Home Health Certification and Plan of Care

Order ID: 1150/20130

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
92208340	06/28/2026	From: 06/28/2026 To: 08/26/2026	27432	217058

6. Patient's Name and Address
Eugene Mundell
4770 Owings Mills Blvd #221,
Owings Mills, MD 21117-
443-468-3871

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 10/25/1941 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J69.0	Pneumonitis due to inhalation of food and vomit	06/28/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	06/28/26
I69.391	Dysphagia following cerebral infarction	06/28/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	06/28/26
E41.	Nutritional marasmus	06/28/26
E78.5	Hyperlipidemia unspecified	06/28/26
E03.8	Other specified hypothyroidism	06/28/26
D64.9	Anemia unspecified	06/28/26
K21.9	Gastro-esophageal reflux disease without esophagitis	06/28/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	06/28/26
N39.46	Mixed incontinence	06/28/26
E55.9	Vitamin D deficiency unspecified	06/28/26
F43.21	Adjustment disorder with depressed mood	06/28/26
Z95.1	Presence of aortocoronary bypass graft	06/28/26
Z91.81	History of falling	06/28/26
Z79.82	Long term (current) use of aspirin	06/28/26

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

Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG Capsule by mouth at bedtime for BPH
Metoprolol Tartrate - Metoprolol Tartrate 25 mg/tablet / Give 0.5 tablet by mouth two times a day for HTN
Furosemide - Furosemide 40 mg 40mg; 1 tab by mouth once a day for fluid
LEVOTHYROXINE 75 MCG Tablet by mouth one time a day for hypothyroidism
FINASTERIDE 5 mg 5 MG Tablet by mouth in the morning for BPH
Atorvastatin - Atorvastatin Calcium 80mg; 1 tab by mouth once a day cholesterol
LOSARTAN POTASSIUM 25 mg 25mg; 1 tab by mouth in the morning for HTN

14. DME and Supplies:
walker

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

16. Nutrition:
cardiac diet, high calorie, high protein

17. Allergies:
lisinopril

18.A. Functional Limitations
Bowel/Bladder Incontinence, Endurance, Ambulation!Hearing

18.B. Activities Permitted
Up As Tolerated, Walker, Exercises Prescribed

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: Good

22. A Rehabilitation Potential:
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Pneumonitis due to inhalation of food and vomit, 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 was recently admitted to home health services following hospitalization secondary to a fall and bilateral pneumonia. Past medical history is significant for coronary artery disease status post coronary artery bypass graft (CABG), hypertension, hypothyroidism, anemia, gastroesophageal reflux disease (GERD), benign prostatic hyperplasia (BPH), and a history of malnutrition. Skilled Nursing services were ordered at a frequency of 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> per week for 2 weeks, followed by 1 visit per week for 2 weeks. Physical therapy and occupational therapy evaluations were also ordered. The patient is currently residing in a hotel with his spouse due to damage to their home. His spouse provides assistance with all activities of daily living (ADLs) and instrumental activities of daily living (IADLs). On assessment, the patient was alert and oriented 3, denied pain and shortness of breath, and exhibited clear lung sounds throughout all fields. The patient reported a fair appetite, with the last bowel movement occurring yesterday. He ambulates with a rolling walker for safety and reports decreased endurance with activity. Although upper extremity strength is relatively preserved at 4+/5 bilaterally, the patient demonstrates poor activity tolerance and increased shortness of breath with exertion, contributing to functional limitations and increased fatigue. Skilled Nursing completed a comprehensive medication reconciliation and reviewed all prescribed medications with the patient and spouse, including indications, dosages, administration schedules, and pertinent side effects. Disease process education was initiated regarding bilateral pneumonia, including symptom monitoring, medication adherence, infection prevention, pulmonary hygiene, energy conservation techniques, adequate hydration and nutrition, and recognition of signs and symptoms requiring prompt medical attention. Both the patient and spouse verbalized understanding of the education provided. Occupational therapy evaluation was completed. The patient currently requires contact guard assistance for activities of daily living and functional transfers to ensure safety. Due to decreased endurance, reduced activity tolerance, exertional shortness of breath, and increased risk for functional decline, the patient would benefit from continued skilled occupational therapy interventions to improve endurance, strength, safety with functional mobility and transfers, independence with ADLs, and overall ability to safely perform daily activities within the current living environment. Physical therapy evaluation will address gait, balance, endurance, and mobility deficits to reduce fall risk and maximize functional independence. Continued interdisciplinary home health services are medically necessary to monitor the patient's cardiopulmonary status, reinforce disease management education, prevent complications, improve functional performance, and reduce the risk of rehospitalization.
 Date of Order 06/28/2026 Orders Physician Face-to-Face Date: 06/23/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Pneumonitis due to inhalation of food and vomit 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:
 Physician <span

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 06/28/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Shirley Lee
7141 Security Blvd
Baltimore, MD 21244
PHONE: (443) 663-6000 FAX: 14436636295 NPI: 1730398819

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 : 06/23/2026

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="font-size: 14px;">Lee, Shirley

SN Careplans

SN WK1: 2 (06/28/26-07/04/26) ,WK2: 2 (07/05/26-07/11/26) ,WK3: 1 (07/12/26-07/18/26) ,WK4: 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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 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, 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:See MOLST for code status

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, M1610 - Urinary Incontinence, limited endurance, balance deficit

PROCEDURES: cough/deep breathing exercises

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

SN Goals

PATIENT-STATED GOAL: I WANT TO GET STRONGER AND BETTER

GOALS
patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

OT Careplans

OT WK1: 1 (06/28/26-07/04/26) ,WK2: 1 (07/05/26-07/11/26) ,WK3: 1 (07/12/26-07/18/26) ,WK4: 1 (07/19/26-07/25/26) ,WK5: 1 (07/26/26-08/01/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170P1 - Picking Up Object, 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, GG0170G1 - Car Transfer, GG0170O1 - 12 Steps, 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, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand

PROCEDURES: ADL training: safe with ADLs, cough/deep breathing exercises, home exercise program: Blue Theraband ex's to increase endurance and breathing, equipment training, work simplification/energy conservation, transfers training

OT Goals

PATIENT-STATED GOAL: Be independent as I was before

GOALS
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

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/28/2026

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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 - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet 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, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Car Transfer - 05. Setup or clean-up assistance, 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

* recalls 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

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

12 Steps - 05. Setup or clean-up assistance

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

Car Transfer - 05. Setup or clean-up assistance

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 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/28/2026