# Home Health Certification and Plan of Care

**Order ID: 1150/19016**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 67244268 | 05/26/2026 | From: 05/26/2026 To: 07/24/2026 | 17681 | 217058 |

**6. Patient's Name and Address**

Warren Everett
4218 Oakford Ave,
BALTIMORE, MD 21215-
443-759-6438

**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 08/24/1953 | 9.Sex Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| T83.511A | I/I react d/t indwelling urethral catheter init | 05/26/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| N13.6 | Pyonephrosis | 05/26/26 |
| B95.2 | Enterococcus as the cause of diseases classified elsewhere | 05/26/26 |
| I10. | Essential (primary) hypertension | 05/26/26 |
| G20.A1 | Parkinson's dis w/o dyskinesia w/o mention of fluctuations | 05/26/26 |
| J44.89 | Other specified chronic obstructive pulmonary disease | 05/26/26 |
| L89.159 | Pressure ulcer of sacral region unspecified stage | 05/26/26 |
| L89.619 | Pressure ulcer of right heel unspecified stage | 05/26/26 |
| L89.899 | Pressure ulcer of other site unspecified stage | 05/26/26 |
| E78.5 | Hyperlipidemia unspecified | 05/26/26 |
| D64.9 | Anemia unspecified | 05/26/26 |
| D69.6 | Thrombocytopenia unspecified | 05/26/26 |
| G31.84 | Mild cognitive impairment of uncertain or unknown etiology | 05/26/26 |
| N40.1 | Benign prostatic hyperplasia with lower urinary tract symp | 05/26/26 |
| R33.8 | Other retention of urine | 05/26/26 |
| E04.9 | Nontoxic goiter unspecified | 05/26/26 |
| E87.6 | Hypokalemia | 05/26/26 |
| E83.39 | Other disorders of phosphorus metabolism | 05/26/26 |
| Z79.01 | Long term (current) use of anticoagulants | 05/26/26 |
| Z86.711 | Personal history of pulmonary embolism | 05/26/26 |
| Z86.718 | Personal history of other venous thrombosis and embolism | 05/26/26 |
| Z74.01 | Bed confinement status | 05/26/26 |

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

Crestor - Rosuvastatin Calcium take 5 mg tablet by mouth once a day 5 mg, 1 time daily at bedtime
Flomax - Tamsulosin Hydrochloride take 0.4 mg capsules by mouth once a day 0.4 mg, 1 time daily every evening for Urinary retention
Tylenol - Acetaminophen take 650 mg Tablet by mouth every 6 hours 650 mg, Oral, every 6 hours PRN for fever and pain
Miralax - Polyethylene Glycol 3350 take 17 g powder by mouth once a day 17 g, Oral, 1 time daily, Stir and dissolve 1 packet in any 4-8 ounces of non-carbonated beverage. PT taking as needed
Senokot - Senna take 17.2 mg tablet by mouth twice a day 17.2 mg, Oral, 2 times daily PRN
Magnesium Oxide - Simethicone 400 mg capsule by mouth once a day Supplement
Hydralazine - Hydralazine Hydrochloride 100mg by mouth three times a day Take 1/2 Tablet (25mg) by mouth TID for hypertension.
Coumadin - Warfarin Sodium 5 mg take 5 mg tablet by mouth once a day 10 mg, 1 time daily for a fib
Potassium - Potassium Chloride 20meq by mouth twice a day Supplement. Blood drawbetween 6/7-13/26
Advair - Fluticasone Propionate: Salmeterol Xinafoate 100-50 MCG/ACT , take 1 puff inhaler inhalant twice a day 1 puff, 2 times daily
Pulmicort - Budesonide Take 0.5 mg/2ml inhalant twice a day 0.5 mg/2ml, 2 times daily
Mupirocin - Mupirocin 2% topical once a day Once daily for wound care
Alginate - topical two times per week 2-3 times a week for wound care to right ankle
Bacitracin Zinc And Polymyxin B Sulfate - Bacitracin Zinc: Polymyxin B Sulfate Ointment topical as necessary

**14. DME and Supplies:**

wound care supplies, urinary/catheter supplies, hospital bed

**15. Safety Measures:**

fall precautions, transfer with assist, supervision at all times, standard precautions, bleeding precautions, anticoagulant precautions, ambulates with device, ambulates with assistance, activity supervision

**16. Nutrition:**

low sodium, low cholesterol, cardiac diet

**17. Allergies:**

no known allergies

**18.A. Functional Limitations**

Bowel/Bladder Incontinence, Ambulation, Paralysis, Endurance

**18.B. Activities Permitted**

Complete Bedrest

**19. Mental & Pyschosocial Status:** COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., 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: 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**

