

Home Health Certification and Plan of Care				Order ID: 1150/18877										
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.						
49603327800		05/13/2026		From: 05/13/2026 To: 07/11/2026		25359		217058						
6. Patient's Name and Address Ivan Bridglal 5936 St Marys St, GWYNN OAK, MD 21207- 443-226-8283					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 09/17/1941 9.Sex Male					10. Medications: Dose/Frequency/Route (N)ew (C)hanged Depakote - Divalproex Sodium 125 mg Delayed Release 125 mg/capsule / Give 2 capsule by mouth two times a day for Hypomania Lexapro - Escitalopram Oxalate 10 mg 10 mg / 1 Tablet by mouth one time a day for depression and anxiety Pravastatin Sodium - Pravastatin Sodium 80 mg / 1 Tablet by mouth at bedtime for Hyperlipidemia Trazodone Hydrochloride - Trazodone Hydrochloride 50 mg / 1 Tablet by mouth at bedtime for Insomnia SEROQUEL 25 mg / 1 Tablet orally two times a day related to VASCULAR DEMENTIA, UNSPECIFIED SEVERITY, WITH AGITATION (F01.511) Humalog Kwipken - Insulin Lispro Recombinant 100 UNIT/ML subcutaneously three times a day Inject as per sliding scale: if 150 - 200 = 2; 201 - 300 = 4; 301 - 350 = 6; 351 - 400 = 8, for Diabetes Mellitus Lantus Solostar - Insulin Glargine Recombinant 100 UNIT/ML / Inject 10 unit subcutaneously at bedtime for DM									
11. ICD E11.42			Principal Diagnosis Type 2 diabetes mellitus with diabetic polyneuropathy			Date 05/13/26			15. Safety Measures: walker precautions, wheelchair precautions, supervision at all times, standard precautions, medication safety, medical alert/lifeline, infectious material management, fall precautions, bedrails up while in bed, activity supervision					
13. ICD F03.94 F03.93 F32.A E78.5 G47.00 F22. H54.62 D64.9 R33.9 Z46.6 Z79.899 Z79.4 Z87.440 Z91.81			Other Pertinent Diagnoses Unspecified dementia unspecified severity with anxiety Unsp dementia unspecified severity with mood disturb Depression unspecified Hyperlipidemia unspecified Insomnia unspecified Delusional disorders Unqualified visual loss left eye normal vision right eye Anemia unspecified Retention of urine unspecified Encounter for fitting and adjustment of urinary device Other long term (current) drug therapy Long term (current) use of insulin Personal history of urinary (tract) infections History of falling			Date 05/13/26 05/13/26 05/13/26 05/13/26 05/13/26 05/13/26 05/13/26 05/13/26 05/13/26 05/13/26 05/13/26 05/13/26 05/13/26 05/13/26								
14. DME and Supplies: cane, rolling walker, , diabetic supplies, wheelchair						16. Nutrition: regular, pureed						17. Allergies: no known allergies		
18.A. Functional Limitations Bowel/Bladder Incontinence, Ambulation, Speech, Endurance						18.B. Activities Permitted Up As Tolerated, Cane, Wheelchair								
19. Mental & Pyschosocial Status: COGNITION: 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium., ANXIETY: 4. Constantly, SOCIAL ISOLATION: 8. Patient unable to respond, 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!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: Yes														
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 SN: patient to receive home care indefinately PT and OT: family/caregiver will b								
Homebound status: Due to diagnosis of Type 2 diabetes mellitus with diabetic polyneuropathy, 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 an 84-year-old male with a medical history significant for Type 2 diabetes mellitus, dementia, hyperlipidemia, anemia, BPH, and urinary retention with an indwelling Foley catheter. The patient was recently hospitalized following multiple falls and is currently bedbound since returning home. During assessment, the patient was not fully alert but was able to follow simple commands intermittently and occasionally responded by verbalizing "no" or pushing away during care. The patient requires assistance with turning, repositioning, and all ADLs, with his spouse serving as primary caregiver and present throughout the assessment. Prior to hospitalization, the patient ambulated short distances with a single-point cane and utilized a stair lift daily, while requiring assistance with medication management. The patient currently has an 18 Fr Foley catheter with a 30 cc balloon draining clear yellow urine; however, foul odor and reported yellow drainage were noted at the insertion site, and the RN will notify the urologist and PCP for further evaluation and recommendations. Skin remains intact. PT evaluation revealed decreased strength and impaired functional mobility secondary to cognitive deficits and deconditioning. The patient was able to participate minimally in bed mobility and sit at the edge of the bed with support. Wheelchair safety and setup education were provided to the caregiver, and transfer training was initiated, with the patient completing sit-pivot transfers with maximum assistance. Skilled nursing visits were scheduled every two weeks for Foley catheter management and ongoing assessment; however, discipline discharge was completed per caregiver request due to transition to hospice care.</o:p></o:p></p> <p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">05/13/2026 Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 05/07/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-ad'l's dx: Type 2 diabetes mellitus with diabetic polyneuropathy 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></p> <p class="MsoNoSpacing"> 1 - SOC - SN Notes: PT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Baffoe-Bonnie, Edna</p>														
SN Careplans					SN Goals									
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 05/13/2026					25. Date HHA Received Signed P0T									
24. Physician's Name and Address Edna Baffoe-Bonnie 7900 Oak Point Ct Pasadena, MD 21122 PHONE: 4438701237 FAX: 14432961684 NPI: 1982117388					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 : 05/07/2026									
27. Attending Physician's Signature and Date Signed 05/29/2026 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. PAGE 1 of 3									

