Home Health Certification and Plan of Care

Order ID: 1150/18595

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36253663	05/09/2026	From: 05/09/2026 To: 07/07/2026	25680	217058

6. Patient's Name and Address

Robert Dixon
310 Old riverside Road,
BROOKLYN, MD 21225-
443-943-4075

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 05/29/1957 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
M84.551D	Path fx in neopltc dis r femur subs for fx w routn heal	05/09/26

13. ICD	Other Pertinent Diagnoses	Date
C79.51	Secondary malignant neoplasm of bone	05/09/26
C64.2	Malignant neoplasm of left kidney except renal pelvis	05/09/26
C78.7	Secondary malig neoplasm of liver and intrahepatic bile duct	05/09/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	05/09/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	05/09/26
N18.32	Chronic kidney disease stage 3b	05/09/26
E78.5	Hyperlipidemia unspecified	05/09/26
G47.00	Insomnia unspecified	05/09/26
K59.00	Constipation unspecified	05/09/26
D50.9	Iron deficiency anemia unspecified	05/09/26
I70.0	Atherosclerosis of aorta	05/09/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	05/09/26
N13.9	Obstructive and reflux uropathy unspecified	05/09/26
H04.123	Dry eye syndrome of bilateral lacrimal glands	05/09/26
E53.8	Deficiency of other specified B group vitamins	05/09/26
K21.9	Gastro-esophageal reflux disease without esophagitis	05/09/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	05/09/26
Z79.82	Long term (current) use of aspirin	05/09/26
Z95.2	Presence of prosthetic heart valve	05/09/26
Z90.5	Acquired absence of kidney	05/09/26
Z87.891	Personal history of nicotine dependence	05/09/26

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

Amlodipine Besylate - Amlodipine Besylate 10 mg / 1 Tablet by mouth one time a day for HTN
CYANOCOBALAMIN 500 mg/tablet / Give 2 tablet by mouth one time a day for Supplement
DOXEPIN HYDROCHLORIDE 50 mg / 1 Capsule by mouth at bedtime for Depression
FAMOTIDINE 20 mg/tablet / Give 2 tablet by mouth one time a day for GERD
GABAPENTIN 300 mg / 1 Capsule by mouth at bedtime for Neuropathic pain
METFORMIN 500 mg / 1 Tablet by mouth two times a day for D/M Give with meals
Metoprolol Tartrate - Metoprolol Tartrate 50 mg / 1 Tablet by mouth two times a day for HTN
OXYCODONE 5 mg/tablet / Give 2 Tablet by mouth every 4 hours as needed for Severe pain
PRAVASTATIN 40 mg / 1 Tablet by mouth at bedtime for hyperlipidemia
Radiation - topical once a day For 10 days

14. DME and Supplies:

hospital bed, urinary/catheter supplies, bath bench, walker, 4 wheeled walker

15. Safety Measures:

walker precautions, supervision at all times, standard precautions, fall precautions, bathroom safety, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

low sodium

17. Allergies:

hydromorphone lisinopril silver

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

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

patient will be responsible for managing treatment

Homebound status:

Due to diagnosis of Pathological fracture in neoplastic disease, right femur, 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:

<p class="MsoNoSpacing">The patient is a 68-year-old male admitted to home health services following a right femur fracture repair with rod placement related to metastatic kidney cancer involving the liver and bone. Consents were signed upon SOC. His past medical history includes hypertension, hyperlipidemia, GERD, insomnia, cataracts, chronic kidney disease, obesity, obstructive sleep apnea, vitamin B12 deficiency, aortic stenosis, type 2 diabetes mellitus, and renal cancer with metastases. The patient lives with his friend, Darlene, who serves as his primary caregiver and emergency contact and provides continuous assistance. Due to weakness, pain, and impaired mobility following the femur fracture, the patient requires a front-wheeled walker with one-person assistance for safe ambulation, making leaving the home a considerable and taxing effort. He reports right thigh pain rated 5/10 and is weight-bearing as tolerated on the right lower extremity. The patient currently sleeps in a hospital bed on the first floor due to limited mobility and the presence of six steps at the entrance of the home. He has a 16 Fr Foley catheter with a 30 cc balloon scheduled for routine changes every 30 days on the 20th. No wounds were noted during assessment. The patient stated that cancer treatments weakened his femur, resulting in a spontaneous fracture while descending stairs approximately one month ago. He is currently undergoing daily radiation therapy treatments for 10 sessions at Kaiser Permanente, with two sessions completed at the time of assessment. Medications were reviewed with the patient and

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/09/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Christelle Nong Libend
1701 Twin Springs Road
Halethorpe, MD 21227
PHONE: FAX: NPI: 1780096446

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 : 05/05/2026

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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caregiver for understanding, and follow-up with the Kaiser Permanente physician assistant was arranged post-discharge. PT assessment identified deficits including right lower extremity pain, decreased bilateral lower extremity strength, impaired balance, difficulty with transfers and stair negotiation, unsteady gait, decreased safety awareness, and increased fall risk. Skilled home physical therapy is medically necessary to improve strength, functional mobility, transfers, gait safety, balance, and overall independence while reducing the risk of falls and further functional decline.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 05/09/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 05/05/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Pathological fracture in neoplastic disease, right femur, 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> PT Eval Notes:<o:p></o:p> Physician: Nong Libend, Christelle

SN Careplans

SN WK1: 1 (05/09/26-05/09/26) ,WK2: 1 (05/10/26-05/16/26) ,WK3: 2 (05/17/26-05/23/26) ,WK4: 1 (05/24/26-05/30/26) ,WK5: 1 (05/31/26-06/06/26) ,WK6: 1 (06/07/26-06/13/26)

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: 7. Currently taking 5 or more medications

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; 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 ; 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.

No open wounds noted
Advance Directive:N/A

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2102c - Med Admin, meal preparation, M2102f - Patient Supervision, M2020 - Oral Med Management, abn cholesterol > 200 mg/dL, M1400 - Dyspnea, abnormal blood pressure, dependent edema, heartburn/indigestion, dark-colored urine, urine retention, limited strength, limited endurance, limited range of motion, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, B1000 - Vision Deficit, balance deficit, pain radiating to arms/legs, obesity, swell/redness surround. skin

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, 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, * 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 is adequately

SN Goals

PATIENT-STATED GOAL: Increase mobility post surgery and regain ability to take walk in the neighborhood

GOALS
patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

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
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/09/2026

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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: 2 (05/10/26-05/16/26) ,WK3: 2 (05/17/26-05/23/26) ,WK4: 2 (05/24/26-05/30/26) ,WK5: 1 (05/31/26-06/06/26) ,WK6: 1 (06/07/26-06/13/26) ,WK7: 1 (06/14/26-06/20/26) ,WK8: 1 (06/21/26-06/27/26) ,WK9: 1 (06/28/26-07/04/26) ,WK10: 1 (07/05/26-07/07/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Effect on Sleep, 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, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand

PROCEDURES: home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., therapeutic modalities: Apply ice to R hip/thigh x 20 minutes with necessary barrier and skin assessments q 5 minutes., work simplification/energy conservation, dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., gait training/stair training, transfers training, assist with fall prevention: NA

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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Upper Body Dressing - 06. Independent

PT Goals

PATIENT-STATED GOAL: I want to get walking again

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Shower/Bathe Self - 05. Setup or clean-up assistance

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
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