Home Health Certification and Plan of Care

Order ID: 1150/18510

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9MC6JD0MJ76	05/07/2026	From: 05/07/2026 To: 07/05/2026	25375	217058

6. Patient's Name and Address

Howard Fales
6421 Forest Ave,
ELKRIDGE, MD 21075-
410-796-2335

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 11/09/1934 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I13.2	Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD	05/07/26

13. ICD	Other Pertinent Diagnoses	Date
I50.9	Heart failure unspecified	05/07/26
N18.6	End stage renal disease	05/07/26
D63.1	Anemia in chronic kidney disease	05/07/26
J18.9	Pneumonia unspecified organism	05/07/26
J20.9	Acute bronchitis unspecified	05/07/26
H40.10X1	Unspecified open-angle glaucoma mild stage	05/07/26
E78.5	Hyperlipidemia unspecified	05/07/26
M10.9	Gout unspecified	05/07/26
E03.9	Hypothyroidism unspecified	05/07/26
I45.10	Unspecified right bundle-branch block	05/07/26
E87.1	Hypo-osmolality and hyponatremia	05/07/26
E87.6	Hypokalemia	05/07/26
S72.041D	Disp fx of base of nk of r femr 7thD	05/07/26
R32.	Unspecified urinary incontinence	05/07/26
R15.9	Full incontinence of feces	05/07/26
F41.9	Anxiety disorder unspecified	05/07/26
F32.9	Major depressive disorder single episode unspecified	05/07/26
Z99.2	Dependence on renal dialysis	05/07/26
Z87.891	Personal history of nicotine dependence	05/07/26
Z91.81	History of falling	05/07/26

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

ACETAMINOPHEN 500 mg/tablet / Give 2 tablet by mouth every 8 hours for PAIN NOT HOUSE STOCK IF ROUTINE ADMINISTRATION - NOT TO EXCEED 3GM ACETAMINOPHEN PER DAY
CARVEDILOL 6.25 mg / 1 Tablet by mouth twice a day for HTN WITH BREAKFAST AND DINNER - HOLD FOR SBP < 110 and/or HR less than 60
Colesevelam HCl 625 mg/tablet / Give 3 tablet by mouth twice a day for HYPERLIPIDEMIA
Escitalopram Oxalate - Escitalopram Oxalate 10 mg / 1 Tablet by mouth in the morning for Depression
FENOFIBRATE 145 mg / 1 Tablet by mouth in the morning for HLD
Hydralazine Hydrochloride - Hydralazine Hydrochloride 50 mg / 1 Tablet by mouth every morning and at bedtime for HTN HOLD MEDICATION IF SYSTOLIC BLOOD PRESSURE < 110
MIRALAX Powder / Give 17 grams by mouth once in 24 hours as needed for CONSTIPATION MIXED WITH 4 to 8OZ OF FLUID - BOWEL PROTOCOL STEP 2 IF NO BM IN 48 HOURS
Nifedipine Er - Nifedipine 30 mg / 1 Tablet by mouth in the morning for HTN Hold for SBP < 110
RENA-VITE 1 mg / 1 Tablet by mouth in the morning for NUTRITIONAL SUPPORT
Robitussin Dm - Chlorpheniramine Polistirex: Hydrocodone Polistirex 100-10 MG/5ML / Give 10 ml by mouth every 6 hours as needed for COUGH EVERY 6 HOURS
SYNTHROID 125 mcg / 1 Tablet by mouth once a day for Hypothyroidism
Sevelamer HCl 800 mg/tablet / Give 2 tablet by mouth after meal for ESRD
Azelastine Hydrochloride - Azelastine Hydrochloride 137 MCG/SPRAY / 1 spray nostril two times a day for ALLERGIES
ALLOPURINOL 100 mg / 1 Tablet orally in the morning for GOUT
DULCOLAX 10 mg / Insert 1 suppository rectally every 24 hours as needed for BOWEL MOVEMENT IF NO BOWEL MOVEMENT IN 3 DAYS NOTIFY MD IF INEFFECTIVE
BRIMONIDINE TARTRATE Ophthalmic Solution 0.2 % / Instill 1 drop right eye three times a day for Glaucoma
DORZOLAMIDE HYDROCHLORIDE Ophthalmic Solution 2 % / Instill 2 drop right eye two times a day for Glaucoma
XALATAN Solution 0.005 % / instill 1 drop right eye at bedtime for Glaucoma SEPARATE EYE DROP ADMINISTRATION BY 5 MINUTES
BARRIER CREAM - topically every shift for Skin Protection AFT SOAP/H20 Apply to BUTTOCKS AND PERI AREA

