Home Health Certification and Plan of Care

Order ID: 1150/19455

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
62303918	06/05/2026	From: 06/05/2026 To: 08/03/2026	26572	217058

6. Patient's Name and Address

John Gaither
520 5th Ave,
HALETHORPE, MD 21227
443-979-2403

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 08/15/1940 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I26.93	Single subsegmental pulmon emblsm w/o acute cor pulmonale	06/05/26

13. ICD	Other Pertinent Diagnoses	Date
I48.91	Unspecified atrial fibrillation	06/05/26
K80.00	Calculus of gallbladder w acute cholecyst w/o obstruction	06/05/26
E87.6	Hypokalemia	06/05/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	06/05/26
I50.32	Chronic diastolic (congestive) heart failure	06/05/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	06/05/26
N18.31	Chronic kidney disease stage 3a	06/05/26
D63.1	Anemia in chronic kidney disease	06/05/26
I27.20	Pulmonary hypertension unspecified	06/05/26
J44.89	Other specified chronic obstructive pulmonary disease	06/05/26
N52.9	Male erectile dysfunction unspecified	06/05/26
H40.9	Unspecified glaucoma	06/05/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	06/05/26
F17.210	Nicotine dependence cigarettes uncomplicated	06/05/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	06/05/26
Z79.01	Long term (current) use of anticoagulants	06/05/26
Z79.82	Long term (current) use of aspirin	06/05/26

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

Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG capsule by mouth daily Commonly known as: FLOMAX
FAMOTIDINE 20 mg / 1 Tablet by mouth twice a day Commonly known as: PEPCID
GLIPIZIDE 2.5 MG ER tablet by mouth by mouth Commonly known as: GLUCOTROL XL
ELIQUIS 5 mg/tablet / Take 2 tablets by mouth twice a day for 3 days, THEN 1 tablet 2 times daily.
JARDIANCE 25 mg/tablet / Take 12.5 mg by mouth by mouth Generic drug: Empagliflozin
Amoxicillin And Clavulanate Potassium - Amoxicillin: Clavulanate Potassium 875-125 mg / 1 Tablet by mouth 2 times daily for 6 days Commonly known as: AUGMENTIN
METFORMIN 500 mg / 1 Tablet by mouth 2 times daily For diagnoses: Diabetes. Commonly known as: Glucophage
OXYCODONE 0 Immediate Release 5 MG / 1 Tablet by mouth every 4 hours as needed for MODERATE Pain (or if patient requests it for severe pain) for up to 7 days. Commonly known as: ROXICODONE
AMLODIPINE 10 mg / 1 Tablet by mouth daily Commonly known as: NORVASC
Sulfamethoxazole And Trimethoprim - Sulfamethoxazole: Trimethoprim 800-160 mg / 1 Tablet by mouth 2 times daily for 6 days Commonly known as: BACTRIM DS
Metoprolol Succinate - Metoprolol Succinate 0 Extended Release 24 Hour 25 MG / 1 Tablet by mouth daily
FUROSEMIDE 20 MG tablet by mouth 2 times daily Commonly known as: LASIX
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) mg / 1 Tablet by mouth daily
SENNA 8.6 mg/tablet / Take 2 tablets by mouth 2 times daily for 7 days Commonly known as: SENOKOT
LATANOPROST 0.005 % ophthalmic solution eye Apply 1 drop Commonly known as: XALATAN

14. DME and Supplies:

walker

15. Safety Measures:

medication safety, diabetic precautions, fall precautions, bathroom safety, ambulates with device, activity supervision

16. Nutrition:

cardiac diet, diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Up As Tolerated

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: 2. Sometimes, 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 Single subsegmental thrombotic pulmonary embolism without acute cor pulmonale, 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 an 85-year-old male admitted to home health services following a recent stay at an acute care facility related to a right middle lobe subsegmental pulmonary embolism with evidence of early right heart strain, acute cholecystitis with cholelithiasis, and deep vein thrombosis (DVT). His past medical history is significant for pulmonary hypertension, chronic kidney disease stage IIIA, type 2 diabetes mellitus, asthma/COPD, hypertension, heart failure with preserved ejection fraction (HFpEF), congestive heart failure, anemia, abdominal hernia, erectile dysfunction, and other chronic comorbidities. Diagnostic imaging during hospitalization also identified left perihilar and right upper lobe pulmonary nodules concerning for possible malignancy. During hospitalization, the patient underwent placement of a pericholecystic drain for management of gallbladder infection and inflammation. Upon admission assessment, the patient was found resting in bed and was alert and oriented to person, place, and time. He denied pain, chest pain, shortness of breath at rest, dizziness, or other acute complaints. Vital signs were obtained, and a comprehensive assessment was completed. Pulmonary examination revealed diminished breath sounds throughout all lung fields. Bowel sounds were present and audible in all quadrants. Peripheral pulses were palpable, and trace edema was noted to the left lower extremity. A random blood glucose reading was 211 mg/dL. The patient continues to have a pericholecystic drainage catheter exiting the right lower torso. During the visit, approximately 60 mL of green drainage was emptied from the collection bulb. The drain insertion site was covered with Tegaderm and 2x2 gauze dressing, with a small amount of old drainage noted; however, the dressing remained dry, intact, and without signs of active leakage or infection. The patient resides in a townhouse with his son, Michael, and daughter, Wanda, who provide continuous supervision, assistance, and caregiving support. Due to limited mobility, the patient primarily remains on the first floor of the home and has a bed set up in the living room. The home contains two exterior steps without a handrail and thirteen stairs leading to the second-floor bathroom. The patient ambulates with a front-wheeled walker and reports no falls within the past year. He is independent with basic activities of daily living but requires moderate assistance with certain functional tasks and close supervision for safety. He is able to negotiate stairs with the use of an assistive device, requiring standby assistance and rest breaks due to decreased endurance and dyspnea on exertion. Physical therapy evaluation identified significant deficits including decreased bilateral lower extremity strength, impaired balance, unsteady gait, decreased endurance, difficulty with transfers, reduced functional mobility, impaired stair

