Home Health Certification and Plan of Care

Order ID: 1150/19771

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
26260411	12/13/2025	From: 06/11/2026 To: 08/09/2026	20480	217058

6. Patient's Name and Address

Lawrence Moore
3009 Pinewood Ave,
BALTIMORE, MD 21214-
443-825-7626

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 10/03/1950 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I13.2	Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD	12/13/25

13. ICD	Other Pertinent Diagnoses	Date
I50.42	Chronic combined systolic and diastolic hrt fail	12/13/25
N18.6	End stage renal disease	12/13/25
D63.1	Anemia in chronic kidney disease	12/13/25
R13.10	Dysphagia unspecified	12/13/25
L89.159	Pressure ulcer of sacral region unspecified stage	12/13/25
I48.0	Paroxysmal atrial fibrillation	12/13/25
B20.	Human immunodeficiency virus [HIV] disease	12/13/25
I47.10	Supraventricular tachycardia unspecified	12/13/25
G89.29	Other chronic pain	12/13/25
M54.50	Low back pain unspecified	12/13/25
E02.	Subclinical iodine-deficiency hypothyroidism	12/13/25
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	12/13/25
I42.9	Cardiomyopathy unspecified	12/13/25
F41.9	Anxiety disorder unspecified	12/13/25
E78.00	Pure hypercholesterolemia unspecified	12/13/25
I25.2	Old myocardial infarction	12/13/25
Z79.01	Long term (current) use of anticoagulants	12/13/25
Z86.718	Personal history of other venous thrombosis and embolism	12/13/25
Z87.891	Personal history of nicotine dependence	12/13/25
Z95.810	Presence of automatic (implantable) cardiac defibrillator	12/13/25
Z95.0	Presence of cardiac pacemaker	12/13/25
Z86.16	Personal history of COVID-19	12/13/25
Z87.01	Personal history of pneumonia (recurrent)	12/13/25
Z91.81	History of falling	12/13/25

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

Albuterol - Albuterol 2.5 mg, Tablet by mouth every 2 hours 2.5 mg, every 2 hours PRN
bictegravir-emtricitabine-tenofovir alafenamide (BIKTARVY) 50-200-25 mg TABS tablet 50-200-25 mg, 1 tablet by mouth once a day 1 tablet, Oral, 1 time daily
Apresoline - Hydralazine Hydrochloride 25 mg, Tablet by mouth three times a day 25 mg, Oral, 3 times daily
Dilaudid - Hydromorphone Hydrochloride 1 mg, Tablet by mouth every 4 hours 1 mg, Oral, every 4 hours PRN
Imdur - Isosorbide Mononitrate 30 mg, Tablet by mouth in the morning 30 mg, Oral, 1 time daily every morning
Protonix - Pantoprazole Sodium 40 mg, Tablet by mouth once a day 40 mg, Oral, 1 time daily
Seroquel - Quetiapine Fumarate 25 MG tablet, 1 tablet by mouth at bedtime
Rena-Vite Rx (NEPHRO-VITE) 1 MG TABS 1 MG TABS, 1 tablet by mouth once a day 1 tablet, Oral, 1 time daily
Zoloft - Sertraline Hydrochloride 50 MG, 1 tablet by mouth at bedtime
Benzonatate - Benzonatate 100 mg 1 tab as needed for pain by mouth every 8 hours
Eliquis - Apixaban 2.5 mg, Tablet PEG TUBE twice a day 2.5 mg, Per PEG Tube, 2 times daily
Lipitor - Atorvastatin Calcium 80 mg, Tablet PEG TUBE once a day 80 mg, Oral, 1 time daily, VIA TUBE
Pacerone - Amiodarone Hydrochloride 200 mg 400 mg, Tablet PEG TUBE once a day 400 mg, Per PEG Tube, 1 time daily
mineral oil-hydrophilic petrolatum (AQUAPHOR) OINT Apply head to toe topical as necessary mineral oil-hydrophilic petrolatum (AQUAPHOR) OINT
Apply head to toe

14. DME and Supplies:

wheelchair, rolling walker, hospital bed, commode, bath bench

15. Safety Measures:

standard precautions, remove environmental barriers, fall precautions, electrical safety measures, bathroom safety, anticoagulant precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

G-Tube

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Walker, Wheelchair, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: WNL , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status:

Due to diagnosis of Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease, 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 06/09/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Marc Wilson
815 E Pratt St
Baltimore, MD 21202
PHONE: 410-637-5700 FAX: 1-410-637-5701 NPI: 1275565251

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 : 12/10/2025

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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Clinical Condition Requiring Homecare:

The patient's daughter reports that psoriasis is causing significant discomfort. The patient is ambulating daily to the front door using a rolling walker and has begun independently transferring to the bathroom when experiencing bowel movements. During this visit, the patient ambulated 25 feet twice on uneven outdoor cement surfaces with supervision and verbal cues to increase step length. The patient also completed eight outdoor steps using handrails with contact guard assistance, while the daughter observed stair negotiation and gait training. Car transfer training was performed with supervision and assistance from the daughter. The patient tolerated 20 repetitions of both supine and seated exercises. All wounds are healed. The daughter was instructed to apply the prescribed skin cream as directed. The plan is to continue family training to promote safe home and community mobility, as well as ongoing strengthening exercises.<o:p></o:p>   Date of Order<o:p></o:p> 06/09/2026
Order<o:p></o:p> Physician Face-to-Face Date: 12/10/2025<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Hypertensive Heart And Chronic Kidney Disease With Heart Failure And With Stage 5 Chronic Kidney Disease, Or End Stage Renal Disease<o:p></o:p> 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>
4 - Recertification PT Notes: to continue family training for safe exit and continue strength training<o:p></o:p> Physician: Wilson, Marc

SN Careplans

SN Goals

PT Careplans

PT WK3: 1 (06/21/26-06/27/26) ,WK4: 1 (06/28/26-07/04/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 8

CAREGIVER: WNL

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

PT Goals

PATIENT-STATED GOAL: To return to walking

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

Car Transfer - 05. Setup or clean-up assistance

Wheel 150 feet - 06. Independent

Wheel 50 ft w 2 Turns - 06. Independent

Picking Up Object - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/09/2026

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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: cough/gag/pain chew/swallow, limited endurance, limited strength, balance deficit, withdrawal from conversations, loss of appetite, discolored patches of skin, itchy skin

PROCEDURES: Home exercise program: Sitting knee extension,ankle pumps. Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction . Standing knee flexion, hip abduction, plantarflexion, squats, Family training : Safe exit on steps and standing exercises, wheelchair training, 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 medicatio, * 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, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 03. Partial/moderate assistance, 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, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Bed mobility will be independent , Sitting tolerance will be 10 minutes, Daughter will be able to transfer client independently with hoyer lift to wheelchair, Transfer bed to wheelchair with transfer board and minimal assistance

1 - Step (curb) - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

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

Sitting tolerance will be 10 minutes

Daughter will be able to transfer client independently with hoyer lift to wheelchair

Bed mobility will be independent

Transfer bed to wheelchair with transfer board and minimal assistance

Toilet Transfer - 03. Partial/moderate assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Sit to Stand - 05. Setup or clean-up assistance

Walk 150 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 10 Feet - 04. Supervision or touching assistance

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