Home Health Certification and Plan of Care

Order ID: 1150/20436

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
44302861500	07/10/2026	From: 07/10/2026 To: 09/07/2026	25440	217058

6. Patient's Name and Address

George Barghout
246 Burke Avenue,
TOWSON, MD 21286-
443-762-6807

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 11/04/1937 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
D62.	Acute posthemorrhagic anemia	07/10/26

13. ICD	Other Pertinent Diagnoses	Date
C61.	Malignant neoplasm of prostate	07/10/26
C79.51	Secondary malignant neoplasm of bone	07/10/26
I35.0	Nonrheumatic aortic (valve) stenosis	07/10/26
I26.99	Other pulmonary embolism without acute cor pulmonale	07/10/26
E11.9	Type 2 diabetes mellitus without complications	07/10/26
G30.9	Alzheimer's disease unspecified	07/10/26
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	07/10/26
J84.9	Interstitial pulmonary disease unspecified	07/10/26
E44.0	Moderate protein-calorie malnutrition	07/10/26
K57.30	Dvrtclos of lg int w/o perforation or abscess w/o bleeding	07/10/26
E78.2	Mixed hyperlipidemia	07/10/26
M17.10	Unilateral primary osteoarthritis unspecified knee	07/10/26
H40.1111	Primary open-angle glaucoma right eye mild stage	07/10/26
H40.1120	Primary open-angle glaucoma left eye stage unspecified	07/10/26
H25.13	Age-related nuclear cataract bilateral	07/10/26
Z79.01	Long term (current) use of anticoagulants	07/10/26
Z87.891	Personal history of nicotine dependence	07/10/26

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

Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg=1 tablet by mouth once a day
Pantoprazole - Pantoprazole Sodium 40 mg 40mg=1tablet by mouth once a day
Flovent Hfa - Fluticasone Propionate 0.044 mg/inh Inhale 2 puffs inhalant twice a day SOB
Breyna 160-4.5mcg/inh inhalant once a day 2 puffs daily
LEUPROLIDE ACETATE 45 MG injection into the muscle every 6 months Commonly known as: LUPRON DEPOT
dorzolamide-timolol 2-0.5% ophthalmic solution into both eyes 2 times daily Commonly known as: COSOPT
BRIMONIDINE TARTRATE 0.2% ophthalmic solution into both eyes 2 times daily Commonly known as: ALPHAGAN
ROSUVASTATIN CALCIUM 20 MG tablet mouth daily Commonly known as: CRESTOR
QUETIAPINE FUMARATE 25 MG tablet mouth 2 times daily Commonly known as: SEROquel
DUTASTERIDE AND TAMSULOSIN HYDROCHLORIDE 0.8 mg mouth daily Commonly known as: FLOMAX
DABIGATRAN ETEXILATE 150 MG capsule mouth 2 times daily Commonly known as: PRADAXA. Do not start before May 3, 2026. Start taking on: May 3, 2026
ACETAMINOPHEN 325 mg tablet mouth every 6 hours as needed for (MILD) Pain Commonly known as: TYLENOL. Do not exceed 4000 mg of acetaminophen per day
ESCITALOPRAM 10 mg 1 tablet mouth daily Commonly known as: LEXAPRO
XTANDI 80mg mouth daily Generic drug: Enzalutamide. (2 tablets) for prostate cancer
BUPRENORPHINE HYDROCHLORIDE 20 MCG/HR Ptwk onto the skin every 7 days Commonly known as: BUTRANS

14. DME and Supplies:
walker

15. Safety Measures:
standard precautions, fall precautions, medication safety, walker precautions, smoke detectors , emergency phone # clearly displayed, bathroom safety, ambulates with device

16. Nutrition:
soft, diabetic

17. Allergies:
no known allergies

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

18.B. Activities Permitted
Walker, Exercises Prescribed, 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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: Fair