14. DME and Supplies:

wheelchair, walker, rolling walker, hand held shower, grab bars, commode, 4 wheeled walker

15. Safety Measures:

wheelchair precautions, walker precautions, transfer with assist, supervision at all times, standard precautions, smoke detectors , , medication safety, fall precautions, bathroom safety, aspiration precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

renal diet,

17. Allergies:

no known allergies

18.A. Functional Limitations

Bowel/Bladder Incontinence, Ambulation, Endurance, Hearing

18.B. Activities Permitted

Walker, Wheelchair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status:

Due to diagnosis of Hypertensive heart and chronic kidney disease with heart failure and 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 05/07/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Soon Kim
5808 Main St
Elkridge, MD 21075
PHONE: 4107967730 FAX: 14103791537 NPI: 1023095643

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 : 04/20/2026

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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Howard Fales 6421 Forest Ave, ELKRIDGE, MD 21075- 410-796-2335	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

A 91-year-old male with a past medical history significant for end-stage renal disease on dialysis (Tuesday/Thursday/Saturday), congestive heart failure, right femur fracture, hypertension, glaucoma, hyperlipidemia, gout, hypothyroidism, and anemia was admitted for home health services. The patient was alert and oriented and able to answer questions appropriately during the assessment. His daughter serves as the primary caregiver and manages his medical care and medications. Although the patient currently lives alone, he receives 24/7 nursing care through an agency that was not identified at the time of the visit, as the employee present requested that further information be obtained from the patient's daughter. The patient utilizes both a walker and wheelchair, primarily ambulating with the walker. During the visit, the patient was observed having difficulty swallowing medications, accompanied by significant coughing and regurgitation of pills after administration by the CNA. The RN contacted the physician to discuss a possible diet modification and whether medications could be crushed and administered with pudding or applesauce. The patient was able to tolerate an 8-ounce Boost supplement without difficulty. Admission assessment was completed, and admission paperwork will be mailed to the patient's daughter for completion.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 05/07/2026
 Order<o:p></o:p> 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: Hypertensive heart and chronic kidney disease with heart failure and 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> Physician: Kim, Soon

SN Careplans

SN WK1: 1 (05/07/26-05/09/26) ,WK2: 1 (05/10/26-05/16/26) ,WK3: 1 (05/17/26-05/23/26) ,WK4: 1 (05/24/26-05/30/26)

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), 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 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:MOLST: 1a) ATTEMPT CPR

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2102f - Patient Supervision, M2020 - Oral Med Management, itchy/runny nose, M1400 - Dyspnea, M1033 - Exhaustion, weight gain > 2lb/24 h OR 5lb/1 wk, abnormal blood pressure, abn cholesterol > 200 mg/dL, coughing, abnormal thyroid <> 0.40 - 4.50 mIU/mL, cough/gag/pain chew/swallow, regurgitation of food, heartburn/indigestion, decreased urine output, M1610 - Urinary Incontinence, limited strength, limited range of motion, limited endurance, muscle weakness, poor muscle tone, balance deficit, daytime fatigue, sensitivity to sounds & light, headache, Pain Interference with ADLs, Pain Effect on Sleep, weak hand grips, B0200 - Hearing Deficit, lethargy, loss of appetite, discolored patches of skin, bruising/discoloration, rough/scaly/cracked skin, itchy skin, hair loss

SN Goals

PATIENT-STATED GOAL: Not to fall;To not fall

GOALS
patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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
* 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 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 is adequately supervised

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	05/07/2026

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rough/scaly/cracked skin, itchy skin, hair loss

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, bladder training, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange resources for vision-impaired, coordinate/arrange home modifications for hearing impaired, i.e. alarms, monitor dialysis schedule: Patien goes to dialysis Monday Wednesday Friday

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, * 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 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 is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/07/2026