Home Health Certification and Plan of Care

Order ID: 1150/18744

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
22296566	05/16/2026	From: 05/16/2026 To: 07/14/2026	25889	217058

6. Patient's Name and Address

Daniel Maynard
188 Ryan Rd,
PASADENA, MD 21122-
410-206-6004

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 10/10/1965 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
A40.8	Other streptococcal sepsis	05/16/26

13. ICD	Other Pertinent Diagnoses	Date
J18.9	Pneumonia unspecified organism	05/16/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	05/16/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	05/16/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	05/16/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	05/16/26
I50.22	Chronic systolic (congestive) heart failure	05/16/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	05/16/26
N18.30	Chronic kidney disease stage 3 unspecified	05/16/26
E78.5	Hyperlipidemia unspecified	05/16/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	05/16/26
I42.8	Other cardiomyopathies	05/16/26
I25.2	Old myocardial infarction	05/16/26
I48.92	Unspecified atrial flutter	05/16/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	05/16/26
F17.210	Nicotine dependence cigarettes uncomplicated	05/16/26
G89.29	Other chronic pain	05/16/26
E66.9	Obesity unspecified	05/16/26
Z79.4	Long term (current) use of insulin	05/16/26
Z79.01	Long term (current) use of anticoagulants	05/16/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	05/16/26
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	05/16/26
Z95.5	Presence of coronary angioplasty implant and graft	05/16/26

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

Ventolin - Albuterol 90 mcg/actuation Inhl HFAA / Inhale 2 Puffs by mouth every 4 hours as needed (rescue inhaler) for nSOB
Atorvastatin - Atorvastatin Calcium 40mg; 1 tab by mouth once a day cholesterol
PLAVIX eq 75 mg base 75 mg / 1 Tablet by mouth daily PVD
PROSCAR 5 mg 5 mg / 1 Tablet by mouth daily BPH
LASIX 40 mg 40 mg / 1 Tablet by mouth every morning CAD/HF
NEURONTIN 600 mg 600 mg / 1 Tablet by mouth 3 times a day LEFT FOOT PAIN
Miralax - Polyethylene Glycol 3350 17gm/scoopful 17MG; 1 DOSE by mouth once a day AS NEEDED FOR CONSTIPATION
Hydroxyzine - Hydroxyzine Hydrochloride 25MG; 1 TAB by mouth every 8 hours AS NEEDED FOR ANXIETY
ZESTRIL 20 mg 20 mg / 1 Tablet by mouth once a day for 30 days HTN
Toprol-Xl - Metoprolol Succinate 25 mg / 1 Tablet by mouth daily CAD/HF
PERCOCET 325 mg;7.5 mg 7.5-325 mg / 1 Tablet by mouth every 8 hours as needed for pain
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg; 1 tab by mouth every 4 hours for pain
FLOMAX 0.4 mg 0.4 mg/capsule / Take 2 capsules by mouth daily at bedtime urinary retention
DESYREL 50 mg/tablet / Take up to 1 to 3 tablets by mouth as necessary at bedtime insomnia
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 mcg (2,000 unit) / 1 Capsule by mouth daily ckd supplement
PRADAXA 150 mg 150 mg / 1 Capsule by mouth 2 times a day CAD
LIPITOR 40 mg / 1 Tablet by mouth daily CHOLESTEROL
NARCAN 4 mg/actuation Nasl Spray / Spray 1 spray as single dose in one nostril Nasal as necessary may repeat every 3 minutes in alternating nostrils until medical assistance becomes available
insulin glargine-yfgn (SEMGLEE PEN) SubQ Insulin Pen 100 unit/mL (3 mL) / Inject 40 Units subcutaneous once a day DM
insulin aspart-xjhz (KIRSTY PEN) SubQ Insulin Pen 100 unit/mL (3 mL) / Inject 1-8 Units subcutaneous three times a day with meals as needed (follow sliding scale) If blood glucose: 70 120: No action 121 150: 1 units 151-200: 2 units 201-250: 3 units 251-300: 4 units 301-350: 6 units 351 400: 8 units >400 Call physician
VICTOZA 0.6 mg/0.1 mL (18 mg/3 mL) / Inject 1.2 mg subcutaneous once a day DM2
MYCOSTATIN 100,000 unit/gram Top Cream / Apply to affected area(s) topical three times a day rash
Lidocaine - Lidocaine 1 PATCH transdermal once a day 1 PATCH FOR PAIN
Nicoderm Cq - Nicotine 7 mg/24 hr TD 24hr Patch / Place 1 patch onto the skin transdermal once a day SMOKING CESSATION

