Home Health Certification and Plan of Care

Order ID: 1150/18660

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
24169172	05/13/2026	From: 05/13/2026 To: 07/11/2026	25525	217058

6. Patient's Name and Address

James Canada
2416 Brohawn Ave,
BALTIMORE, MD 21230-
667-435-1772

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 01/28/1952 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	05/13/26

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	05/13/26
N18.9	Chronic kidney disease u	05/13/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	05/13/26
J44.9	Chronic obstructive pulmonary disease unspecified	05/13/26
I25.5	Ischemic cardiomyopathy	05/13/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	05/13/26
I48.91	Unspecified atrial fibrillation	05/13/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	05/13/26
G40.909	Epilepsy unsp not intractable without status epilepticus	05/13/26
I25.2	Old myocardial infarction	05/13/26
E78.5	Hyperlipidemia unspecified	05/13/26
Z86.718	Personal history of other venous thrombosis and embolism	05/13/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	05/13/26
Z94.0	Kidney transplant status	05/13/26
Z94.4	Liver transplant status	05/13/26
Z85.46	Personal history of malignant neoplasm of prostate	05/13/26
Z79.01	Long term (current) use of anticoagulants	05/13/26
Z79.4	Long term (current) use of insulin	05/13/26
Z87.440	Personal history of urinary (tract) infections	05/13/26
Z87.891	Personal history of nicotine dependence	05/13/26

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

HYDRALAZINE 25 mg / 1 Tablet by mouth 3 times daily Hold for systolic blood pressure (upper number) less than 110 mmHg. Commonly known as: APRESOLINE
TACROLIMUS 1 mg/capsule / Take 2 capsules by mouth 2 times daily Commonly known as: PROGRAF
ELIQUIS 5 mg / 1 Tablet by mouth 2 times daily
CARVEDILOL 25 mg / 1 Tablet by mouth 2 times daily with meals Commonly known as: COREG
CLOPIDOGREL 75 mg / 1 Tablet by mouth daily Commonly known as: PLAVIX
LEVETIRACETAM 500 mg / 1 Tablet by mouth 2 times daily Commonly known as: KEPPRA
MYCOPHENOLATE MOFETIL 250 mg / 1 Capsule by mouth 2 times daily Commonly known as: CELLCEPT
PREDNISONE 5 mg / 1 Tablet by mouth daily
ROSUVASTATIN CALCIUM 5 mg / 1 Tablet by mouth daily Commonly known as: CRESTOR
Vitamin D - Ergocalciferol 25 MCG (1000 UT) / 1 Tablet by mouth daily
Insulin Lispro 100 UNIT/ML / Inject 8-10 Units into the skin subcutaneous three times a day (before meals). 10 units if finger stick (glucose readings) before meal is 161 and above,8 units if finger stick (glucose readings) before meal is between 81- 160, If glucose readings are less than 80 - skip the dose and proceed with your meals Doctor's comments: Can substitute with any aspart, lispro, glulisine formulation based on insurance coverage Commonly known as: Admelog
Insulin Glargine 100 unit/mL / Inject 8 Units into the skin subcutaneous in the evening Commonly known as: LANTUS

14. DME and Supplies:

walker, hospital bed, commode, bath bench, diabetic supplies

15. Safety Measures:

seizure precautions, transfer with assist, walker precautions, supervision at all times, standard precautions, fall precautions, bathroom safety, cardiac precautions, diabetic precautions, bleeding precautions, anticoagulant precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

low sodium, high calorie, diabetic

17. Allergies:

buckwheat barium iodinated contrast media

18.A. Functional Limitations

Ambulation,

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: 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: good

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans

SN: patient will be responsible for managing treatment PT and OT: family/careg

Homebound status:

Due to diagnosis of Type 2 diabetes mellitus with diabetic chronic kidney 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

Clinical Condition Requiring Homecare:

