

Home Health Certification and Plan of Care				Order ID: 1150/18369	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
3U58Y42VK62		04/29/2026		From: 04/29/2026 To: 06/27/2026	
4. Medical Record No.		5. Provider No.			
25257		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Branden Cosby 1423 Walker Avenue, BALTIMORE, MD 21239- 443-386-6542			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
02/09/1991			Male		
11. ICD		Principal Diagnosis		Date	
Z48.816		Encounter for surgical afctr following surgery on the GU sys		04/29/26	
13. ICD		Other Pertinent Diagnoses		Date	
Z90.6		Acquired absence of other parts of urinary tract		04/29/26	
N31.2		Flaccid neuropathic bladder not elsewhere classified		04/29/26	
F90.9		Attention-deficit hyperactivity disorder unspecified type		04/29/26	
F32.A		Depression unspecified		04/29/26	
G82.50		Quadriplegia unspecified		04/29/26	
F17.200		Nicotine dependence unspecified uncomplicated		04/29/26	
K76.0		Fatty (change of) liver not elsewhere classified		04/29/26	
R73.03		Prediabetes		04/29/26	
Z93.3		Colostomy status		04/29/26	
14. DME and Supplies:			15. Safety Measures:		
wheelchair, bath bench			smoke detectors , seizure precautions, emergency phone # clearly displayed, bathroom safety, medication safety, transfer with assist, wheelchair precautions, standard precautions, fall precautions, activity supervision		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			No Known Allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Bowel/Bladder Incontinence			Transfer bed/Chair, Wheelchair, Up As Tolerated		
19. Mental & Pyschosocial Status: COGNITION: 3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 3. Often, BEHAVIORAL ISSUES: 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:			22.B.Discharge Plans		
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.			family/caregiver will be responsible for managing treatment		
Homebound status: Due to diagnosis of Encounter for surgical aftercare following surgery on the genitourinary system, 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">Skilled nursing admission was completed for a 35-year-old male, alert and oriented 2, with a past medical history significant for ADHD, depression, quadriplegia, seizure disorder secondary to traumatic brain injury, and neurogenic bladder, recently discharged from Johns Hopkins Hospital following a radical cystectomy with ileal conduit. The patient was assessed resting in bed in no acute distress, denying pain or discomfort, with vital signs obtained showing slightly elevated blood pressure per caregiver report and all other values within normal limits. He is wheelchair-bound and fully dependent on his mother, who is the primary caregiver, for all activities of daily living, with transfers performed via Hoyer lift. Skin assessment revealed intact integument with no pressure injuries. Ostomy assessments showed a colostomy with a pink, moist, viable stoma and no signs of infection or peristomal irritation, and a right-sided orostomy with a healthy, pink stoma and appropriate yellow urine output without complications. Neurological status remains at baseline with no reported or observed seizure activity. The caregiver reports adherence to medications and care, and education was provided on ostomy care, infection monitoring, skin integrity, repositioning, seizure precautions, blood pressure monitoring, and safe transfer techniques, with verbalized understanding. Skilled nursing services are indicated for ongoing assessment, ostomy and vital sign monitoring, and reinforcement of caregiver education; the patient remained stable at the end of the visit with no new concerns.</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">04/29/2026 Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 04/20/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management dx: Encounter for surgical aftercare following surgery on the genitourinary system 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: <o:p></o:p></p> <p class="MsoNoSpacing">Physician: Chia, Patience</p>					
SN Careplans			SN Goals		
SN WK1: 1 (04/29/26-05/02/26) ,WK2: 1 (05/03/26-05/09/26) ,WK3: 1 (05/10/26-05/16/26) ,WK4: 1 (05/17/26-05/23/26) ,WK5: 1 (05/24/26-05/30/26) ,WK6: 1 (05/31/26-06/06/26) ,WK7: 1 (06/07/26-06/13/26)			PATIENT-STATED GOAL: Patients mother stated she would like to make sure he's stable following surgery		
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			GOALS patient/caregiver recalls * depression-prevention strategies including avoidance of isolation * healthy eating * sleeping habits * identification of activities that bring pleasure		
CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 04/29/2026					
24. Physician's Name and Address			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.		
Patience Chia 3310 Eastern Avenue Baltimore, MD 21244 PHONE: 2407440001 FAX: 18882060912 NPI: 1427664200			F2F date : 04/20/2026		
27. Attending Physician's Signature and Date Signed			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.		
05/06/2026 Date of physician last face-to-face			PAGE 1 of 2		

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HOSPITALIZATION RISKS: 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:No Advance Directive PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, D0160 - Depression, M1700 - Cognition, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, meal preparation, M2102f - Patient Supervision, A1250 - Lack of Necessary Transportation, D0700 - Social Isolation, M2020 - Oral Med Management, M1400 - Dyspnea, abnormal blood pressure, constipation, M1610 - Urinary Catheter, limited range of motion, limited strength, muscle spasms, poor muscle tone, muscle weakness, involuntary movement of extremity, withdrawal from conversations, seizures, weak hand grips, daytime fatigue, B1000 - Vision Deficit, Pain Interference with ADLs, Pain Effect on Sleep, obesity, loss of appetite PROCEDURES: coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange preparation of missing meals 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, * how to keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure 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, * 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) purpose, schedule, * strategies to increase socialization, 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	* preventive care * 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 * 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 * how to keep home safe for patient with dementia * coping strategies for the caregiver* 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 * 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 * how to keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient/caregiver recalls * strategies to increase socialization * 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	04/29/2026