Home Health Certification and Plan of Care

Order ID: 1150/19828

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
171040323	06/13/2026	From: 06/13/2026 To: 08/11/2026	23865	217058

6. Patient's Name and Address
Ghislain St. Denis
1117 Leonard Drive,
GLEN BURNIE, MD 21060-
410-487-4853

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 07/28/1944 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J18.9	Pneumonia unspecified organism	06/13/26

13. ICD	Other Pertinent Diagnoses	Date
J44.0	Chr obstructive pulmon disease with (acute) lower resp infct	06/13/26
C44.42	Squamous cell carcinoma of skin of scalp and neck	06/13/26
C79.51	Secondary malignant neoplasm of bone	06/13/26
C78.7	Secondary malig neoplasm of liver and intrahepatic bile duct	06/13/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	06/13/26
K21.9	Gastro-esophageal reflux disease without esophagitis	06/13/26
Z43.1	Encounter for attention to gastrostomy	06/13/26
Z87.891	Personal history of nicotine dependence	06/13/26

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

Saliva Stimulant Combo (BIOTENE MOISTURIZING MOUTH) MM Spray 1-2 sprays by mouth as needed for Radiation related dry mouth
Amoxicillin And Clavulanate Potassium - Amoxicillin: Clavulanate Potassium 400 mg/5ml;eq 57 mg base/5ml 400mg/5.7/5mcc; 10.9 cc by mouth twice a day for 5 days
pneumonia
PEPTAMEN 1.5 3 CANS /DAY by mouth three times a day PER SON, MD WOULD LIKE FOR PATIENT TO CONSUME 6 CANS
35CC FREE WATER PRIOR TO FEEDING AND 60CC AFTER FEEDING
Miralax - Polyethylene Glycol 3350 17gm/scoopful 17gm; 1 dose PEG TUBE once a day as needed for constipation

14. DME and Supplies:
grab bars, bath bench, wound care supplies, walker, cane

15. Safety Measures:
standard precautions, fall precautions, ambulates with device, walker precautions, medication safety, ambulates with assistance, transfer with assist, supervision at all times, activity supervision

16. Nutrition:
G-Tube

17. Allergies:
capsaicin, chlorhexidine

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Exercises Prescribed, Walker, 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: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: poor

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 Pneumonia unspecified organism, 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 an 81-year-old male admitted to home health services following multiple recent hospitalizations for weakness, impaired mobility, and pneumonia. The patient was discharged from the hospital on 06/09/2026 after treatment for pneumonia and remains on antibiotic therapy administered via gastrostomy tube. According to the patient's son, the patient was also evaluated at St. Agnes Hospital on 06/14/2026 for an elevated heart rate, where he received intravenous fluids and was discharged home the same day. The son reported that the patient has been hospitalized three times within the past month. The patient's past medical history is significant for metastatic squamous cell carcinoma of the head and neck with metastases to the bone and liver, chronic obstructive pulmonary disease (COPD), benign prostatic hyperplasia (BPH), gastroesophageal reflux disease (GERD), gastrostomy tube dependence, and recent cholecystectomy performed approximately three weeks ago. The patient remains a full code. Upon assessment, the patient was alert and oriented and able to communicate appropriately. He denied pain, shortness of breath, and any acute distress. The patient continues to experience an intermittent productive cough with secretions related to his recent pneumonia. Respiratory assessment revealed diminished lung sounds throughout all lung fields; however, no acute respiratory compromise was observed during the visit. The patient continues to receive nutrition and medication administration through a left upper quadrant gastrostomy tube, which remains in place and functional. He demonstrates decreased endurance and generalized weakness, contributing to impaired mobility and functional limitations. The patient ambulates with a rollator walker for safety and stability and remains primarily on the main level of the home. No falls have been reported within the past year. The patient resides with his son, Michael, who provides continuous supervision and assistance as needed. The home has three steps at the entrance; however, the patient generally remains on the main floor to minimize exertion and reduce fall risk. Skilled nursing services remain medically necessary for ongoing cardiopulmonary assessment, monitoring of pneumonia recovery, management of complex medical conditions, gastrostomy tube assessment and care, medication management, disease process education, and monitoring for signs of infection, respiratory decline, dehydration, or further functional deterioration. During the skilled nursing visit, education was initiated regarding pneumonia management and recovery, including recognition of worsening respiratory symptoms, infection prevention measures, hydration, energy conservation, and the importance of maintaining adequate oral hygiene. Specific instruction was provided regarding routine mouth care and the use of lemon swabs available in the home to promote oral moisture and reduce bacterial colonization. The patient's son reported that the patient has not been consistently using the oral swabs. Both the patient and his son were receptive to the education provided and verbalized understanding of the importance of regular oral care, particularly due to gastrostomy tube dependence and increased risk for infection. A physical therapy evaluation was completed to address generalized weakness, decreased endurance, and impaired functional mobility. The benefits of skilled home physical therapy, including strengthening, mobility training, balance improvement, and fall prevention, were discussed with both the patient and family. However, the patient declined further participation in physical therapy services at this time. The patient and family were informed that new physician orders would be required should he choose to resume therapy services in the future. Physical therapy services were therefore completed as a one-time evaluation and discharge per patient and family request, while skilled nursing services will continue as ordered. Skilled nursing frequency is planned for 1 visit weekly for 2 weeks, followed by 2 visits weekly for 1 week, then 1 visit weekly for 3 additional weeks. The patient remains homebound due to decreased endurance, generalized weakness, impaired mobility, complex medical conditions, dependence on an assistive device for ambulation, and the considerable effort required to leave the home safely. Continued skilled nursing intervention is necessary to monitor the patient's condition, prevent rehospitalization, and support safe management of his complex healthcare needs in the home setting.
 Date of Order 06/13/2026 Orders Physician Face-to-Face Date: 06/09/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease process, pt-eval & treat due to Pneumonia unspecified organism 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:
 Physician Madah, Maria

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 06/13/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Maria Madah
1701 Twin Springs Rd
Halethorpe, MD 21227
PHONE: (800) 777-7904 FAX: 18559024974 NPI: 1952892846

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 : 06/09/2026

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 (06/13/26-06/13/26) ,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) ,WK6: 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 > 5

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, coughing, lung sounds not clear, abnormal sputum production, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, limited strength, limited endurance, balance deficit, pallor

PROCEDURES: cough/deep breathing exercises, incentive spirometer, administer tube feeding: PT.CG TO ADMINISTER 3 CANS OF PEPTAMEN 1.5 A DAY WITH A GOAL OF 6 CANS A DAY. ADMINISTER FREE WATER FLUSHES OF 35SS BEFORE FEEDINGS AND 60 CC AFTER FEEDING.

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, * 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, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: FAMILY WOULD LIKE TO SEE HIM GET SHIS STRENGTH BACK

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
* 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

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 5 (06/12/26-06/13/26) ,WK2: 5 (06/14/26-06/20/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170P1 - Picking Up Object, GG0130F1 - Upper Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170D1 - Sit to Stand, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer

PROCEDURES: home exercise program: Seated-LAQ hip flex, hip abd, pillow squeeze., transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10

PT Goals

PATIENT-STATED GOAL: I just want to feel better

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

Signature of Physician:

Date

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

Date
06/13/2026

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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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
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