<p class="MsoNoSpacing">The patient is a 74-year-old male with a past medical history significant for kidney transplant with a single functioning kidney, atrial fibrillation, cardiomyopathy, diabetes mellitus requiring insulin therapy, hyperlipidemia, seizures, decreased right eye vision, left knee arthritis pain, and decreased right foot sensation. Patient is alert and oriented x4. Consents were signed at SOC, and medications, including insulin therapy, were reviewed with the patient and caregiver for understanding of indications, administration, and side effects. Patient recently moved back from the Philippines due to kidney failure and was hospitalized at BWMC in February, at which time dialysis was not indicated. He experienced another fall in March requiring a 5-day rehospitalization. Most recently, the caregiver reported a fall on Sunday while the patient was transferring from the rollator to the bed when the unlocked rollator moved, causing the patient to slide onto his buttocks; no injuries or wounds were noted. During the OT visit, the patient demonstrated unsteady gait and staggered while ambulating from the bed to the bedside commode, requiring therapist intervention to prevent a fall. The patient reports limited mobility, spends most of his time in bed, and requires use of a rollator and one-person assist for safe ambulation and transfers, making it a taxing effort to leave the home. He resides on the first floor of a ranch-style home with his wife and son and has access to a ramp for home entry. Available DME includes a rollator, cane, shower chair, hospital bed, bedside commode, and urinal. Patient

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/13/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Faryal Nadeem
7141 Security Blvd
Windsor Mill, MD 21244
PHONE: 800-777-7904 FAX: NPI: 1699138537

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 : 05/01/2026

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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and caregiver inquired about a condom catheter for incontinence management related to limited mobility and were informed it is not covered by insurance. Patient denied abnormal bleeding, lung sounds were clear, and urine observed in the urinal was yellow despite reports of dark urine. Due to deficits including decreased bilateral lower extremity strength, impaired balance, difficulty with transfers and stair negotiation, decreased safety awareness, history of falls, and impaired functional mobility, the patient remains at high risk for falls and further decline. Skilled nursing services were ordered at a frequency of 1w4 then 1w2, with PT and OT services initiated to address strengthening, ADL training, safety awareness, gait and transfer training, adaptive equipment use, and restoration of functional independence within the home.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 05/13/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 05/01/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Type 2 diabetes mellitus with diabetic chronic kidney 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:
 PT Eval Notes:
 OT Eval Notes:<o:p></o:p> Physician: Nadeem, Faryal

SN Careplans

SN WK1: 1 (05/13/26-05/16/26) ,WK2: 1 (05/17/26-05/23/26) ,WK3: 1 (05/24/26-05/30/26) ,WK4: 1 (05/31/26-06/06/26) ,WK5: 1 (06/07/26-06/13/26) ,WK6: 1 (06/14/26-06/20/26)

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, blood sugar < 60 > 300

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more 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; 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:Not Received

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, D0160 - Depression, M2102d - Caregiver Performs Treatment, meal preparation, M2102f - Patient Supervision, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, abnormal blood pressure, M1400 - Dyspnea, M1033 - Exhaustion, abn cholesterol > 200 mg/dL, abnormal BS < 70/140 > mg/dL, increased urine output, dark-colored urine, muscle weakness, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, monitor intake & output, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, 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, * 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

SN Goals

PATIENT-STATED GOAL: To get out of the bed and go out side

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

patient's transportation needs are met

patient is adequately supervised

meal preparation is available to patient for all meals

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	05/13/2026

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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, * 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, patient's transportation needs are met, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK2: 2 (05/17/26-05/23/26) ,WK3: 1 (05/24/26-05/30/26) ,WK4: 1 (05/31/26-06/06/26) ,WK5: 1 (06/07/26-06/13/26) ,WK6: 1 (06/14/26-06/20/26) ,WK7: 1 (06/21/26-06/27/26) ,WK8: 1 (06/28/26-07/04/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400 - Dyspnea, Pain Interference with Therapy activities, GG0170E1 - Chair to Bed to Chair, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, 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: cough/deep breathing exercises, 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 L knee x 20 minutes with necessary barrier and skin assessments q 5 minutes., 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

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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 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, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: I would like to be able to travel back to the Phillipines

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

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

OT Careplans

OT WK1: 1 (05/13/26-05/16/26) ,WK3: 1 (05/24/26-05/30/26) ,WK5: 1 (06/07/26-06/13/26) ,WK7: 1 (06/21/26-06/27/26) ,WK9: 1 (07/05/26-07/11/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing

PROCEDURES: cough/deep breathing exercises, wheelchair training, home exercise program: 16 oz water bottle: bilateral shoulder flex chest presses horizontal abd add bicep curls 2x10, equipment training, work simplification/energy conservation, transfers training

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 - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, 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.

OT Goals

PATIENT-STATED GOAL: To not be so weak.

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

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 05. Setup or clean-up assistance

Walk 10 Feet - 04. Supervision or touching assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Car Transfer - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

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

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Car Transfer - 04. Supervision or touching assistance

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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