Home Health Certification and Plan of Care

Order ID: 1150/18751

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
999617062	05/14/2026	From: 05/14/2026 To: 07/12/2026	25824	217058

6. Patient's Name and Address
Michael Campbell
7811 Leonardo Court,
Pasadena, MD 21122-
410-777-3521

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 12/23/1970 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J96.01	Acute respiratory failure with hypoxia	05/14/26

13. ICD	Other Pertinent Diagnoses	Date
J96.02	Acute respiratory failure with hypercapnia	05/14/26
J14.	Pneumonia due to Hemophilus influenzae	05/14/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	05/14/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	05/14/26
I50.23	Acute on chronic systolic (congestive) heart failure	05/14/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	05/14/26
N18.32	Chronic kidney disease stage 3b	05/14/26
E78.5	Hyperlipidemia unspecified	05/14/26
J45.909	Unspecified asthma uncomplicated	05/14/26
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	05/14/26
E87.6	Hypokalemia	05/14/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	05/14/26
E66.01	Morbid (severe) obesity due to excess calories	05/14/26
Z68.43	Body mass index [BMI] 50.0-59.9 adult	05/14/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	05/14/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	05/14/26
Z79.4	Long term (current) use of insulin	05/14/26
Z46.6	Encounter for fitting and adjustment of urinary device	05/14/26
Z95.810	Presence of automatic (implantable) cardiac defibrillator	05/14/26

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

Magnesium Oxide - Simethicone 400 mg (241.3 mg magnesium)/tablet / Take 2 tablets by mouth once a day
Klor-Con M20 - Potassium Chloride 20 meq/tablet / Take 2 tablets by mouth daily
FARXIGA 10 mg / 1 Tablet by mouth once a day
Ventolin - Albuterol 90 mcg/actuation Inhl HFAA / Inhale 2 puffs by mouth every 4 hours as needed for quick relief of asthma symptoms (Rescue inhaler)
APRESOLINE 25 mg 25 mg / 1 Tablet by mouth every 8 hours (Patient not taking: Reported on 5/12/2026)
Toprol-XL - Metoprolol Succinate SR 200 mg/tablet / Take 100 mg by mouth once a day (Patient not taking: Reported on 5/12/2026)
LASIX 40 mg 40 mg/tablet / Take 2 tablets by mouth daily
PACERONE 200 mg 200 mg/tablet / Take 2 tablets by mouth once a day
JARDIANCE 10 mg / 1 Tablet by mouth daily
PLAVIX 75 mg / 1 Tablet by mouth once a day Continue long-term (plavix monotherapy without aspirin).
LIPITOR 80 mg / 1 Tablet by mouth daily for cholesterol
Asa 81 Mg - Aspirin 1 tab by mouth once a day
insulin aspart-xjhz (KIRSTY PEN) 100 unit/mL (3 mL) / Inject 10 Units into the skin subcutaneous three times a day (before meals).
insulin glargine-yfgn (SEMGLEE PEN) 100 unit/mL (3 mL) / Inject 50 Units into the skin subcutaneous in the morning
Nitrostat - Nitroglycerin 0.4 mg tablet / Dissolve 1 tablet under the tongue sublingual as necessary for chest pain , may repeat 2 times at 10 minute intervals. Call 911 if the pain persists
longer than 5 minutes after the first dose. Continue to take the 2nd and 3rd dose if pain
persists

14. DME and Supplies:
wheelchair, hand held shower, rolling walker, diabetic supplies, bath bench, cane, 4 wheeled walker

15. Safety Measures:
transfer with assist, hand rails, fall precautions, diabetic precautions, bleeding precautions, avoid temperature extremes, ambulates with device, wheelchair precautions, standard precautions, emergency phone number prominently displayed, ambulates with assistance, walker precautions, smoke detectors , medication safety, cardiac precautions, bathroom safety, activity supervision

16. Nutrition:
diabetic!fluid restriction!low sodium

17. Allergies:
iodinated contrast media phytonadione

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Cane, Up As Tolerated, Walker, Exercises Prescribed, Wheelchair, Transfer bed/Chair

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: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., 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 Acute respiratory failure with hypoxia, 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:
PT SOC/admission was completed, and all consents were obtained for this 55-year-old male recently hospitalized at St. Agnes Hospital from April 29 to May 8 for CHF exacerbation with fluid overload. The patient returned home with continuous family support available to assist as needed. Medication reconciliation, home safety assessment, patient handbook review, and development of the PT plan of care were completed during the visit. The patient resides in a home with 11 steps at the entrance without railings and is currently sleeping in a recliner on the main level due to difficulty accessing other areas of the home; however, he must climb stairs to the second floor for bathing. He reports significant difficulty negotiating stairs and requires seated rest breaks upon reaching the top. The patient ambulates with a walker, denies falls within the last two months, but reports two falls within the past year. Assessment findings include decreased bilateral lower extremity strength, impaired functional mobility, difficulty with transfers and stair negotiation, unsteady gait, decreased balance, reduced safety awareness, and increased fall risk. Skilled home physical therapy services are recommended to improve strength, mobility, transfers, balance, gait safety, stair negotiation, and overall functional independence, with the goal of reducing fall risk and preventing further functional decline. The patient agreed with the PT plan of care, and the referring physician, Dr. Richard Haney, was notified of the completed admission.<o:p></o:p> <p

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/14/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Richard Haney
7670 Quarterfield Rd,
Glen Burnie, MD 21061
PHONE: 410-508-7650 FAX: NPI: 1447665732

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 : 05/04/2026

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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class="MsoNoSpacing"><o:p> </o:p> Date of Order<o:p></o:p> 05/14/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 05/04/2026
 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat DX: Acute respiratory failure with hypoxia
 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 - PT Notes:<o:p></o:p> Physician: Haney, Richard

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (05/14/26-05/16/26) ,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) ,WK9: 1 (07/05/26-07/11/26)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 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

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

PT Goals

PATIENT-STATED GOAL: I want to be able to walk up and down the block in front of my house

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

patient home enviroment has adequate fire safety devices

caregiver performs medical/rehabilitation treatments with adequate competence

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 - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/14/2026

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dose, interactions of all new/change meds
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170K1 - Walk 150 Feet, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, 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), GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M2102d - Caregiver Performs Treatment, Home Safety, M2020 - Oral Med Management, weight gain > 2lb/24 h OR 5lb/1 wk, M1400 - Dyspnea, limited endurance, muscle weakness, rough/scaly/cracked skin

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, 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., 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 on uneven surfaces, gait training/stair training, transfers training, assist with fall prevention, coordinate/arrange for adequate fire safety devices

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 home enviroment has adequate fire safety devices, caregiver performs medical/rehabilitation treatments with adequate competence, 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, 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 - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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