

Home Health Certification and Plan of Care				Order ID: 1150/18356	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
43321594		04/25/2026		From: 04/25/2026 To: 06/23/2026	
				4. Medical Record No.	
				25163	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Jason Moore			HomeCentris Healthcare LLC		
1713 Kenhill Ave,			10 Crossroads Drive, Suite 102		
BALTIMORE, MD 21213-			Owings Mills, MD 21117-8284		
443-600-0766			410-321-8448		
			1487113239		
8. DOB			11/29/1978		
9.Sex			Male		
10. Medications: Dose/Frequency/Route (N)ew (C)hanged			There are no Medications for this Plan of Care		
11. ICD			Principal Diagnosis		
A04.72			Enterocolitis d/t Clostridium difficile not spcf as recur (A04.72)		
Date			04/25/26		
13. ICD			Other Pertinent Diagnoses		
G62.1			Alcoholic polyneuropathy		
F10.10			Alcohol abuse uncomplicated		
E46.			Unspecified protein-calorie malnutrition		
M62.81			Muscle weakness (generalized)		
I10.			Essential (primary) hypertension		
E87.6			Hypokalemia		
D64.9			Anemia unspecified		
E55.9			Vitamin D deficiency unspecified		
R29.6			Repeated falls		
Date			04/25/26		
14. DME and Supplies:			15. Safety Measures:		
walker			standard precautions, fall precautions, ambulates with device, medication safety, walker precautions, transfer with assist, activity supervision		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Bowel/Bladder Incontinence, Endurance, DECREASE VISION			Up As Tolerated, Exercises Prescribed, 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: No					
20. Prognosis: poor					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
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.			patient will be responsible for managing treatment		
Homebound status: Due to diagnosis of Enterocolitis due to Clostridium difficile, not specified as recurrent, 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: <p class="MsoNoSpacing">The patient was recently admitted as an inpatient due to alcohol abuse, essential hypertension, generalized weakness, and repeated falls. Past medical history includes protein-calorie malnutrition, chronic alcoholism, and polyneuropathy with persistent tingling in the hands and feet radiating up both legs, along with muscle weakness. Skilled nursing visits are scheduled, and no medications are currently available in the home. The patient has a primary care appointment on Monday, with PT/OT evaluations ordered. He reports intermittent assistance from friends and family with ADLs and IADLs, and discharge paperwork and community resource information were reviewed; a medical social worker evaluation is recommended as the patient lives alone. The patient is alert and oriented 3 but reports decreased visual acuity, stating he can only see shadows, along with ongoing extremity tingling. He previously used gabapentin but is not currently taking any medication for polyneuropathy. He denies shortness of breath but reports poor oral intake, with last bowel movement last night, and urinary and fecal incontinence requiring diaper use. The patient appears very frail and underweight at 100 lbs and ambulates with a walker. Skilled nursing provided education on small, frequent meals and strategies to manage nausea, and the patient was receptive to all instructions.</p></p><p class="MsoNoSpacing"><o:p> </o:p></p><p class="MsoNoSpacing">Date of Order<o:p></o:p></p><p class="MsoNoSpacing">04/25/2026 Order<o:p></o:p></p><p class="MsoNoSpacing">Physician Face-to-Face Date: 04/20/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Enterocolitis due to Clostridium difficile, not specified as recurrent 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></p><p class="MsoNoSpacing"> 1 - SOC - SN Notes: <o:p></o:p></p><p class="MsoNoSpacing">Physician:Nettles, Tamischer</p></p>					
SN Careplans			SN Goals		
SN WK1: 1 (04/25/26-04/25/26) ,WK2: 1 (04/26/26-05/02/26) ,WK3: 2 (05/03/26-05/09/26) ,WK4: 1 (05/10/26-05/16/26) ,WK5: 1 (05/17/26-05/23/26)			PATIENT-STATED GOAL: I just want to be able to eat		
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			GOALS		
CAREGIVER: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance			patient/caregiver recalls		
HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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			* 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,		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 04/25/2026					
24. Physician's Name and Address			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.		
Tamischer Nettles			F2F date : 04/20/2026		
3400 Box Hill Corporate Center Dr					
Abingdon, MD 21009					
PHONE: 410-515-5440 FAX: 14105155581 NPI: 1285778225					
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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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 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, M2102f - Patient Supervision, M2102c - Med Admin, M2020 - Oral Med Management, Home Safety, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, M1620 - Bowel Incontinence, nausea/vomiting, M1610 - Urinary Incontinence, poor muscle tone, muscle weakness, limited strength, limited endurance, balance deficit, B1000 - Vision Deficit, weak hand grips, Pain Interference with ADLs, Pain Effect on Sleep, loss of appetite PROCEDURES: cough/deep breathing exercises, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange resources for vision-impaired 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, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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 patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, 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 treatments, and what works best to relieve pain * teach relaxation skills and diversional activities * recalls related medication(s) purpose, schedule patient/caregiver recalls * bowel incontinence management including dietary changes * bowel training * skin care * recalls related medication(s) purpose, schedule patient/caregiver recalls * urinary incontinence management including bladder training * Kegel exercises * skin care * 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 patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule 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 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/25/2026