Home Health Certification and Plan of Care

Order ID: 1150/19881

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30499403600	04/23/2026	From: 06/22/2026 To: 08/20/2026	25000	217058

6. Patient's Name and Address

Paul Brown
2926 Edison Hwy,
BALTIMORE, MD 21213-
667-210-6258

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 09/20/1960 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z43.5	Encounter for attention to cystostomy	04/23/26

13. ICD	Other Pertinent Diagnoses	Date
N32.81	Overactive bladder	04/23/26
R33.9	Retention of urine unspecified	04/23/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	04/23/26
I11.0	Hypertensive heart disease with heart failure	04/23/26
I50.9	Heart failure unspecified	04/23/26
E78.49	Other hyperlipidemia	04/23/26
D64.9	Anemia unspecified	04/23/26
F31.9	Bipolar disorder unspecified	04/23/26
F19.10	Other psychoactive substance abuse uncomplicated	04/23/26
K21.00	Gastro-esophageal reflux dis with esophagitis without bleed	04/23/26
F17.290	Nicotine dependence other tobacco product uncomplicated	04/23/26
Z86.718	Personal history of other venous thrombosis and embolism	04/23/26
Z89.511	Acquired absence of right leg below knee	04/23/26
Z89.512	Acquired absence of left leg below knee	04/23/26

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

ACETAMINOPHEN 500 mg / 1 Tablet by mouth every 8 hours **NOT TO EXCEED 3000MG (6 tablets) IN 24 HOURS
Atorvastatin Calcium - Atorvastatin Calcium 20 mg / 1 Tablet by mouth at bedtime
Divalproex Sodium - Divalproex Sodium Delayed Release 500 mg / 1 Tablet by mouth every 12 hours
Methadone - Methadone Hydrochloride Oral Solution 10 MG/5ML / Give 60 mg by mouth in the morning for SUD
OLANZAPINE 7.5 mg / 1 Tablet by mouth two times a day
OMEPRAZOLE Delayed Release 20 mg / 1 Tablet by mouth in the morning
Senna - Senna 8.6 mg/tablet / Give 2 tablet by mouth one time a day
Benztropine Mesylate - Benztropine Mesylate 0.5 mg / 1 Tablet by mouth twice a day
Naloxone Hcl - Naloxone Hydrochloride 4 MG/0.1ML / 4 mg in both nostrils Nasal as necessary for SUD upon signs of opioid overdose. May repeat every 2 to 3 minutes until resident responds or additional medical assistance arrives.
Saline Nasal Spray - Normal Saline 1 spray each nostril Nasal every 2 hours as needed for Congestion

14. DME and Supplies:

rolling walker, hospital bed, Ordered wheelchair and prosthetic adjustments

15. Safety Measures:

standard precautions, remove environmental barriers, medication safety, fall precautions, diabetic precautions, bathroom safety, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

diabetic

17. Allergies:

No Known Allergies

18.A. Functional Limitations

Ambulation, Endurance, Amputation, Cannot wear prostheses , Depression

18.B. Activities Permitted

Walker, Wheelchair, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., 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 Encounter for attention to cystostomy, 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 client reported seeing the prosthetist yesterday and was casted for two new prosthetic sockets. The prosthetist is scheduled to return to assess the fit of the new prostheses. The client tolerated supine exercises with significant encouragement to achieve full range of motion, completing 20 repetitions each. The client declined prone exercises. Push-ups on the bedside commode were added, completed at 10 repetitions for 2 sets without clearance. The client performed supine-to-long sitting transfers with supervision and tolerated sitting activities well. The client was instructed to lean forward in an attempt to touch the bed to improve flexibility and balance. The plan is to progress therapeutic exercises and gait training once the client receives the new prostheses. A physician order was obtained for bilateral prosthetic adjustments and supplies due to the client's inability to don the current prostheses. A manual wheelchair was also ordered to accommodate mobility needs when unable to wear the prosthetic legs. The client was recertified for gait training and safe exit from the assisted living facility once the new prostheses are received.<o:p></o:p>   Date of Order<o:p></o:p> 06/18/2026
<span

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 06/18/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Leonard Mugo
8117 Harford Rd Ste 2
Baltimore, MD 21202
PHONE: 410-900-4619 FAX: 15312007379 NPI: 1659815520

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 : 04/10/2026

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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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Order<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Physician Face-to-Face Date: 04/10/2026<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Encounter for attention to cystostomy<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">4 - Recertification
<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;">PT<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"> Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"> for gait training and safe exit from the assisted living facility once the new prostheses are received<span
style="mso-spacerun:'yes';font-family:Calibri;font-size:10.5000pt; mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="font-family: Calibri; font-size: 11pt;">Physician: Mugo, Leonard

SN Careplans

SN Goals

PT Careplans

PT WK2: 1 (06/28/26-07/04/26) ,WK3: 1 (07/05/26-07/11/26) ,WK4: 1 (07/12/26-07/18/26) ,WK5: 1 (07/19/26-07/25/26) ,WK7: 1 (08/02/26-08/08/26) ,WK9: 1 (08/16/26-08/20/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, 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: 4. Multiple emergency department visits (2 or more) in the past 6 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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,

PT Goals

PATIENT-STATED GOAL: For my walking to improve and feel steadier on my feet

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

Picking Up Object - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

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

Walk 150 Feet - 04. Supervision or touching assistance

Toilet Transfer - 01. Dependent

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

Toileting Hygiene - 06. Independent

Upper Body Dressing - 06. Independent

Lower Body Dressing - 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 - 05. Setup or clean-up assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

Don/Doff Footwear - 06. Independent

Car Transfer - 05. Setup or clean-up assistance

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/18/2026

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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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1033 - Exhaustion, urine retention, limited strength, limited endurance, limited range of motion, balance deficit

PROCEDURES: Review medications: Update medications in chart, Family training with caregiver for guarding when walking with walker and bilateral prostheses : Prevent fall with guarding, home exercise program: Prone lying Prone hip extension. Sidelying hip abduction. Supine quad sets, bridges, straight leg raise. Standing knee flexion, hip abduction, hip extension, squats, equipment 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 medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 01. Dependent, 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, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 02. Substantial/maximal assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent

Walk 10 Feet - 04. Supervision or touching assistance

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

Oral Hygiene - 06. Independent

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