Home Health Certification and Plan of Care

Order ID: 1150/18332

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
45903325600	04/27/2026	From: 04/27/2026 To: 06/25/2026	24972	217058

6. Patient's Name and Address

David Gibson
1850 Stafford Court,
SYKESVILLE, MD 21784
410-491-1550

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 07/03/1963 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	04/27/26

13. ICD	Other Pertinent Diagnoses	Date
N18.6	End stage renal disease	04/27/26
N17.9	Acute kidney failure unspecified	04/27/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	04/27/26
I47.10	Supraventricular tachycardia unspecified	04/27/26
I27.20	Pulmonary hypertension unspecified	04/27/26
C92.10	Chronic myeloid leuk BCR/ABL-positive not achieve remis	04/27/26
M51.16	Intervertebral disc disorders w radiculopathy lumbar region	04/27/26
G62.9	Polyneuropathy unspecified	04/27/26
K59.00	Constipation unspecified	04/27/26
Z79.82	Long term (current) use of aspirin	04/27/26
Z94.0	Kidney transplant status	04/27/26

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

ALLOPURINOL 100 mg / 1 Tablet by mouth one time a day for gout
Amlodipine Besylate - Amlodipine Besylate 10 mg / 1 Tablet by mouth one time a day for Hypertension
ASPIRIN Chewable 81 mg / 1 Tablet by mouth one time a day for Prophylaxis
CINACALCET HYDROCHLORIDE 30 mg/tablet / Give 2 tablet by mouth one time a day for hypercalcemia
GABAPENTIN 100 mg/capsule / Give 3 capsule by mouth three times a day for neuropathy
Lipitor - Atorvastatin Calcium 20 mg / 1 Tablet by mouth one time a day for HLD
Metoprolol Tartrate - Metoprolol Tartrate 50 mg / 1 Tablet by mouth two times a day for HTN hold for systolic less than 110 or pulse less than 60
Mycophenolate Sodium Delayed Release 180 mg / 1 Tablet by mouth twice a day for kidney transplant
Nephro Vitamins (B-Complex w/ C &Folic Acid) 0.8 mg / 1 Tablet by mouth once a day for supplement
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg / 1 Tablet by mouth every 4 hours as needed for pain 4 to 10
Scemblix (Asciminib HCl) 40 mg/tablet / Give 2 tablet by mouth once a day for chronic cml
Senna S - Senna 8.6-50 mg / 1 Tablet by mouth two times a day for bowel regimen hold for lose stools
TACROLIMUS 1 mg/capsule / Give 3 capsule by mouth two times a day for kidney transplant
GLUCAGON Nasal Powder 3 MG/DOSE / 1 spray Alternating nostrils nasally every 15 minutes as needed for HYPOGLYCEMIA (BG less than 70 or ordered parameter) Recheck BS in 15 min. Repeat dose if indicated and recheck BS in 15 min Remain with resident in bed/chair, monitor vitals, hold diabetic meds. If there is no improvement notify MD for further orders.
Milk Of Magnesia - Simethicone Suspension 1200 MG/15ML / Give 30 ml orally every 24 hours as needed for Constipation If no BM x 3 days, give 30cc of Milk of Magnesia (step 1 of bowel protocol)
Calmoseptine Ointment (Menthol-Zinc Oxide) 0.44-20.625 % / Apply to coccyx topical as necessary every shift for wound care apply dry dressing daily and prn

14. DME and Supplies:

wheelchair, walker, small base cane, rolling walker, hand held shower, commode, cane, 4 wheeled walker

15. Safety Measures:

wheelchair precautions, walker precautions, transfer with assist, standard precautions, smoke detectors , medication safety, medical alert/lifeline, hand rails, fall precautions, bathroom safety, aspiration precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Walker, Wheelchair, Cane, 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: 2. Sometimes, 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

SN: patient will be responsible for managing treatment PT: family/caregiver will

Homebound status: Due to diagnosis of Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease, 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 04/27/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Regina Dupigny
6310 Stevens Forest Rd
Columbia, MD 21046
PHONE: 410-715-9990 FAX: 14107159993 NPI: 1689145096

