Home Health Certification and Plan of Care

Order ID: 1150/19912

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6TA8Y32FA38	06/14/2026	From: 06/14/2026 To: 08/12/2026	26861	217058

6. Patient's Name and Address

Rogers Simon
2071 Mount Hebron Dr,
ELLICOTT CITY, MD 21042-
516-816-5640

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 09/10/1946 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I13.11	Hyp hrt and chr kdny dis w/o hrt fail w stg 5 chr kdny/ESRD	06/14/26

13. ICD	Other Pertinent Diagnoses	Date
N18.6	End stage renal disease	06/14/26
D63.1	Anemia in chronic kidney disease	06/14/26
E78.5	Hyperlipidemia unspecified	06/14/26
J18.1	Lobar pneumonia unspecified organism	06/14/26
I69.322	Dysarthria following cerebral infarction	06/14/26
I69.351	Hemiplga following cerebral infrc aff right dominant side	06/14/26
G40.909	Epilepsy unsp not intractable without status epilepticus	06/14/26
K75.4	Autoimmune hepatitis	06/14/26
K29.60	Other gastritis without bleeding	06/14/26
B96.81	Helicobacter pylori as the cause of diseases classd elswhr	06/14/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	06/14/26
D47.2	Monoclonal gammopathy	06/14/26
Z79.82	Long term (current) use of aspirin	06/14/26
Z94.4	Liver transplant status	06/14/26
Z99.2	Dependence on renal dialysis	06/14/26

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

SYSTANE Ophthalmic Solution 0.4-0.3 % / Instill 1 drop both eyes every 6 hours as needed for Dry Eyes
ATORVASTATIN 40 mg / 1 Tablet by mouth at bedtime for HLD
CARVEDILOL 12.5 mg / 1 Tablet by mouth twice a day for HTN WITH BREAKFAST AND DINNER - HOLD FOR SBP < 110 OR HR < 60
CYCLOSPORINE 25 mg/capsule / Give 2 capsule by mouth at bedtime for Liver Transplant 2 Caps= 50mg
OMEPRAZOLE Delayed Release 40 mg / 1 Capsule by mouth twice a day for GERD
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg / 1 Capsule by mouth at bedtime for BPH
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000 UNIT / 1 Tablet by mouth in the morning for VITAMIN D DEFICIENCY

14. DME and Supplies:

walker

15. Safety Measures:

bathroom safety, standard precautions, supervision at all times, , , no bp right arm, fall precautions, activity supervision, ambulates with assistance, ambulates with device

16. Nutrition:

renal diet, low cholesterol, low sodium,

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

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: 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: good

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

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive heart and chronic kidney disease w/o heart failure with stage 5 chronic kdny/ESRD, 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:

