Home Health Certification and Plan of Care

Order ID: 1150/18003

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
091076147	04/13/2026	From: 04/13/2026 To: 06/11/2026	21777	217058

6. Patient's Name and Address

Daniel Raymore
2712 Robin Road,
GLEN BURNIE, MD 21060-
443-261-8022

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 11/22/1951 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
C64.1	Malignant neoplasm of right kidney except renal pelvis	04/13/26

13. ICD	Other Pertinent Diagnoses	Date
C77.2	Secondary and unsp malignant neoplasm of intra-abd nodes	04/13/26
C79.51	Secondary malignant neoplasm of bone	04/13/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	04/13/26
I10.	Essential (primary) hypertension	04/13/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	04/13/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	04/13/26
E78.5	Hyperlipidemia unspecified	04/13/26
K59.00	Constipation unspecified	04/13/26
N25.9	Disorder rslt from impaired renal tubular function unsp	04/13/26
K76.0	Fatty (change of) liver not elsewhere classified	04/13/26
M17.10	Unilateral primary osteoarthritis unspecified knee	04/13/26
E87.6	Hypokalemia	04/13/26
E66.01	Morbid (severe) obesity due to excess calories	04/13/26
Z68.41	Body mass index [BMI] 40.0-44.9 adult	04/13/26
Z79.01	Long term (current) use of anticoagulants	04/13/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	04/13/26
Z79.82	Long term (current) use of aspirin	04/13/26
Z79.4	Long term (current) use of insulin	04/13/26
Z86.711	Personal history of pulmonary embolism	04/13/26
Z92.21	Personal history of antineoplastic chemotherapy	04/13/26

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

Atenolol - Atenolol 100 mg Oral 1X daily
Gabapentin - Gabapentin 100 mg Oral 2x daily
Cozaar - Losartan Potassium 100 mg Oral once
Biscodyl - Bisacodyl: Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride PRN medications
Glucagen - Glucagon Hydrochloride Recombinant PRN medications
Aches-N-Pain - Ibuprofen PRN medications
8-Hour Bayer - Aspirin 81 mg by mouth daily
Amlodipine Besylate And Atorvastatin Calcium - Amlodipine Besylate: Atorvastatin Calcium 80 mg by mouth nightly
Centrum - Ascorbic Acid: Biotin: Cyanocobalamin: Ergocalciferol: Folic Acid: Niacinamide: Pantothenic Acid: Phytonadione: Pyridoxine: Ribo 1 tablet by mouth 2 times daily
Metformin - Metformin Hydrochloride 500 by mouth twice a day Take 3 tablets before breakfast, and 2 tablets before supper
Jardiance - Empagliflozin 25 by mouth once a day 1/2 tab daily
Furosemide - Furosemide 40 mg 1 tab by mouth once a day
Cabometyx - Cabozantinib S-Malate 60 mg by mouth before meal 1 tab by mouth daily before meal
Atorvastatin - Atorvastatin Calcium 80 mgs by mouth once a day
Aspirin - Aspirin 325 by mouth once a day
Klor-Con - Potassium Chloride 20 mEq by mouth once a day

14. DME and Supplies:

rolling walker, diabetic supplies, , bath bench, grab bars, commode, hospital bed,

15. Safety Measures:

transfer with assist, supervision at all times, hand rails, fall precautions, diabetic precautions, bleeding precautions, avoid temperature extremes, ambulates with device, standard precautions, emergency phone number prominently displayed, bedrails up while in bed, , ambulates with assistance, walker precautions, smoke detectors , medication safety, bathroom safety, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

lisinopril neosporin naprosyn

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Exercises Prescribed, Up As Tolerated, Walker, Transfer bed/Chair

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: 2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: No

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

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Malignant neoplasm of right kidney except renal pelvis, 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: Physical therapy start-of-care (SOC) assessment and admission were completed for a 74-year-old male following hospitalization in February 2026 due to an adverse reaction to chemotherapy medications, with a reported inpatient stay of three days prior to discharge home. The patient reports recent follow-up with MD Yasmine, who initiated a referral for home physical therapy services. The patient resides at home with continuous assistance from his spouse, Pam, and daughter, Jessica, with family support available at all times. Medication reconciliation was performed, and a comprehensive home safety assessment was completed. The patient handbook was provided and reviewed, and the physical therapy plan of care (POC) was discussed and developed collaboratively with the patient and primary caregiver, both of whom verbalized understanding and agreement. The home environment includes one small step to enter the residence. The patient currently remains on the main level of the home at all times and sleeps in a hospital bed located on the first floor. Prior to January 2026, the patient was able to access the second floor; however, he is now unable to do so due to lower extremity weakness. The patient ambulates within the home using a walker, although he intermittently attempts ambulation without assistive devices, contributing to safety concerns. He reports approximately five falls within the past two months. On assessment, the patient presents with knee pain, decreased strength in bilateral lower extremities, impaired functional mobility, difficulty negotiating steps, unsteady gait, impaired transfers, decreased balance, reduced safety awareness, and a history of recurrent falls, placing him at increased risk for further falls and injury. Skilled physical therapy services are medically necessary to address these deficits, with the goal of improving strength, functional mobility, transfer ability, gait safety, stair negotiation, balance, and overall safety awareness to promote a return to optimal independence within the home setting. Without skilled intervention, the patient

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/13/2026

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 : 01/29/2026

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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remains at significant risk for continued falls, further functional decline, and potential loss of independence. The patient is scheduled to receive home physical therapy services beginning 04/13/2026 with a frequency of two times per week for two weeks (Monday and Wednesday), followed by one time per week for six weeks (Wednesday). MD Yasmine has been notified that the SOC assessment and admission have been completed.
 Date of Order 04/13/2026 Orders Physician Face-to-Face Date: 01/29/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat due to Malignant neoplasm of right kidney except renal pelvis 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 Yasmin, Umme

SN Careplans

SN Goals

PT Careplans

PT WK1: 2 (04/13/26-04/18/26) ,WK2: 1 (04/19/26-04/25/26) ,WK3: 1 (04/26/26-05/02/26) ,WK4: 1 (05/03/26-05/09/26) ,WK5: 1 (05/10/26-05/16/26) ,WK6: 1 (05/17/26-05/23/26) ,WK7: 1 (05/24/26-05/30/26) ,WK8: 1 (05/31/26-06/06/26)

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: 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 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

PT Goals

PATIENT-STATED GOAL: I want to be able to get back upstairs to my second floor

GOALS
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

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
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* 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/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* 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

caregiver performs medical/rehabilitation treatments with adequate competence

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/13/2026

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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: 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, M1745 - Behavioral Issues, M2102d - Caregiver Performs Treatment, Home Safety, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, abnormal blood pressure, M1033 - Unintentional Weight Loss, muscle weakness, Pain Interference with ADLs, Pain Effect on Sleep, B0200 - Hearing Deficit

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., therapeutic modalities: Apply ice to bilateral knees x 20 minutes with necessary barrier and skin assessments q 5 minutes., equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training, 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, * 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, 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, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, caregiver performs medical/rehabilitation treatments with adequate competence, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet 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, Car Transfer - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

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

Car Transfer - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Don/Doff Footwear - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/13/2026