Home Health Certification and Plan of Care

Order ID: 1150/19419

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
100005185	06/04/2026	From: 06/04/2026 To: 08/02/2026	26535	217058

6. Patient's Name and Address

William Greenstein
5825 Oklahoma Road Apt 332,
Sykesville, MD 21784-
443-812-8350

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 03/04/1947 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.815	Encntr for surgical aftcr following surgery on the dgstv sys	06/04/26

13. ICD	Other Pertinent Diagnoses	Date
K80.00	Calculus of gallbladder w acute cholecyst w/o obstruction	06/04/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	06/04/26
I50.9	Heart failure unspecified	06/04/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	06/04/26
N18.30	Chronic kidney disease stage 3 unspecified	06/04/26
I48.91	Unspecified atrial fibrillation	06/04/26
E78.2	Mixed hyperlipidemia	06/04/26
D72.829	Elevated white blood cell count unspecified	06/04/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	06/04/26
M17.0	Bilateral primary osteoarthritis of knee	06/04/26
K21.9	Gastro-esophageal reflux disease without esophagitis	06/04/26
Z45.2	Encounter for adjustment and management of VAD	06/04/26
Z79.2	Long term (current) use of antibiotics	06/04/26
Z79.4	Long term (current) use of insulin	06/04/26

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

GLUCAGEN 1 mg intramuscular Once as needed PRN PRN Comment: Hypoglycemia Management. Admin Instructions: Administer for blood glucose < = 70mg/dl if patient has no functional IV and cannot take oral carbs.
Duoneb - Albuterol Sulfate: Ipratropium Bromide 3 mL nebu Every 6 hours PRN PRN Reasons: Shortness of Breath.Wheezing
LIPITOR 80 mg tablet Oral Nightly
LOPRESSOR 25 mg tablet Oral 2 times per day Admin Instructions: Hold SBP < 110, PR < 60
PROTONIX EC 40 mg tablet Oral Daily Admin Instructions: Do not crush or chew.
TYLENOL 650 mg tablet Oral Every 6 hours PRN PRN Reasons: Mild pain (1-3). May also be administered per patient/legally Authorized Health Care Decision-Maker (LAHD) preference for > 3 pain score., Temperature > 38 C (100.4 F) Admin Instructions: Use first. If one dose does not relieve pain or fever after 1 hour, may give NSAID (if ordered)
MELATONIN 3 mg tablet Oral Nightly PRN PRN Comment: For sleep. Admin Instructions: Administer 1 hour before bedtime.
SINGULAIR 10 mg tablet Oral Daily as needed PRN Comment: For Allergies
Zofran Odt - Ondansetron Disintegrating 4 mg tablet Oral Every 6 hours PRN PRN Reasons: Nausea.Vomiting
SENOKOT 8.6 mg/tablet / Give 2 tablet Oral Nightly PRN PRN Reason: Constipation. Admin Instructions: 1 tablet=8.6 mg sennosides=187 mg senna
Novolog - Insulin Aspart Recombinant 0-6 Units subcutaneous three times a day during meals. Admin Instructions: Correctional LOW dose if nutritional dose given, give correctional dose AFTER meal together with nutritional dose. If NPO eating poorly, still give correctional dose. If > 1 hr since last BG check, and the patient has not yet started eating his/her meal, recheck BG to determine correctional dose.
NOVOLOG 0-3 Units SubQ Nightly Admin Instructions: Correctional LOW dose. If NPO or eating poorly, still give correctional dose. Insulin pen is patient specific. Always verify patient identifiers on insulin pen.

14. DME and Supplies:

wound care supplies, bath bench, cane

15. Safety Measures:

sharps precautions, standard precautions, smoke detectors , medication safety, medical alert/lifeline, fall precautions, diabetic precautions, bathroom safety, ambulates with device,

16. Nutrition:

cardiac diet, Low fat

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance

18.B. Activities Permitted

Cane, Up As Tolerated

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: fair

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 Encounter for surgical aftercare following surgery on the digestive 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:

The patient is a 79-year-old male status post recent cholecystectomy with placement of a right-sided Jackson-Pratt (JP) drain, which is currently draining minimal to no output. The patient reports no pain at this time. His spouse has been providing ongoing care to the drain site since discharge, and nursing confirmed her understanding of appropriate site care and infection control practices. The patient had questions regarding an acute heart failure diagnosis listed on his discharge paperwork; education was provided regarding the condition and associated discharge instructions. Vital signs are stable, and the patient demonstrates understanding of his medication regimen and proper administration. The patient was stable upon RN departure, with no acute concerns noted at the end of the visit.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 06/04/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 05/28/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management dx: Encounter for surgical aftercare following surgery on the digestive 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>
 1 - SOC - SN Notes:<o:p></o:p> Physician: Kwon, Ji Yon

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 06/04/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Ji Yon Kwon
3290 N Ridge Rd
Ellicott City , MD 21043
PHONE: 410-801-2273 FAX: 14103859319 NPI: 1992145460

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 : 05/28/2026

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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SN WK1: 3 (06/04/26-06/06/26) ,WK2: 3 (06/07/26-06/13/26)

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 > 10

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to 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; 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:Yes

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102f - Patient Supervision, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, abn cholesterol > 200 mg/dL, abnormal blood pressure, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, constipation, limited endurance, limited strength, open sores/lesions

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision

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 is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PATIENT-STATED GOAL: To get back to my normal self

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

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

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
06/04/2026