14. DME and Supplies:

cane

15. Safety Measures:

standard precautions, fall precautions, diabetic precautions, bleeding precautions, ambulates with device, infectious material management, medication safety, ambulates with assistance, transfer with assist, sharps precautions, cardiac precautions, anticoagulant precautions, activity supervision

16. Nutrition:

diabetic, cardiac diet

17. Allergies:

bactrim brilinta penicillins

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Up As Tolerated, Cane, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, 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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

SN: patient will be responsible for managing treatment
PT: family/caregiver will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/16/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Kenneth Villar
7670 Quarterfield Road
Glen Burnie, MD 21061
PHONE: FAX: NPI: 1235314436

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 : 05/12/2026

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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Daniel Maynard 188 Ryan Rd, PASADENA, MD 21122- 410-206-6004	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Homebound status: Due to diagnosis of Other streptococcal sepsis, 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 a 61-year-old male status post recent inpatient hospitalization for sepsis, with a reported nine-day hospital stay and discharge home on May 13, 2026. Past medical history is significant for peripheral vascular disease status post femoral-popliteal bypass with anastomotic stenoses in 2025, coronary artery disease status post PCI, heart failure with ejection fraction of 40%, hypertension, hyperlipidemia, type 2 diabetes mellitus with reported noncompliance with insulin therapy, chronic kidney disease stage III, and benign prostatic hyperplasia. Skilled nursing services were ordered at a frequency of 1W12W2 1W5. Physical therapy evaluation was completed; however, the patient declined ongoing PT and OT services following a one-time assessment and home safety evaluation, and was subsequently discharged from therapy services at this time. Upon arrival for the home visit, the patient appeared disengaged and minimally participatory in his care. He initially stated, "I cancelled the nurse," requiring additional discussion by his spouse regarding the purpose and importance of home health services before he reluctantly agreed to continue services. Despite this agreement, there is concern regarding the patient's willingness and ability to adhere to the established plan of care. The patient was noted to be alert and oriented x3, though he had been sleeping prior to the visit. He denied pain and shortness of breath. Lung sounds were clear bilaterally. The patient reported a fair appetite, and last bowel movement was reported on Thursday. Redness was observed to the left leg. The patient ambulates with a cane for safety and mobility assistance. No falls were reported within the past year. The patient resides with his wife, Dawn, who works outside the home and is available intermittently, and his sister-in-law, Nancy, who remains with him most of the time but is herself handicapped. Home assessment revealed two steps at the entrance without railings. The home environment was noted to be somewhat cluttered/crowded, with six dogs present, potentially increasing fall risk and limiting safe mobility within the home. Skilled nursing reviewed medications extensively with the spouse. The patient utilizes a Libre continuous glucose monitoring device for blood glucose management; however, the patient reported that the phone application associated with the device is currently not functioning. The spouse demonstrated receptiveness to all education and instructions provided, though the patient requires increased engagement and participation in his own disease management and care. Education was provided regarding home health services, medication compliance, diabetes management, fall prevention, safe ambulation with assistive device use, and the importance of adherence to the prescribed plan of care. Continued skilled nursing services are indicated for ongoing assessment, medication management, cardiopulmonary and vascular monitoring, diabetic education, reinforcement of compliance with treatment recommendations, and evaluation of the patient's overall safety and functional status in the home environment.
 Date of Order 05/16/2026 Orders Physician Face-to-Face Date: 05/12/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat , ot-eval & treat due to Other streptococcal sepsis 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 PT Eval Notes:
 Physician Villar, Kenneth

SN Careplans

SN WK1: 1 (05/16/26-05/16/26) ,WK2: 2 (05/17/26-05/23/26) ,WK3: 2 (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)

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: 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

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
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, Home Safety, meal preparation, dependent edema, M1400 - Dyspnea, limited strength, limited endurance, balance deficit, bruising/discoloration

PROCEDURES: cough/deep breathing exercises, incentive spirometer, monitor intake & output, coordinate/arrange for maintenance of clean/uncluttered living area

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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: get stronger feel better

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

patient's living environment is clean/uncluttered

meal preparation is available to patient for all meals

PT Careplans

PT WK2: 1 (05/17/26-05/23/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, GG0170N1 - 4 Steps, 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, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, 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: gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events,

PT Goals

PATIENT-STATED GOAL: No stated goal, pt declines any further therapy visits.

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/16/2026

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

* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/16/2026