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SN WK1: 1 (05/13/26-05/16/26) 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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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 Advance Directive:Do not resuscitate (DNR) orders PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, D0160 - Depression, M1700 - Cognition, M1720 - Anxiety, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, meal preparation, M2102f - Patient Supervision, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, M1400 - Dyspnea, abn cholesterol > 200 mg/dL, abnormal BS < 70/140 > mg/dL, cough/gag/pain chew/swallow, M1620 - Bowel Incontinence, foul-smelling urine, M1610 - Urinary Catheter, urine retention, muscle weakness, limited range of motion, limited endurance, B1000 - Vision Deficit, impaired speech, sensitivity to sounds & light, daytime fatigue, balance deficit, bad breath PROCEDURES: Lab specimen- Urine culture : Per Chesapeake urology, sent on May 18, rn to take urine for culture after catheter change., cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor, monitor intake & output, catheter change, care & irrigation: Coude tip catheter 18french 10cc balloon, change catheter every 4 weeks., teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver*, 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, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, 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)	PATIENT-STATED GOAL: Patient cannot speak GOALS patient/caregiver recalls * how to keep home safe for patient with dementia * coping strategies for the caregiver* recalls related medication(s) purpose, schedule patient/caregiver recalls * how to keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids patient/caregiver recalls * urinary catheter management including how to flush catheter * change and wash drainage bags * prevent infection including proper handwashing * positioning of catheter * recalls related medication(s) purpose, schedule 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 * prevention exacerbation of anxiety condition including coping patterns * improved concentration * strategies to reduce anxiety * identification of anxiety precipitants, conflicts, and threats * 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 * bowel incontinence management including dietary changes * bowel training * skin care * 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 administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence
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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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purpose, schedule, patient's transportation needs are met, 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					
PT Careplans PT WK1: 1 (05/13/26-05/16/26) PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, wheelchair training, home exercise program: Initial HEP: sitting in wc with knees flexed at least 10 minutes daily. Add BLE therex of knee ext, hip flex, hip abd if pt is able to follow directions. Upgrade as tolerated, transfers training			PT Goals PATIENT-STATED GOAL: To be able to transfer with less help		
OT Careplans OT WK2: 1 (05/17/26-05/23/26) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating 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, Oral Hygiene - 01. Dependent, Toileting Hygiene - 01. Dependent, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 01. Dependent, Lower Body Dressing - 01. Dependent, Don/Doff Footwear - 01. Dependent, Eating - 05. Setup or clean-up assistance			OT Goals PATIENT-STATED GOAL: OT eval only GOALS Shower/Bathe Self - 02. Substantial/maximal 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 Oral Hygiene - 01. Dependent Toileting Hygiene - 01. Dependent Upper Body Dressing - 01. Dependent Lower Body Dressing - 01. Dependent Don/Doff Footwear - 01. Dependent Eating - 05. Setup or clean-up assistance		

Signature of Physician:	Date PAGE 3 of 3
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