Home Health Certification and Plan of Care

Order ID: 1150/18919

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
87149031	05/05/2026	From: 05/05/2026 To: 07/03/2026	17825	217058

6. Patient's Name and Address

Roosevelt Grimes
7845 Americana Circle Apt 104,
GLEN BURNIE, MD 21060-
443-469-9389

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 10/01/1940 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
K56.699	Other intestnl obst unsp as to partial versus complete obst	05/05/26

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	05/05/26
N18.32	Chronic kidney disease stage 3b	05/05/26
G30.9	Alzheimer's disease unspecified	05/05/26
F02.C0	Dem in other dis classd elswhr sev w/o beh/psych/mood/anx	05/05/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	05/05/26
N13.8	Other obstructive and reflux uropathy	05/05/26
Z46.6	Encounter for fitting and adjustment of urinary device	05/05/26
E78.5	Hyperlipidemia unspecified	05/05/26
H40.9	Unspecified glaucoma	05/05/26
Z87.440	Personal history of urinary (tract) infections	05/05/26

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

Latanoprost Ophthalmic Solution 0.005% , Instill 1 drop in both eyes (eye drops) both eyes once a day Instill 1 drop in both eyes one time a day for Glaucoma
Dorzolamide Hydrochloride - Dorzolamide Hydrochloride 2-0.5% , Instill 1 drop in both eyes (eye drops) both eyes every 12 hours Instill 1 drop in both eyes every 12 hours for Glaucoma
Amlodipine Besylate - Amlodipine Besylate eq 5 mg base 5 MG Give 2 tablets by mouth once a day 5 MG
Give 1 tablet by mouth one time a day for HTN
Olanzapine - Olanzapine 10 mg 10 MG Give 1 tablet by mouth once a day 10 MG
Give 1 tab by mouth in the evening for Metabolic encephalopathy
Florastor - Floranex 20 ct by mouth once a day
Simvastatin - Simvastatin 20 mg by mouth once a day
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG Give 2 capsules by mouth at bedtime 0.4 MG
Give 1 capsule by mouth at bedtime for Urinary retention
Amoxicillin And Clavulanate Potassium - Amoxicillin: Clavulanate Potassium 875 mg;eq 125 mg base 1 tab by mouth twice a day Take for 3 days
Mirtazapine - Mirtazapine 15 mg 1 tab by mouth at bedtime
Finasteride - Finasteride 5 mg by mouth once a day
Flomax - Tamsulosin Hydrochloride .8 mg by mouth once a day

14. DME and Supplies:

wheelchair, , walker, bath bench

15. Safety Measures:

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

16. Nutrition:

soft

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, 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!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Other intestinal obstruction unspecified as to partial versus complete obstruction, 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: The patient is an 85-year-old male with a significant past medical history of congestive heart failure, chronic kidney disease stage III, hypertension, Alzheimer's dementia, benign prostatic hyperplasia, glaucoma, recurrent urinary tract infections including ESBL-producing organisms, prior Clostridioides difficile infection, and obstructive uropathy. He was recently hospitalized for confusion and was found to have an acute kidney injury, urinary tract infection, urinary retention, and obstructive uropathy requiring urologic intervention, including nephroureteral stent exchange, placement of a Foley catheter, and JJ ureteral stent. During hospitalization, he also experienced a small bowel obstruction with associated acute hypoxic respiratory failure. Following medical stabilization, he was referred to home health services for rehabilitation and ongoing support. Upon assessment, the patient was alert and oriented to self, awake, responsive, and in no acute distress. Clear urine was observed draining appropriately through the indwelling Foley catheter without evidence of complications. The patient resides alone in an apartment requiring navigation of six exterior steps and seven additional steps to access the single-level living area. He receives extensive support from caregivers, including a home health aide present weekdays from approximately 8:00 AM to 4:00 PM and his daughter, Rhonda, who provides care during evenings and overnight hours. During the nursing visit, caregiver Lisa was present in the home while the patient's sister, Rhonda, participated via telephone. Family reported that Bayada Home Care currently provides 24-hour aide coverage, including monthly skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh>, and that the patient follows with his urologist monthly for Foley catheter and stent management. Based on the current care arrangement and ongoing specialty follow-up, no additional skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> are required at this time. The family agreed with this plan of care. Prior to his recent hospitalization, the patient was ambulatory within the home and utilized a front-wheeled walker as needed. Since hospitalization, however, he has experienced a significant decline in functional status, with increased weakness, impaired mobility, and unsteady gait. Caregivers report that he now frequently requires the use of a transport wheelchair for mobility due to poor balance and safety concerns. The patient has experienced two falls within the past year and demonstrates decreased bilateral lower extremity strength, impaired balance, difficulty with transfers, reduced endurance, impaired stair negotiation, poor safety awareness, and increased fall risk. He frequently furniture-walks within the home despite having a newly obtained front-wheeled walker available for use. Occupational therapy assessment revealed substantial deficits in activities of daily living and functional performance. The patient requires maximal assistance to dependent assistance for basic activities of daily living and is dependent for instrumental activities of daily living. He demonstrates generalized weakness, deconditioning, impaired functional mobility, and increased risk for falls and further loss of independence. The home environment includes a tub shower, and caregiver support is necessary to ensure safety with all daily activities. Skilled physical therapy is medically necessary to address bilateral lower extremity strengthening, transfer training, gait retraining, balance improvement, stair negotiation, functional mobility, fall prevention, and safety awareness. Skilled occupational therapy is also warranted to improve functional performance with activities of daily living, maximize independence, reduce caregiver burden, and prevent further functional decline. Education was provided to the patient and caregivers regarding safe mobility practices, fall prevention strategies, appropriate use