Start of Care (SOC) visit completed for a 79-year-old male with a significant past medical history including cerebral infarction with residual right-sided weakness and dysarthria, end-stage renal disease (ESRD) on hemodialysis, chronic kidney disease stage V, anemia, hypertension, hyperlipidemia, autoimmune hepatitis status post liver transplant, lambda light chain monoclonal gammopathy, malnutrition, H. pylori gastritis, hepatitis, hypertensive heart disease without heart failure, benign prostatic hyperplasia without lower urinary tract symptoms, seizure disorder (not currently on medication), pneumonia, and hemiplegia/hemiparesis affecting the right dominant side following cerebral infarction. Patient was recently hospitalized for weakness associated with poor appetite, fatigue, vomiting, weight loss, acute kidney injury, and uremia, followed by a stay at a skilled nursing facility (SNF). He was discharged from the SNF on 06/12 and is now receiving home health services. Consent forms were reviewed and signed by the patient. Patient resides in a single-family home with his spouse and has strong family support from his wife, niece, and sisters-in-law, who were present during the assessment. His sister and son were not present. Patient's wife, Irma, serves as his Power of Attorney (POA). Due to residual right-sided weakness from prior cerebrovascular accident (CVA), the patient requires a rolling walker for ambulation, one-person assistance, and supervision for safety. Leaving the home requires considerable and taxing effort due to impaired mobility, fall risk, and need for assistance. Patient reported one fall within the past year but denied any recent falls. He uses a rolling walker intermittently indoors and for outdoor mobility. He also uses a hearing aid. Patient remains motivated to perform activities of daily living (ADLs) independently but currently requires supervision to minimal assistance with ADLs and is dependent on caregivers for instrumental activities of daily living (IADLs). During the assessment, the patient was alert and cooperative. He denied pain, headaches, swallowing difficulties, abnormal bleeding, and recent falls. Residual speech impairment related to previous cerebral infarction was noted; however, communication remained effective with family assistance as needed. Family reported that the patient's appetite is currently good. At the time of the visit, the patient had completed approximately three-quarters of his breakfast. He remains on a 32-ounce fluid restriction due to ESRD. Vital signs were stable with blood pressure recorded at 142/80 mmHg. No abnormal lung sounds were auscultated, and no signs of acute respiratory distress were observed. Right chest hemodialysis access/port was intact with no complications noted. Medication reconciliation was completed with the patient and caregivers. The patient's wife reported plans to contact the liver transplant physician regarding newly prescribed medications received at SNF discharge to obtain clarification and recommendations regarding administration and potential interactions. No medication administration had occurred prior to the nursing visit. Patient was instructed to take prescribed medications as ordered and verbalized understanding. Education was provided regarding medication compliance, fall prevention strategies, safety awareness, use of assistive devices, monitoring for signs and symptoms of infection, dialysis access care, fluid restriction compliance, and when to notify the physician of any changes in condition. Patient currently receives hemodialysis through DaVita Dialysis and recently underwent dialysis on Thursday. Due to scheduling adjustments following discharge, he is scheduled to attend dialysis on Monday, Thursday, and Saturday for the current week and then resume his regular Tuesday, Thursday, and Saturday schedule the following week. No walk-in dialysis treatments are accepted at his dialysis center. Patient and caregivers verbalized understanding of the dialysis

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 06/14/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Warren Ross
4801 Dorsey Hall Dr
Ellicott City, MD 21041
PHONE: 4109975191 FAX: 14109977957 NPI: 1770568891

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 : 05/28/2026

27. Attending Physician's Signature and Date Signed **06/25/2026**: 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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schedule and importance of attendance. The patient demonstrates generalized weakness, impaired mobility, decreased endurance, and reduced functional independence secondary to multiple chronic medical conditions and recent hospitalization. Skilled nursing services are required for ongoing assessment, medication management, disease process education, monitoring of ESRD and dialysis status, cardiovascular assessment, nutritional and hydration management, safety monitoring, and prevention of further decline or rehospitalization. Skilled nursing frequency is ordered for 2 visits per week for 1 week, followed by 1 visit per week for 5 weeks. Physical therapy and occupational therapy evaluations and treatment have been ordered to improve strength, balance, mobility, functional independence with ADLs, and to prevent deconditioning and falls.
 Date of Order 06/14/2026 Orders Physician Face-to-Face Date: 05/28/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease process, pt-eval & treat, ot:eval & treat due to Hypertensive heart and chronic kidney disease w/o heart failure with stage 5 chronic kdny/ESRD 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 OT Eval Notes: PT Eval Notes:
 Physician Ross, Warren

SN Careplans

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

No open wounds noted
Advance Directive:YES

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2102c - Med Admin, meal preparation, M2102f - Patient Supervision, M2020 - Oral Med Management, abn cholesterol > 200 mg/dL, M1400 - Dyspnea, M1033 - Exhaustion, abnormal blood pressure, heartburn/indigestion, limited strength, poor muscle tone, limited endurance, muscle weakness, balance deficit, weak hand grips, involuntary movement of extremity, impaired speech, loss of appetite

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals

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, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs

SN Goals

PATIENT-STATED GOAL: To regain independence

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

patient is adequately supervised

meal preparation is available to patient for all meals

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	06/14/2026

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medical/rehabilitation treatments with adequate competence

OT Careplans

OT WK1: 1 (06/14/26-06/20/26) ,WK2: 1 (06/21/26-06/27/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170O1 - 12 Steps, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170P1 - Picking Up Object, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand

PROCEDURES: Increase UE strengthen : SHoulder, elbow and wrist, Increase activity tolerance : reduce number of breaks and duration, Bilateral coordination : use of both hands in standing and sitting while manitaining balance, cough/deep breathing exercises, incentive spirometer, home exercise program: for UE strengthening, equipment training, work simplification/energy conservation, 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: gain I as much as possible

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

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

Date
06/14/2026