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 06/05/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Shanita Chase
1701 Twin Springs Rd
Baltimore, MD 21227
PHONE: 410-737-5000 FAX: 14107375401 NPI: 1487650891

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 : 06/02/2026

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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negotiation, decreased safety awareness, and an increased risk for falls. These impairments place the patient at risk for further functional decline, injury, and loss of independence without skilled intervention. Occupational therapy evaluation further identified decreased upper extremity strength, impaired activity tolerance, and the need for ongoing support to maximize independence with activities of daily living and prevent deconditioning. The patient utilizes a walker for all functional ambulation and requires caregiver assistance when leaving the home. Medication reconciliation was completed, and all medications were reviewed with the patient's son, who assists with medication management and medical decision-making. Education was provided regarding medication compliance, blood glucose monitoring, recognition of signs and symptoms of worsening pulmonary embolism, DVT, COPD, heart failure, and infection. Additional instruction was provided regarding drain management, proper dressing care, fall prevention strategies, energy conservation techniques, safe use of assistive devices, hydration, and when to notify the physician of any changes in condition, including increased drainage, redness, swelling, fever, worsening shortness of breath, chest pain, or lower extremity swelling. The patient is considered homebound due to significant exertional dyspnea related to COPD and cardiopulmonary disease, decreased endurance, impaired mobility, need for a front-wheeled walker, and the requirement for caregiver assistance to safely leave the home. Skilled nursing services are medically necessary for ongoing cardiopulmonary assessment, disease process monitoring, medication management and education, blood glucose monitoring, drain and wound assessment, and prevention of complications. Skilled physical therapy services are required to improve strength, balance, gait, transfers, stair negotiation, functional mobility, and safety awareness, while occupational therapy services are indicated to improve upper extremity strength, activity tolerance, independence with activities of daily living, and overall functional performance. Continued interdisciplinary home health care is necessary to promote recovery, prevent falls and rehospitalization, and maximize the patient's safety and independence within the home environment.
 Date of Order 06/05/2026 Orders Physician Face-to-Face Date: 06/02/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease process, pt-eval & treat, ot:eval & treat, hha due to Single subsegmental thrombotic pulmonary embolism without acute cor pulmonale 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 PT Eval Notes: OT Eval Notes:
 Physician Chase, Shanita

SN Careplans

SN WK1: 1 (06/05/26-06/06/26) ,WK2: 1 (06/07/26-06/13/26) ,WK4: 1 (06/21/26-06/27/26) ,WK6: 1 (07/05/26-07/11/26) ,WK8: 1 (07/19/26-07/25/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

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:Refused

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, D0700 - Social Isolation, M2102f - Patient Supervision, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, swelling in the arms/legs, lung sounds not clear, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, limited strength, balance deficit, weak hand grips, B1000 - Vision Deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange resources for vision-impaired, coordinate/arrange long-term socialization activities

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet

SN Goals

PATIENT-STATED GOAL: I would like for this drain to come out soon.

GOALS
patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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
* 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

patient/caregiver recalls
* strategies to increase socialization
* 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
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/05/2026

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changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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 is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK2: 2 (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) ,WK8: 1 (07/19/26-07/25/26) ,WK9: 1 (07/26/26-08/01/26) ,WK10: 1 (08/02/26-08/03/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170G1 - Car 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, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170E1 - Chair to Bed to Chair

PROCEDURES: 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/stair training, transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, 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, 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 good

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

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

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

OT Careplans

OT 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) ,WK8: 1 (07/19/26-07/25/26)

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 visit, Medication review : med list updates, cough/deep breathing exercises, incentive spirometer, home exercise program: exe for home, 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 - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up 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: retirn to PLOF

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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