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 : 04/06/2026

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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Clinical Condition Requiring Homecare:

The patient is a 62-year-old male with a complex medical history including chronic hepatitis B and C, end-stage renal disease status post kidney transplant (2022), chronic kidney failure requiring dialysis with multiple graft placements (left arm reserved for blood pressure measurements), chronic myelogenous leukemia, hypertension, benign prostatic hyperplasia, pulmonary hypertension, and lumbar radiculopathy, referred for skilled home health physical therapy following hospitalization and a skilled nursing facility stay due to difficulty with ambulation. He resides on the second floor of a home with his supportive brother and sister-in-law, without a stair lift, and uses a walker for mobility, reporting greater stability with it compared to a cane. Previously independent without an assistive device, he now presents with bilateral lower extremity weakness, impaired dynamic standing balance, decreased endurance, and gait dysfunction, ambulating 25-50 feet with a rolling walker and moderate assistance, demonstrating poor foot clearance and reduced step length. He requires moderate assistance for transfers and increased time and effort for bed mobility, and is unable to safely negotiate stairs or manage a tub threshold. Vital signs are stable, and the patient reports adherence to his medication regimen. He is considered homebound due to reliance on a walker and need for assistance with activities of daily living, with notable fall risk. Home safety recommendations were provided, including development of a fire safety plan, installation of non-slip mats and grab bars, and improved room organization. The patient would benefit from continued skilled home health physical therapy to address strength, balance, gait, and functional mobility deficits, with the goal of improving safety and reducing risk of falls and rehospitalization.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 04/27 /2026
 Order<o:p></o:p> Physician Face-to-Face Date: 04/06/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
 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> PT Eval Notes:<o:p></o:p> Physician: Dupigny, Regina

SN Careplans

SN WK1: 7 (04/25/26-04/25/26)

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 > 10

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, 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 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: M2102d - Caregiver Performs Treatment, M2102c - Med Admin, meal preparation, M2102f - Patient Supervision, Home Safety, A1250 - Lack of Necessary Transportation, D0700 - Social Isolation, M2020 - Oral Med Management, itchy/runny nose, M1400 - Dyspnea, M1033 - Unintentional Weight Loss, lightheadedness, coughing, cramping calves/thighs/hips, abn cholesterol > 200 mg/dL, abnormal blood pressure, diarrhea, dark-colored urine, decreased urine output, painful urination, foul-smelling urine, limited range of motion, poor muscle tone, muscle weakness, limited strength, limited endurance, balance deficit, lethargy, extremity burn/tingle/numb, loss of appetite, tooth pain/decay/sensitivity, itchy skin

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, teach/coordinate/arrange medication

SN Goals

PATIENT-STATED GOAL: To get better and better more independent

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
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

patient's living environment is clean/uncluttered

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 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/27/2026

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packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange long-term socialization activities, coordinate/arrange transportation services

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, * strategies to increase caloric intake, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient's transportation needs are met, patient's living environment is clean/uncluttered, 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

PT Careplans

PT WK2: 1 (05/03/26-05/09/26) ,WK3: 1 (05/10/26-05/16/26) ,WK4: 1 (05/17/26-05/23/26) ,WK5: 1 (05/24/26-05/30/26) ,WK6: 1 (05/31/26-06/06/26) ,WK7: 1 (06/07/26-06/13/26) ,WK8: 1 (06/14/26-06/20/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170P1 - Picking Up Object, GG0130F1 - Upper Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170D1 - Sit to Stand, 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, GG0170F1 - Toilet Transfer

PROCEDURES: Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time., B LE strengthening: 1, home exercise program: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day. Emphasis on improving right knee ROM, reducing stiffness, and promoting quadriceps activation. Patient verbalized understanding and demonstrated good carryover., gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, 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

PT Goals

PATIENT-STATED GOAL: to get stronger so I dont need to rely on the walker at all times when walking

GOALS
Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

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

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

Toilet Transfer - 05. Setup or clean-up assistance

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

Car Transfer - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 05. Setup or clean-up assistance

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