Home Health Certification and Plan of Care

Order ID: 1150/18565

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
16280272	05/08/2026	From: 05/08/2026 To: 07/06/2026	25440	217058

6. Patient's Name and Address
George Barghout
246 Burke Avenue,
TOWSON, MD 21286-
410-478-7462

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 11/04/1937 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I26.99	Other pulmonary embolism without acute cor pulmonale	05/08/26

13. ICD	Other Pertinent Diagnoses	Date
C61.	Malignant neoplasm of prostate	05/08/26
C79.51	Secondary malignant neoplasm of bone	05/08/26
I35.0	Nonrheumatic aortic (valve) stenosis	05/08/26
J44.9	Chronic obstructive pulmonary disease unspecified	05/08/26
G30.9	Alzheimer's disease unspecified	05/08/26
F02.818	Dem in oth dis classd elswhr unsp sev with oth beh distrb	05/08/26
F41.9	Anxiety disorder unspecified	05/08/26
E78.2	Mixed hyperlipidemia	05/08/26
K57.30	Dvrtclos of lg int w/o perforation or abscess w/o bleeding	05/08/26
M17.10	Unilateral primary osteoarthritis unspecified knee	05/08/26
H25.13	Age-related nuclear cataract bilateral	05/08/26
H40.1130	Primary open-angle glaucoma bilateral stage unspecified	05/08/26
K21.9	Gastro-esophageal reflux disease without esophagitis	05/08/26
Z79.01	Long term (current) use of anticoagulants	05/08/26
Z87.891	Personal history of nicotine dependence	05/08/26

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

Flovent Hfa - Fluticasone Propionate 0.044 mg/inh Inhale 2 puffs inhalant twice a day SOB
LEUPROLIDE ACETATE 45 MG injection into the muscle every 6 months Commonly known as: LUPRON DEPOT
TRAVOPROST % Soln Into affected eye nightly Commonly known as: TRAVATAN Z
dorzolamide-timolol % ophthalmic solution into both eyes 2 times daily Commonly known as: COSOPT
BRIMONIDINE TARTRATE % ophthalmic solution into both eyes 2 times daily Commonly known as: ALPHAGAN
XTANDI 160 mg mouth daily Generic drug: Enzalutamide. (2 tablets)
ROSUVASTATIN CALCIUM 20 MG tablet mouth daily Commonly known as: CRESTOR
QUETIAPINE FUMARATE 25 MG tablet mouth 2 times daily Commonly known as: SEROquel
POLYETHYLENE GLYCOL 17 g packet mouth 2 times daily Commonly known as: MIRALAX. Stir and dissolve 1 packet in any 4-8 ounces of non-carbonated beverage.
MELATONIN 5 MG Tabs mouth daily
ESCITALOPRAM 10 MG tablet mouth daily Commonly known as: LEXAPRO
DUTASTERIDE AND TAMSULOSIN HYDROCHLORIDE 0.8 mg mouth daily Commonly known as: FLOMAX
DABIGATRAN ETEXILATE 150 MG capsule mouth 2 times daily Commonly known as: PRADAXA. Do not start before May 3, 2026. Start taking on: May 3, 2026
ACETAMINOPHEN 325 mg tablet mouth every 6 hours as needed for (MILD) Pain Commonly known as: TYLENOL. Do not exceed 4000 mg of acetaminophen per day
LIDOCAINE % Ptch onto the skin every 24 hours
BUPRENORPHINE HYDROCHLORIDE 20 MCG/HR Ptwk onto the skin every 7 days Commonly known as: BUTRANS

14. DME and Supplies:
walker, bath bench

15. Safety Measures:
walker precautions, standard precautions, medication safety, fall precautions, bleeding precautions, bathroom safety, anticoagulant precautions, ambulates with device

16. Nutrition:
cardiac diet

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
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: fair

22. A Rehabilitation Potential:
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., 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 Other pulmonary embolism without acute cor pulmonale, 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:

Patient is an 88-year-old male with a past medical history significant for prostate cancer, aortic valve stenosis, diverticulosis, hyperlipidemia, ventral hernia, and other chronic comorbidities, recently hospitalized for pulmonary embolism and hypoxia. Patient is alert and oriented x4. During assessment, patient reported ongoing dizziness, generalized fatigue, weakness, and occasional lower back pain, which he manages with the use of a lidocaine patch and Tylenol with reported relief. Patient currently receives Leuprolide injections every six months administered by his physician for management of prostate cancer. Following hospital discharge, patient completed a prescribed three-day course of Lovenox injections and has since transitioned to Pradaxa for anticoagulation therapy. Lung sounds were clear to auscultation bilaterally, and patient denied acute respiratory distress at time of visit; however, due to recent pulmonary embolism and continued weakness, patient was instructed to pace activities, rest between tasks, and practice deep breathing exercises if experiencing shortness of breath or fatigue. Blood pressure was initially noted to be low, and patient was encouraged to increase fluid intake and maintain adequate hydration, resulting in improvement of blood pressure to 98/56 after drinking water. Patient ambulates with a walker and demonstrates significant weakness, placing him at increased risk for falls. Fall prevention and safety precautions were reviewed extensively with both patient and spouse. Wife reports occasional bowel incontinence. Education was provided regarding bowel management, including instructions to take Miralax only as needed for constipation and to hold medication if bowel movements occur to avoid worsening incontinence. Additional teaching was provided on medication compliance, <hility is-highlighty="true" role="mark" data-hility="fe0ff986-6329-4cd0-ae82-10fad0bb28f7" data-hility-name="anticoagulant precautions" data-hility-match="highlight-pass-45:1" data-decoration-type="background" style="--decoration-thickness: auto;">anticoagulant precautions</hility>, hydration, personal hygiene, energy conservation techniques, and monitoring for worsening symptoms requiring medical attention. Due to weakness, decreased endurance, impaired mobility, and need for assistance with activities of daily living, patient would benefit from Home Health Aide services for additional support and safety within the home environment.
 Date of Order 05/08/2026 Orders <span

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/08/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Robert Levine
2391 Greenspring Drive
Timonium, MD 21093
PHONE: 410-847-3000 FAX: 18554160980 NPI: 1417274432

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 : 04/30/2026

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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style="font-size: 14px;">Physician Face-to-Face Date: 04/30/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Other pulmonary embolism without acute cor pulmonale 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 - SN Notes: soc
 Physician Levine, Robert

SN Careplans

SN WK1: 1 (05/08/26-05/09/26) ,WK2: 1 (05/10/26-05/16/26) ,WK3: 1 (05/17/26-05/23/26) ,WK4: 1 (05/24/26-05/30/26) ,WK5: 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: 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, 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, abn cholesterol > 200 mg/dL, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, balance deficit, Pain Interference with ADLs

PROCEDURES: cough/deep breathing exercises, incentive spirometer

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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: To ambulate safely without falling

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
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/08/2026