Home Health Certification and Plan of Care

Order ID: 1150/18221

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
57153635	04/20/2026	From: 04/20/2026 To: 06/18/2026	24866	217058

6. Patient's Name and Address
Eugene Toby
4915 RIDERS COURT,
OWINGS MILLS, MD 21117-
667-303-8686

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 09/27/1952 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S22.41XD	Multiple fx of ribs right side subs for fx w routn heal	04/20/26

13. ICD	Other Pertinent Diagnoses	Date
C61.	Malignant neoplasm of prostate	04/20/26
I10.	Essential (primary) hypertension	04/20/26
E11.9	Type 2 diabetes mellitus without complications	04/20/26
M48.10	Ankylosing hyperostosis [Forestier] site unspecified	04/20/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	04/20/26
R33.8	Other retention of urine	04/20/26
D50.9	Iron deficiency anemia unspecified	04/20/26
D69.6	Thrombocytopenia unspecified	04/20/26
R29.6	Repeated falls	04/20/26
Z46.6	Encounter for fitting and adjustment of urinary device	04/20/26
Z91.81	History of falling	04/20/26

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

ACETAMINOPHEN 325 mg by mouth every 6 hours as needed for MILD Pain Take 2 tablets. Commonly known as: TYLENOL
LIDOCAINE 4 % Ptch onto the skin every 24 hours for 7 days Place 2 patches. Start taking on: April 14, 2026
TRAMADOL 50 mg by mouth every 12 hours as needed for MODERATE Pain Take 1 tablet. Commonly known as: ULTRAM
AMLODIPINE 5 MG by mouth daily Take 5 mg. Commonly known as: NORVASC
TACROLIMUS 0.1 % ointment to the skin 2 times daily Apply 1 Application. Commonly known as: PROTOPIC
DUTASTERIDE AND TAMSULOSIN HYDROCHLORIDE 0.4 MG by mouth daily Take 0.4 mg. Commonly known as: FLOMAX
VITAMIN 25 MCG (1000 UT) by mouth daily Take 1,000 Units. Commonly known as: CHOLECALCIFEROL
Predisone - Prednisone 5mg=1tablet by mouth twice a day
Zytiga - Abiraterone Acetate 250mg=1tablet by mouth three times a day Take 4 tablets 3 times daily 1 hour before meals or 2 hours after meals

14. DME and Supplies:
urinary/catheter supplies, walker

15. Safety Measures:
walker precautions, smoke detectors , emergency phone # clearly displayed, bathroom safety, ambulates with device, ambulates with assistance, medication safety, standard precautions, fall precautions

16. Nutrition:
4gm sodium, diabetic

17. Allergies:
codeine

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Exercises Prescribed, 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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

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 Multiple fractures of ribs, right side, subsequent encounter for fracture with routine healing, 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 with a medical history significant for hypertension, diffuse idiopathic skeletal hyperostosis, recurrent prostate cancer currently managed with oral chemotherapy, and benign prostatic hyperplasia with chronic urinary retention requiring an indwelling Foley catheter. He was recently hospitalized following a fall that resulted in a traumatic rib fracture and has since been discharged home. At admission, the patient is alert and oriented, in stable condition, and in no acute distress, with vital signs within normal limits. He reports mild residual discomfort from the rib fracture but denies acute pain or shortness of breath. The Foley catheter is patent, draining clear yellow urine without signs of obstruction or infection. The patient ambulates with a walker and demonstrates a steady but cautious gait, with an identified fall risk due to recent history and mobility limitations. He resides with his spouse, who provides adequate assistance with activities of daily living. Skilled nursing services have been initiated for ongoing assessment, medication management, education on disease processes, chemotherapy precautions, Foley catheter care, and monitoring for potential complications. The patient and caregiver were educated on signs and symptoms to report, including infection, worsening pain, urinary concerns, or changes in condition, and they verbalized understanding. Continued routine skilled nursing visits are planned to support recovery, promote safety, and maintain stability in the home.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 04/20/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 04/13/2026
 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat dx: Multiple fractures of ribs, right side, subsequent encounter for fracture with routine healing
 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: Nadeem, Faryal

SN Careplans

SN WK1: 1 (04/20/26-04/25/26) ,WK2: 1 (04/26/26-05/02/26) ,WK3: 1 (05/03/26-05/09/26) ,WK4: 1 (05/10/26-05/16/26) ,WK5: 1 (05/17/26-05/23/26) ,WK6: 1 (05/24/26-05/30/26) ,WK7: 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: 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), 4. Multiple emergency department visits (2 or more) in the past 6 months, 7. Currently taking 5 or more medications

SN Goals

PATIENT-STATED GOAL: Patient stated he would like to regain strength to prevent falls

GOALS
patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 04/20/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Faryal Nadeem
7141 Security Blvd
Windsor Mill, MD 21244
PHONE: 800-777-7904 FAX: NPI: 1699138537

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 : 04/13/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/18221

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
57153635	04/20/2026	From: 04/20/2026 To: 06/18/2026	24866	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Eugene Toby 4915 RIDERS COURT, OWINGS MILLS, MD 21117- 667-303-8686	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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 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: A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, meal preparation, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, M1610 - Urinary Catheter, urine retention, limited endurance, limited strength, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit

PROCEDURES: monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals

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, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

* 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 transportation needs are met

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/20/2026