Home Health Certification and Plan of Care

Order ID: 1150/19228

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
48606025000	06/04/2026	From: 06/04/2026 To: 08/02/2026	26518	217058

6. Patient's Name and Address

George Abonche
204 5th Avenue SW,
Glen Burnie, MD 21061-
301-323-3430

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 01/03/1948 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
M46.26	Osteomyelitis of vertebra lumbar region	06/04/26

13. ICD	Other Pertinent Diagnoses	Date
K68.12	Psoas muscle abscess	06/04/26
N39.0	Urinary tract infection site not specified	06/04/26
I11.0	Hypertensive heart disease with heart failure	06/04/26
I50.23	Acute on chronic systolic (congestive) heart failure	06/04/26
E78.5	Hyperlipidemia unspecified	06/04/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	06/04/26
H40.9	Unspecified glaucoma	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
Z79.891	Long term (current) use of opiate analgesic	06/04/26

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

Latanoprost - Latanoprost Ophthalmic Solution 0.005 % / Instill 1 drop both eyes at bedtime for Glaucoma
Fosfomycin Tromethamine Oral Packet 3 GM / Give 1 packet by mouth once a day every other day for UTI
Zinc Oral Supplement 50 mg / 1 Tablet by mouth once a day for Supplement
Vitamin K2 Oral Tablet 100 mcg / 1 Tablet by mouth once a day for Supplement
Miralax - Polyethylene Glycol 3350 Powder / Give 1 scoop by mouth once a day for laxative
Oyster Shell - Calcium Acetate 500-5 MG-MCG / 1 Tablet by mouth once a day for Supplement
Losartan Potassium - Losartan Potassium 50 mg / 1 Tablet by mouth once a day for HTN
Lasix - Furosemide 20 mg / 1 Tablet by mouth once a day for chf
Florastor - Floranex 250 mg / 1 Capsule by mouth twice a day for Digestive health.
Fish Oil - Cod Liver Oil 1000 mg / 1 Capsule by mouth once a day for Supplement
Finasteride - Finasteride 5 mg / 1 Tablet by mouth once a day for BPH
Gabapentin - Gabapentin 100 mg/capsule / Give 2 capsule by mouth three times a day for Neurotic pain
Tylenol - Acetaminophen 325 mg/tablet / Give 2 tablet by mouth every 6 hours as needed for LBP 1-5/10 max 3g/d
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg / 1 Capsule by mouth at bedtime for BPH
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg / 1 Tablet by mouth every 6 hours as needed for Moderate to sever pain
Ondansetron - Ondansetron Disintegrating 4 mg / 1 Tablet by mouth every 8 hours as needed for N/V
Lidocaine Patch - Lidocaine 4 % / Apply 1 patch on lower back transdermal once a day for Mild Pain

14. DME and Supplies:

rolling walker, wound care supplies, walker, hand held shower

15. Safety Measures:

walker precautions, transfer with assist, , standard precautions, smoke detectors , fall precautions, bathroom safety, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

low cholesterol

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Transfer bed/Chair, Walker, 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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Osteomyelitis of vertebra lumbar region, 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:

Patient is a 78-year-old male with a past medical history significant for hypertension, hyperlipidemia, benign prostatic hyperplasia, and recurrent urinary tract infections who was admitted on 4/26/2026 for evaluation and management of persistent low back pain secondary to a urinary tract infection that progressed despite completion of a six-week course of intravenous daptomycin and ertapenem therapy. Patient has been prescribed an additional six weeks of intravenous antibiotics to be administered at home. Skilled nursing visit completed with the patient's son present, who also served as translator, as the patient primarily speaks Nigerian Pidgin and has limited English proficiency. Patient reported no complaints during the visit and appeared stable throughout the assessment. A midline catheter was noted in place despite discharge paperwork indicating a PICC line; the patient's son contacted the infectious disease physician for clarification regarding possible PICC line placement, and follow-up is pending. Patient resides with supportive family members who assist with daily care needs. Patient remained stable upon RN departure, with no additional questions or concerns expressed at this time.<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: 06/01/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Osteomyelitis of vertebra lumbar region
 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: Nguyen, Danny

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

Danny Nguyen
1106 Annapolis Rd Ste 310
Odenton, MD 21113
PHONE: 4108741400 FAX: 14103672202 NPI: 1386265676

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 : 06/01/2026

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 Careplans

SN WK1: 1 (06/04/26-06/06/26) ,WK2: 1 (06/07/26-06/13/26) ,WK3: 1 (06/14/26-06/20/26) ,WK4: 1 (06/21/26-06/27/26) ,WK5: 1 (06/28/26-07/04/26) ,WK6: 1 (07/05/26-07/11/26) ,WK7: 1 (07/12/26-07/18/26)

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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2102f - Patient Supervision, M2020 - Oral Med Management, abnormal blood pressure, M1400 - Dyspnea, abn cholesterol > 200 mg/dL, upper back/flank pain, foul-smelling urine, M1600 - UTI, limited strength, poor muscle tone, muscle weakness, limited endurance, limited range of motion, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, loss of appetite, open sores/lesions, red/tender pressure points, discolored patches of skin, bruising/discoloration

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, infusion therapy

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

SN Goals

PATIENT-STATED GOAL: To get better

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/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/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 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