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

**Homebound status:** Due to diagnosis of Infection and inflammatory reaction due to indwelling urethral catheter, initial encounter, 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:** Start of Care (SOC) assessment completed with all required consents signed by the patient's wife/caregiver. The patient is a 72-year-old male with a significant medical history including Parkinson's disease, hypertension, recurrent pulmonary embolism/deep vein thrombosis (PE/DVT), asthma, left femur shaft fracture, and recent hospitalization for kidney stones involving both the kidneys and bladder. Due to advanced Parkinson's disease, severe functional decline, and current medical condition, the patient is bedridden and homebound, requiring an adjustable bed, continuous supervision from one caregiver, and maximum assistance with all mobility and activities of daily living. Leaving the home requires considerable effort and presents significant safety concerns. The patient recently experienced an extended hospitalization related to kidney stones and potassium replacement therapy, which reportedly contributed to increased diarrhea. A follow-up telephone appointment was scheduled for 05/28/2026. At the caregiver's request, the nurse contacted case manager Belinda Houston regarding laboratory orders. A potassium level order was received and subsequently completed. Laboratory specimens were obtained during the visit and transported to the KP South Baltimore location for processing without incident. The patient completed a three-day potassium supplementation regimen the day prior to the visit. The caregiver was instructed that she would be contacted regarding laboratory results and any additional recommendations. Per caregiver report, the patient is expected to undergo multiple future surgical procedures for kidney stone removal; however, she expressed concern regarding the patient's underlying cardiac condition and ability to tolerate surgery. The patient is expected to receive a cardiac monitor by mail, which he will wear for two weeks before returning it for evaluation. The caregiver also reported that a pacemaker may be needed in the future. Current medications include Amoxicillin 500 mg three times daily for 10 days, Hydralazine 100 mg three times daily, and Miralax as needed. INR was reported by the caregiver as 1.6. No abnormal bleeding was reported. Assessment revealed an indwelling Foley catheter that was last changed on 05/24/2026 at St. Joseph Hospital and remained patent and intact during the visit. The patient had a bowel movement during

**23. Signature and Date of Verbal SOC Where Applicable:**

Electronically Signed by Messick, Charles RN on 05/26/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**

Nkechinyerem Eseonu Ewoh
7070 Samuel Morse Dr
Columbia, MD 21246
PHONE: FAX: NPI: 1114247541

**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 : 05/22/2026

**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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| Warren Everett<br>4218 Oakford Ave,<br>BALTIMORE, MD 21215-<br>443-759-6438 | HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239 |

the visit described as loose/wet but not watery. No wound care orders were available at the time of assessment despite requests from the caregiver and case manager. The caregiver reported application of zinc paste to the buttocks and topical treatment to the right ear. No drainage or signs of infection were observed. Photographs were obtained for documentation purposes. Physical Therapy evaluation was completed and revealed significant functional decline following recent hospitalization. The patient remains bedbound with markedly impaired bilateral lower extremity mobility and severe knee contractures, allowing only approximately 15 degrees of available flexion range of motion. At discharge from previous home health physical therapy services, the patient had been compliant with a daily bilateral lower extremity home exercise program (HEP). Physical therapy had previously recommended use of a bolster beneath the knees to facilitate gradual stretching; however, the caregiver reported inconsistent use. The patient would benefit from ongoing skilled physical therapy as part of a maintenance program to promote compliance with the HEP, minimize progression of contractures, preserve available range of motion, and reduce risk for skin breakdown and further functional decline. Occupational Therapy evaluation was also completed. The patient remains bedbound and is dependent on caregivers for the majority of activities of daily living. He is able to participate in self-feeding with minimal to moderate assistance; however, the caregiver reports a gradual decline in this ability over recent months. The patient demonstrates impaired upper extremity function secondary to significant shoulder and hand contractures. Although left-hand dominant, he has increasingly relied on the right hand because left-sided contractures are more severe. Despite these limitations, the patient retains a functional left-hand grip. Skilled occupational therapy services are recommended every other week to address ADL retraining, therapeutic exercise, maintenance of upper extremity function, positioning strategies, and caregiver education to maximize safety and functional independence while reducing the risk of further contracture development. The patient and caregiver were educated regarding disease management, medication compliance, Foley catheter care, monitoring for signs and symptoms of infection, bleeding precautions, pressure injury prevention, contracture management, and the importance of adhering to prescribed therapy programs. The plan of care includes ongoing skilled nursing for assessment and monitoring of the patient's complex medical conditions, laboratory follow-up, medication management, catheter assessment, coordination with the physician and case manager, and continued physical and occupational therapy services to maintain function, prevent complications, and support the caregiver in providing safe and effective care within the home setting. <br> Date of Order 05/26/2026 Orders Physician Face-to-Face Date: 05/22/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat, hha-adl's due to Infection and inflammatory reaction due to indwelling urethral catheter, initial encounter Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes: <br> Physician Eseonu Ewoh, Nkechinyerem

## SN Careplans

SN WK1: 1 (05/26/26-05/30/26) ,WK2: 1 (05/31/26-06/06/26) ,WK3: 1 (06/07/26-06/13/26) ,WK4: 1 (06/14/26-06/20/26) ,WK6: 1 (06/28/26-07/04/26) ,WK8: 1 (07/12/26-07/18/26) ,WK9: 1 (07/19/26-07/24/26)

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: 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 ; 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.

