Home Health Certification and Plan of Care

Order ID: 1150/20365

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
041081796	07/08/2026	From: 07/08/2026 To: 09/05/2026	22811	217058

6. Patient's Name and Address

Everett Orr
511 Franklin Avenue,
ESSEX, MD 21221-
410-686-5458

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 01/03/1938 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	07/08/26

13. ICD	Other Pertinent Diagnoses	Date
I50.32	Chronic diastolic (congestive) heart failure	07/08/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/08/26
N18.9	Chronic kidney disease u	07/08/26
D62.	Acute posthemorrhagic anemia	07/08/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	07/08/26
I48.91	Unspecified atrial fibrillation	07/08/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/08/26
E03.9	Hypothyroidism unspecified	07/08/26
I25.2	Old myocardial infarction	07/08/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	07/08/26
K21.9	Gastro-esophageal reflux disease without esophagitis	07/08/26
E78.5	Hyperlipidemia unspecified	07/08/26
Z95.1	Presence of aortocoronary bypass graft	07/08/26
Z79.01	Long term (current) use of anticoagulants	07/08/26
Z79.4	Long term (current) use of insulin	07/08/26

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

Tylenol - Acetaminophen 0 325 mg / 1 Tablet by mouth every 6 hours Give 2 tablet as needed for Pain Do not exceed more than 3 grams per day from all sources
Metoprolol Tartrate - Metoprolol Tartrate 0 12.5 mg / 1 Tablet by mouth every 12 hours for HTN Hold med for SBP <110 or HR <50
Insta-glucose single tube dose 0 15 gram by mouth once a day as needed for hypoglycemic episode Give 15 grams as needed for bloodsugar less than 70 as a single dose if patient is able to tolerate by mouth. Recheck blood sugar after 15 minutes and notify provider.
Atorvastatin Calcium - Atorvastatin Calcium 0 80 mg / 1 Tablet by mouth at bedtime for HLD
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 0 Delayed Release 324 (65 Fe) mg / 1 Tablet by mouth once a day every 48 hours for Anemia
Fludrocortisone Acetate - Fludrocortisone Acetate 0.1 mg 0.1 mg / 1 Tablet by mouth once a day for Orthostatic hypotension
Glycolax - Polyethylene Glycol 3350 0 17 g by mouth once a day for constipation Mix well in a full glass (120-240 ml or 4 - 8 oz) of water, juice, soda, coffee or tea prior to administration
Torsemide - Torsemide 10 mg 1 Tablet by mouth once a day for CHF
Levothyroxine Sodium - Levothyroxine Sodium 0.125 mg 1 Tablet by mouth in the morning for Hypothyroidism
MULTIVITAMINS 0 0 1 Tablet mouth one time a day for supplement
DABIGATRAN ETEXILATE 0 150 mg / 1 Capsule mouth twice a day for A Fib
Insulin Glargine Solution 0 100 UNIT/ML subcutaneous at bedtime Inject 40 unit for diabetes
Greers Goo Cream 0 - topical as necessary Apply to Sacrum every shift for Redness
Greer (Nystatin + Zinc Oxide) 0 - topical as necessary Apply to bilateral buttock every shift for resness cleanse redness area to bilateral buttock with NS , apply greer cream , cover with form dressing very shift for protection

14. DME and Supplies:

wheelchair, rolling walker, diabetic supplies, cane, bath bench

15. Safety Measures:

wheelchair precautions, walker precautions, standard precautions, medication safety, fall precautions, diabetic precautions, bleeding precautions, bathroom safety, anticoagulant precautions, ambulates with device,

16. Nutrition:

cardiac diet, diabetic

17. Allergies:

ACE Inhibitors

18.A. Functional Limitations

Ambulation!Bowel/Bladder Incontinence!Hearing

18.B. Activities Permitted

Up As Tolerated

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: Fair

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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

SN: patient will be responsible for managing treatment PT: family/caregiver will

Homebound status:

Due to diagnosis of Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney 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 07/08/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Oluwakemi Ajide
4920 Campbell Blvd
Baltimore, MD 21236
PHONE: 410-933-7600 FAX: 410-933-7666 NPI: 1184919151

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 : 07/04/2026

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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Clinical Condition Requiring Homecare:

