Home Health Certification and Plan of Care

Order ID: 1150/19694

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
79265822	06/11/2026	From: 06/11/2026 To: 08/09/2026	21315	217058

6. Patient's Name and Address

Jerome Watson
1315 Chesaco Avenue Apt 111,
Rosedale, MD 21237-
443-231-6521

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 08/25/1949 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
C61.	Malignant neoplasm of prostate	06/11/26

13. ICD	Other Pertinent Diagnoses	Date
C79.51	Secondary malignant neoplasm of bone	06/11/26
D63.0	Anemia in neoplastic disease	06/11/26
N39.0	Urinary tract infection site not specified	06/11/26
B95.2	Enterococcus as the cause of diseases classified elsewhere	06/11/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	06/11/26
N18.2	Chronic kidney disease stage 2 (mild)	06/11/26
I48.0	Paroxysmal atrial fibrillation	06/11/26
K80.20	Calculus of gallbladder w/o cholecystitis w/o obstruction	06/11/26
I26.99	Other pulmonary embolism without acute cor pulmonale	06/11/26
E78.5	Hyperlipidemia unspecified	06/11/26
I70.0	Atherosclerosis of aorta	06/11/26
E03.9	Hypothyroidism unspecified	06/11/26
J45.909	Unspecified asthma uncomplicated	06/11/26
K21.9	Gastro-esophageal reflux disease without esophagitis	06/11/26
R32.	Unspecified urinary incontinence	06/11/26
Z85.51	Personal history of malignant neoplasm of bladder	06/11/26

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

Tylenol - Acetaminophen 1000mg by mouth every 8 hours For pain level 6 or less as needed.
Zofran Odt - Ondansetron 4 mg 1 Tablet by mouth every 8 hours Dissolve 1 tablet on the tongue every 8 hours as needed for vomiting or nausea
Roxicodone - Oxycodone Hydrochloride 5 mg Take 1 to 2 tablets by mouth every 6 hours as needed for pain
Pepcid - Famotidine 20 mg Take 1 tablet by mouth at bedtime daily at bedtime
Lipitor - Atorvastatin Calcium eq 40 mg base 1 Tablet by mouth once a day
Lasix - Furosemide 20 mg 1 Tablet by mouth in the morning
Flomax - Tamsulosin Hydrochloride 0.4 mg 1 Capsule by mouth at bedtime Please monitor your awareness for dizziness when taking this medication and rise from lying positions slowly to prevent falls.
Diltiazem Hydrochloride - Diltiazem Hydrochloride 120 mg 1 capsule by mouth before meal Diltiazem CD 120mg capsule extended release
Catapres - Clonidine Hydrochloride 00.1 mg Oral Tab by mouth twice a day as needed
Apresoline - Hydralazine Hydrochloride 100 mg 1 Tablet by mouth once a day
Albuterol (PROVENTIL HFA) 108mcg/act aerosol solution by mouth every 4 hours Inhale 1-2 Puffs by mouth every 4 hours as needed (rescue inhaler)
(KLOR CON M20) Potassium Chloride 20 MEQ by mouth twice a day Take 1 tablet by mouth 2 times a day with meals (Swallow tablet whole or dissolve in water)
Pantoprazole - Pantoprazole Sodium 40 mg Take 1 tablet by mouth twice a day GERD
Amoxicillin - Amoxicillin 500 mg Take 1 capsule by mouth three times a day X7 days for UTI
Pradaxa - Dabigatran Etexilate Mesylate 150 mg Take 1 capsule by mouth twice a day Anticoagulant
Narcan - Naloxone Hydrochloride 4 mg/actuation Nasal Spray Nasal as necessary Spray in 1 nostril if not breathing/responding. Call 911. If still not breathing/responding, use new spray in 2 to 3 minutes in other nostril. For suspected opioid overdose use only
Butrans - Buprenorphine 5mcg/hr 1 patch 5mcg transdermal once a week 1 patch 5 mcg, change patch once a week

14. DME and Supplies:

wheelchair, walker, bath bench

15. Safety Measures:

wheelchair precautions, walker precautions, standard precautions, medication safety, fall precautions, bleeding precautions, bathroom safety, ambulates with device, anticoagulant precautions

16. Nutrition:

low sodium

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Up As Tolerated

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 06/11/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Jasmin Hans
1701 Twin Springs Rd
Halethorpe, MD 21227
PHONE: 410-933-79616 FAX: 14109337666 NPI: 1497805147