23. Signature and Date of Verbal SOC Where Applicable:

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

25. Date HHA Received Signed POT

24. Physician's Name and Address

Uchemadu Nwaononiwu
7670 Quarterfield Road
Glen Burnie, MD 21061
PHONE: FAX: NPI: 1770710451

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 : 04/26/2026

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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of assistive devices, and the importance of supervision during transfers and ambulation. Due to dementia, impaired safety awareness, mobility limitations, and high fall risk, the patient is considered homebound and requires human assistance and assistive devices to safely leave the home. Continued skilled therapy services are indicated to maximize functional independence, enhance safety, and reduce the risk of rehospitalization and further decline.
 Date of Order 05/05/2026 Orders Physician Face-to-Face Date: 04/26/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Other intestinal obstruction unspecified as to partial versus complete obstruction 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 OT Eval Notes: PT Eval Notes:
 Physician Nwaononiwu, Uchemadu

SN Careplans

SN WK1: 1 (05/05/26-05/09/26)

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: 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, 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; 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, M1745 - Behavioral Issues, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, M1610 - Urinary Catheter, muscle weakness, limited strength, balance deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, monitor intake & output, catheter change, care & irrigation: followed by urology monthly for foley and stent management

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 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, * 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, * 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, meal

SN Goals

PATIENT-STATED GOAL: to get stronger

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
* 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
* 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

meal preparation is available to patient for all meals

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/05/2026

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preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (05/05/26-05/09/26) ,WK2: 2 (05/10/26-05/16/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170L1 - Walk 10 ft on Uneven Surface

PROCEDURES: cough/deep breathing exercises, home exercise program: Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., 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: NA, gait training/stair training: NA, 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, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 03. Partial/moderate 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. 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 - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: To get stronger and to be able to walk

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

Walk 10 Feet - 04. Supervision or touching assistance

Sit to Stand - 05. Setup or clean-up assistance

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

Chair to Bed to Chair - 05. Setup or clean-up assistance

Walk 150 Feet - 04. Supervision or touching assistance

Toilet Transfer - 03. Partial/moderate assistance

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

Wheel 50 ft w 2 Turns - 06. Independent

4 Steps - 04. Supervision or touching assistance

Wheel 150 feet - 06. Independent

12 Steps - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Picking Up Object - 04. Supervision or touching assistance

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

OT Careplans

OT WK1: 1 (05/05/26-05/09/26) ,WK2: 1 (05/10/26-05/16/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating

PROCEDURES: Therapeutic exercise : exe during the visit, Medication review: med list, To improve endurance: activity tolerance, Therapeutic activity : exe during the visit, cough/deep breathing exercises, incentive spirometer, home exercise program, equipment training, work simplification/energy conservation

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 - 05. Setup or clean-up assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: to return to PLOF as said by daughter, able to go to the restroom

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

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

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

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

Eating - 06. Independent

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

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