The patient is an 88-year-old male with a past medical history significant for hypertension, coronary artery disease status post coronary artery bypass graft (CABG), hypertensive heart disease with congestive heart failure, type 2 diabetes mellitus, chronic kidney disease, atrial fibrillation on anticoagulation, hypothyroidism, benign prostatic hyperplasia, anemia, obstructive sleep apnea, and hyperlipidemia. He was referred to home health services following a recent hospitalization and subacute rehabilitation stay for a near-syncopal episode secondary to orthostatic hypotension and complications related to urinary retention and hematuria following transurethral resection of the prostate (TURP)/photoselective vaporization of the prostate on 6/30/26. A Foley catheter was placed during hospitalization and successfully removed after he passed a voiding trial prior to discharge. He reported a small amount of blood in his urine earlier today, although his most recent void was clear, and he was instructed to continue monitoring and notify his physician if hematuria persists. The patient is alert and oriented 4, in no acute distress, with vital signs within normal limits. He denies pain, shortness of breath, dizziness, or lightheadedness but reports generalized weakness and ambulates with a rollator. He continues to monitor and document his daily blood pressure and blood glucose readings, with a fasting blood glucose of 104 mg/dL. Assessment revealed chronic sacral and bilateral buttock skin excoriation with blanchable redness but no open areas; the area was cleansed and zinc oxide paste applied. Education was provided regarding personal hygiene, skin care, pressure injury prevention, weight shifting every 20 minutes while seated, and medication compliance. The patient resides with his wife and granddaughter in a ranch-style home with six steps equipped with bilateral railings and an exterior wheelchair lift. Prior to hospitalization, he was independent with transfers, bed mobility, activities of daily living, ambulation with a single-point cane, stair negotiation, and driving. Physical therapy evaluation demonstrated impaired bed mobility and transfers requiring contact guard assistance, gait deficits with decreased right foot clearance, impaired balance (Tinetti score 13/28), prolonged Timed Up and Go (42.6 seconds), and reduced functional mobility. The patient is motivated to return to ambulating with a cane and driving and demonstrates good rehabilitation potential to benefit from continued skilled nursing and physical therapy to improve strength, balance, gait, safety, skin integrity, and overall functional independence.
<o:p></o:p> Date of Order<o:p></o:p> 07/08/2026<o:p></o:p> Physician Face-to-Face Date: 07/04/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat dx:Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney 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>   1 - SOC - SN Notes:<o:p></o:p> PT Eval Notes:<o:p></o:p> Physician: Ajide , Oluwakemi

SN Careplans

SN WK1: 1 (07/08/26-07/11/26) ,WK2: 1 (07/12/26-07/18/26) ,WK3: 1 (07/19/26-07/25/26) ,WK4: 1 (07/26/26-08/01/26) ,WK5: 1 (08/02/26-08/08/26)

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: 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; 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

SN Goals

PATIENT-STATED GOAL: To walk with a cane instead of a walker and to get stronger.

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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/08/2026

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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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, abnormal blood pressure, M1033 - Exhaustion, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, M1610 - Urinary Incontinence, muscle weakness, balance deficit, discolored patches of skin

PROCEDURES: cough/deep breathing exercises, glucose testing via monitor

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

* recalls related medication(s) purpose, schedule

PT Careplans

PT WK1: 1 (07/08/26-07/11/26) ,WK2: 2 (07/12/26-07/18/26) ,WK3: 1 (07/19/26-07/25/26) ,WK4: 1 (07/26/26-08/01/26) ,WK5: 1 (08/02/26-08/08/26) ,WK6: 1 (08/09/26-08/15/26) ,WK7: 1 (08/16/26-08/22/26) ,WK8: 1 (08/23/26-08/29/26) ,WK9: 1 (08/30/26-09/05/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170O1 - 12 Steps, 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, GG0170P1 - Picking Up Object, GG0170D1 - Sit to Stand, 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

PROCEDURES: Medication management : Reviewed medication with pt and caregiver, home exercise program: Supine tes as tolerated: heel slides, slr with assist, seated laq, hip abduction, hamstring curls, heel raises, hip flexion with AA rle, standing as tolerated for hip flexion, heelraises, equipment training, work simplification/energy conservation, dynamic standing balance exercises: Perform with single or double ue support, wt shifting righting reaction., gait training on uneven surfaces, gait training/stair training, 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 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, 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

PT Goals

PATIENT-STATED GOAL: Goal to go out and drive again try to get back on cane

GOALS
Chair to Bed to Chair - 06. Independent

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

Sit to Stand - 06. Independent

Car 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

4 Steps - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/08/2026