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 : 06/05/2026

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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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:	22.B.Discharge Plans
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.	SN: family/caregiver will be responsible for managing treatment PT: patient will be responsible for managing treatment OT: patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Malignant neoplasm of prostate, 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 77-year-old male referred for home health services following a recent hospitalization related to generalized weakness, hematuria, and complications associated with metastatic prostate cancer. His past medical history is significant for malignant neoplasm of the prostate with metastases to the bone involving both hips, right shoulder, and lower back, chronic kidney disease (CKD), atrial fibrillation, hyperlipidemia, hypothyroidism, urinary tract infection, anemia, pulmonary embolism, gastroesophageal reflux disease (GERD), gout, asthma, and cholecystitis. The patient recently completed a course of radiation therapy for his metastatic cancer. Following his most recent radiation treatment, he experienced significant generalized weakness, nausea, vomiting, and respiratory distress, requiring hospitalization and supplemental oxygen therapy. He was subsequently discharged home on Amoxicillin 500 mg orally three times daily for seven days for treatment of infection, with one day of therapy remaining at the time of assessment. Upon evaluation, the patient was alert and oriented to person, place, time, and situation (A&O x4). He was noted to be on room air with an oxygen saturation of 97% and denied shortness of breath, dizziness, or lightheadedness. He reported persistent fatigue and chronic pain, primarily involving the right shoulder, rated 5/10, which he manages with over-the-counter topical analgesic creams, prescribed pain medications, and a weekly buprenorphine patch. No bilateral lower extremity edema was observed. The patient ambulates with a rollator walker and currently requires assistance with all activities of daily living (ADLs). He resides with his wife in a senior apartment complex with no steps required for entry. His wife serves as his primary caregiver and assists with daily care needs. Although assistance with personal care is required, the patient expressed comfort with receiving assistance exclusively from his spouse and declined the need for a home health aide at this time. Prior to his recent decline, the patient was independent with community mobility, functional transfers, bed mobility, ambulation using a rollator, and basic self-care activities. Physical therapy evaluation revealed significant functional deficits, including lower extremity weakness, impaired balance, gait abnormalities, reduced endurance, and decreased safety with mobility. Objective findings included a Tinetti Balance Assessment score of 17/28, indicating an elevated fall risk, and a Timed Up and Go (TUG) score of 14.3 seconds. The patient demonstrated mild difficulty with ambulation both with and without an assistive device, as well as minor transfer deficits. Due to metastatic bone involvement in both hips and other skeletal sites, education was provided regarding conservative exercise techniques and activity modifications designed to minimize stress on weakened bones and reduce fracture risk while promoting strength and mobility. Occupational therapy evaluation further identified decreased standing balance, reduced standing tolerance, diminished bilateral upper extremity strength, and decreased overall activity tolerance. These deficits have resulted in reduced independence with self-care tasks, functional transfers, and household mobility compared to his prior level of function. The patient demonstrates a decline in functional performance secondary to recent hospitalization, cancer-related fatigue, metastatic disease, and generalized deconditioning. Medication reconciliation was completed, and education was provided regarding medication compliance, completion of the prescribed antibiotic regimen, pain management strategies, energy conservation techniques, fall prevention, safe use of assistive devices, infection prevention, and monitoring for symptoms requiring medical attention. The patient and caregiver demonstrated understanding of the instructions provided. The patient remains homebound due to weakness, impaired balance, decreased endurance, metastatic bone disease, and the need for assistance with mobility and ADLs. He presents with good rehabilitation potential and would benefit from continued skilled nursing, physical therapy, and occupational therapy services to address strength deficits, balance impairment, gait training, transfer safety, activity tolerance, pain management, caregiver education, and functional independence in order to maximize safety, reduce fall risk, and support a return to his highest attainable level of function.
 Date of Order 06/11/2026 Orders Physician Face-to-Face Date: 06/05/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat, hha-adl's due to Malignant neoplasm of prostate 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 Hans, Jasmin

SN Careplans

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

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, 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

SN Goals

PATIENT-STATED GOAL: To make it another day

GOALS
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
* 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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/11/2026

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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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, abnormal blood pressure, M1033 - Exhaustion, M1400 - Dyspnea, painful urination, M1600 - UTI, M1610 - Urinary Incontinence, muscle weakness, daytime fatigue, balance deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer

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, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

PT Careplans

PT WK1: 1 (06/11/26-06/13/26) ,WK2: 2 (06/14/26-06/20/26) ,WK3: 1 (06/21/26-06/27/26) ,WK4: 1 (06/28/26-07/04/26) ,WK5: 1 (07/05/26-07/11/26) ,WK6: 1 (07/12/26-07/18/26) ,WK7: 1 (07/19/26-07/25/26) ,WK8: 1 (07/26/26-08/01/26) ,WK9: 1 (08/02/26-08/08/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, 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, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170E1 - Chair to Bed to Chair

PROCEDURES: Medication management : Reviewed medication with pt and caregiver, cough/deep breathing exercises, home exercise program: Seated aps, heelraises, toe raises, hip flexion, hip abduction, laq, hamstring curls per form with gentle resistance as tolerated, gait training on uneven surfaces, gait training/stair training, transfers training

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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: I want to be here's long as I can and be able to get around on my own

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 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

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

OT Careplans

OT Goals

Signature of Physician:	Date
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OT WK2: 1 (06/14/26-06/20/26) ,WK4: 1 (06/28/26-07/04/26) ,WK6: 1 (07/12/26-07/18/26) ,WK8: 1 (07/26/26-08/01/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing

PROCEDURES: Medication Review : Medication reviewed with patient with all medications in the home, home exercise program: Bilateral UE triceps strengthening including 4x10 arm chair press-ups, yellow resistance bands triceps extensions and kick backs., equipment training, work simplification/energy conservation, transfers training: Skilled OT, assist with bathing: Skilled OT, assist with lower body dressing: Skilled OT, assist with upper body dressing: Skilled OT

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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

PATIENT-STATED GOAL: Walk better

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

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
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