No wound care orders
Advance Directive:POA wife

PROBLEMS IDENTIFIED ON ASSESSMENT: meal preparation, Financial, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, abn cholesterol > 200 mg/dL, M1400 - Dyspnea, abnormal blood pressure, abnormal electrolyte panel, frequent urination, M1610 - Urinary Catheter, M1600 - UTI, limited strength, limited endurance, limited range of motion, muscle weakness, Pain Effect on Sleep, balance deficit, involuntary movement of extremity, weak hand grips, bruising/discoloration, raised bumps that are red/white, skin breakdown r/t incontinence

## SN Goals

PATIENT-STATED GOAL: Caregiver wants patient to get better

GOALS
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
* 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
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

patient has access to necessary medical care considering inability to pay

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

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 | 05/26/2026 |

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PROCEDURES: cough/deep breathing exercises, apply compression bandage, physician-ordered wound care: No wound care orders, wound vacuum, catheter change, care & irrigation, coordinate/arrange preparation of missing meals, coordinate/arrange removal of insects/rodents present in the patient's living environment, coordinate/arrange patient access to necessary medical care considering patient inability to pay, coordinate/arrange transportation services

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, * 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, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, patient has access to necessary medical care considering inability to pay, meal preparation is available to patient for all meals

## PT Careplans

PT WK2: 1 (05/31/26-06/06/26) ,WK4: 1 (06/14/26-06/20/26) ,WK6: 1 (06/28/26-07/04/26) ,WK8: 1 (07/12/26-07/18/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, GG0170E1 - Chair to Bed to Chair, GG0170E1 - Chair to Bed to Chair, GG0170S1 - Wheel 150 feet, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170G1 - Car Transfer, GG0170G1 - Car Transfer, GG0170A1 - Roll left & Right, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170D1 - Sit to Stand, GG0170C1 - Lying to sitting/bed, GG0170C1 - Lying to sitting/bed, GG0170B1 - Sit to Lying, GG0170B1 - Sit to Lying, GG0170A1 - Roll left & Right

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, wheelchair training, home exercise program: Instruct pt and caregiver for bilateral knee flex, hip flex, hip abd, hip add, ankle pumps 1x15 at least in supine, transfers training

TEACH PATIENT/CAREGIVER: Roll left & Right - 01. Dependent, Sit to Lying - 01. Dependent, Lying to sitting/bed - 01. Dependent, Sit to Stand - 01. Dependent, Chair to Bed to Chair - 01. Dependent, Toilet Transfer - 01. Dependent, Car Transfer - 01. Dependent, Wheel 50 ft w 2 Turns - 01. Dependent, Wheel 150 feet - 01. Dependent, Patient will be independent in HEP

## PT Goals

PATIENT-STATED GOAL: To be able to bend his knees

GOALS
Patient will be independent in HEP

Roll left & Right - 01. Dependent

Sit to Lying - 01. Dependent

Lying to sitting/bed - 01. Dependent

Sit to Stand - 01. Dependent

Toilet Transfer - 01. Dependent

Chair to Bed to Chair - 01. Dependent

Wheel 50 ft w 2 Turns - 01. Dependent

Wheel 150 feet - 01. Dependent

Car Transfer - 01. Dependent

## OT Careplans

OT WK1: 1 (05/26/26-05/30/26) ,WK3: 1 (06/07/26-06/13/26) ,WK5: 1 (06/21/26-06/27/26) ,WK7: 1 (07/05/26-07/11/26) ,WK9: 1 (07/19/26-07/24/26)

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

PROCEDURES: cough/deep breathing exercises, therapeutic exercises: Passive range of motion

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

## OT Goals

PATIENT-STATED GOAL: To feed himself

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

## HHA Careplans

HHA WK2: 1 (05/31/26-06/06/26) ,WK3: 1 (06/07/26-06/13/26) ,WK4: 1 (06/14/26-06/20/26) ,WK5: 1 (06/21/26-06/27/26) ,WK6: 1 (06/28/26-07/04/26) ,WK7: 1 (07/05/26-07/11/26)

PROCEDURES: assist with toilet transferring, assist with toileting hygiene, assist with transferring, assist with mobility, assist with feeding/eating, assist with infection control, assist with fall prevention, assist with assistive devices prn, assist with grooming, assist with lower body dressing, assist with upper body dressing

## HHA Goals

| Signature of Physician: | Date |
|---|---|
| | |



| Optional Name/Signature of Nurse/Therapist: | Date |
|---|---|
| Electronically Signed by Messick, Charles RN | 05/26/2026 |