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 Acute posthemorrhagic anemia, 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: Skilled nursing admission was completed for an 88-year-old male recently discharged from the hospital and admitted to home health services following hospitalization for increasing shortness of breath, with a primary diagnosis of post-hemorrhagic anemia. The patient's past medical history is significant for abdominal hernia, aortic valve stenosis, diverticulosis of the colon, hyperlipidemia, osteoarthritis of the knees, small bowel obstruction, prostate cancer with extensive metastatic bone disease, pulmonary embolism, pulmonary disease, senile dementia of the Alzheimer's type, glaucoma, and a history of smoking. The patient resides with his family in a two-story home with five steps to enter equipped with a railing; however, he remains on the first floor for safety. The home environment was noted to have narrow doorways and some clutter, which may increase fall risk. The patient is homebound due to generalized weakness, impaired mobility, decreased endurance, poor balance, and the need for a front-wheeled walker and caregiver assistance to safely leave the home. Upon assessment, the patient was alert and oriented to person, place, and time. Vital signs were obtained and remained within acceptable parameters. He ambulates with a walker and demonstrates a markedly unsteady gait characterized by a wide base of support, absent heel strike, flexed posture at the waist and knees, bilateral knee pain, lower extremity weakness, and limited endurance. Stair negotiation was not assessed due to patient fatigue, although the patient reported being previously independent with stair negotiation using a rolling walker prior to his recent decline. Balance assessment revealed significant impairment with a Tinetti Performance-Oriented Mobility Assessment score of 11/28, indicating a high risk for falls. The patient stated that his metastatic bone cancer is widespread and identified his primary rehabilitation goal as improving his strength and balance. Despite his functional limitations, he demonstrates fair rehabilitation potential and is expected to benefit from skilled physical therapy to address lower extremity weakness, impaired balance, gait abnormalities, decreased endurance, postural deficits, and overall functional mobility. A comprehensive medication reconciliation was completed, and all medications were reviewed with the patient and his spouse, who serves as the primary caregiver and is actively involved in his care. Education was provided regarding each medication's purpose, dosage, frequency, potential side effects, the importance of medication adherence, maintaining an accurate and up-to-date <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-5 CE-FMS-medication%20list">medication list</mh>, and promptly notifying the physician of any adverse reactions or concerns. The patient and caregiver also received education on fall prevention strategies, including consistent use of the walker during ambulation, removal of

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/10/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Robert Levine
2391 Greenspring Drive
Timonium, MD 21093
PHONE: 410-847-3000 FAX: 18554160980 NPI: 1417274432

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 : 07/07/2026

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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household tripping hazards, maintaining adequate lighting throughout the home, wearing non-skid footwear, and requesting assistance with transfers and mobility as needed. Additional instruction included energy conservation techniques, maintaining adequate hydration and nutrition, pain management strategies, infection prevention measures, and recognition of signs and symptoms requiring immediate physician notification, including worsening pain, increasing weakness, shortness of breath, fever, changes in bowel function, or new neurological symptoms. The importance of attending all scheduled follow-up appointments was reinforced. Both the patient and caregiver verbalized understanding of all education provided. Skilled nursing services remain medically necessary for ongoing cardiopulmonary assessment, monitoring of post-hospital recovery, medication management, pain assessment, disease process education, safety and fall-risk monitoring, and continued caregiver education to promote optimal disease management, improve functional outcomes, and reduce the risk of complications, emergency department <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh>, and rehospitalization. In addition, skilled physical therapy is warranted to improve lower extremity strength, balance, gait mechanics, posture, endurance, and overall functional mobility while maximizing safety and independence within the home environment.
 Date of Order 07/10/2026 Orders Physician Face-to-Face Date: 07/07/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Acute posthemorrhagic anemia 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 Levine, Robert

SN Careplans

SN WK1: 1 (07/10/26-07/11/26) ,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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status 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, 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, A1250 - Lack of Necessary Transportation, M2102f - Patient Supervision, meal preparation, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, M1610 - Urinary Incontinence, limited range of motion, limited endurance, limited strength, balance deficit, B1000 - Vision Deficit

PROCEDURES: teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired

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

SN Goals

PATIENT-STATED GOAL: Patient stated she would like to remain free of fall and regain strength

GOALS
patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

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
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/10/2026

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minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, 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

PT Careplans

PT 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) ,WK6: 1 (08/09/26-08/15/26) ,WK7: 1 (08/16/26-08/22/26) ,WK8: 1 (08/23/26-08/29/26)

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 : Review medication with pt and caregiver, home exercise program: Heel raises, laq, hip flexion, hip abduction with resistance as tolerated, DF, Standing tes with support rw or kitchen counter as tolerated including heel raises, hip flexion, hip abduction as tolerated. 2-310, equipment training, work simplification/energy conservation, dynamic standing balance exercises: Work weight shifting reaching outside bos improve pts righting reaction a nd reaction time., gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 06. Independent, Sit to Stand - 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 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, Picking Up Object - 05. Setup or clean-up 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

PT Goals

PATIENT-STATED GOAL: Pt reports he would like to improve his leg strength and balance to move around easier.

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

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

4 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up 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
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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