety Measures:

walker precautions, medication safety, fall precautions, diabetic precautions, ambulates with device, transfer with assist, supervision at all times, sharps precautions, ambulates with assistance, standard precautions, hand rails, bathroom safety, activity supervision

16. Nutrition:

regular, cardiac diet, diabetic

17. Allergies:

cephalexin bupropion clindamycin nitro

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Exercises Prescribed, Up As Tolerated, Walker

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: 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 Encounter for aftercare following liver transplant, 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 03/08/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Lynette Khanna
2227 Old Emmorton Rd
21015, MD 21015
PHONE: 4105699040 FAX: 18445690856 NPI: 1225504350

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 : 02/13/2026

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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Patrick Hughes 10921 Juniper Road, KINGSVILLE, MD 21087- 856-278-1686	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

The patient is a 71-year-old male referred to home health care for ongoing monitoring and management following recent hospitalizations for congestive heart failure (CHF) exacerbation with volume overload and altered mental status (AMS) accompanied by jaundice. His past medical history is significant for paroxysmal atrial fibrillation on apixaban, chronic heart failure with preserved ejection fraction (55-60%), moderate to severe tricuspid regurgitation, ventricular tachycardia status post multiple ablations with dual-chamber ICD placement (Boston Scientific), hepatitis C cirrhosis status post liver transplant in 1997 with recurrent graft cirrhosis, chronic kidney disease stage 3 (eGFR 51), gastroesophageal reflux disease, benign prostatic hyperplasia status post TURP, recurrent urinary tract infections, type 2 diabetes mellitus, and chronic neck pain managed with long-term opioid therapy. During his recent hospitalization, he was transferred for evaluation of AMS and jaundice, with workup notable for significantly elevated bilirubin and blood cultures positive for gram-negative rods, while echocardiogram showed stable EF of 55-60% with right ventricular volume overload and severe dilation of the right and left atria; he was treated with lactulose, rifaximin, and empiric antibiotics. Currently, the patient is alert and oriented to self, reports improvement in symptoms, but continues to experience baseline weakness, mild confusion, chronic pain, jaundice, and poor oral intake placing him at risk for failure to thrive. He denies shortness of breath or cough, has no active urinary symptoms, and his skin remains intact without pressure injuries, though he requires assistance with some transfers due to weakness. Home health services are indicated to monitor for signs of infection, hepatic decompensation, and CHF exacerbation; assist with mobility, transfers, and activities of daily living; reinforce fall precautions; support nutrition and hydration with monitoring of intake and weight; provide medication management and caregiver education regarding disease processes and warning signs; and coordinate care with hepatology, cardiology, and primary care providers while documenting clinical status and changes at each visit.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 03/08/2026
Order<o:p></o:p> Physician Face-to-Face Date: 02/13/2026
Clinical Condition Requiring Home Care per Certifying Physician: SN disease management PT eval and treat OT eval and treat DX: Encounter for aftercare following liver transplant
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> 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;"> Khanna, Lynette

SN Careplans

SN WK1: 6 (03/08/26-03/14/26)

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), 2. Unintentional weight loss of a total of 10 pounds or more 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/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:PLACEHOLDER

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, diarrhea, muscle weakness, limited strength, limited endurance, difficulty sleeping, daytime fatigue, balance deficit

PROCEDURES: incentive spirometer, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet

SN Goals

PATIENT-STATED GOAL: Patient states he wants to be able to walk to his mailbox and back.

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 increase caloric intake
* 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

caregiver administers and/or packages medications appropriately

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/08/2026

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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 increase caloric intake, 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

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