Home Health Certification and Plan of Care

Order ID: 1150/20458

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
17313686	07/10/2026	From: 07/10/2026 To: 09/07/2026	24071	217058

6. Patient's Name and Address

Antthony Siscosky
1112 Will O Brook Drive,
PASADENA, MD 21122-
443-784-1924

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 02/08/1957 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J69.0	Pneumonitis due to inhalation of food and vomit	07/10/26

13. ICD	Other Pertinent Diagnoses	Date
J96.11	Chronic respiratory failure with hypoxia	07/10/26
J96.12	Chronic respiratory failure with hypercapnia	07/10/26
J84.10	Pulmonary fibrosis unspecified	07/10/26
I27.20	Pulmonary hypertension unspecified	07/10/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/10/26
D86.85	Sarcoid myocarditis	07/10/26
D86.0	Sarcoidosis of lung	07/10/26
I11.0	Hypertensive heart disease with heart failure	07/10/26
I50.22	Chronic systolic (congestive) heart failure	07/10/26
I48.92	Unspecified atrial flutter	07/10/26
J45.909	Unspecified asthma uncomplicated	07/10/26
F41.9	Anxiety disorder unspecified	07/10/26
F32.A	Depression unspecified	07/10/26
E03.9	Hypothyroidism unspecified	07/10/26
E78.5	Hyperlipidemia unspecified	07/10/26
E66.2	Morbid (severe) obesity with alveolar hypoventilation	07/10/26
Z68.39	Body mass index [BMI] 39.0-39.9 adult	07/10/26
Z99.81	Dependence on supplemental oxygen	07/10/26
Z79.01	Long term (current) use of anticoagulants	07/10/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	07/10/26
Z79.82	Long term (current) use of aspirin	07/10/26

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

budesonide-formoterol 160-4.5 mcg/inh Aero Inhaler / Take 2 puffs by inhalation twice a day Commonly known as: SYMBICORT
pulmonary fibrosis
Atorvastatin - Atorvastatin Calcium 40 mg / 1 Tablet by mouth once a day Commonly known as: LIPITOR
cholesterol
DABIGATRAN ETEXILATE 150 mg / 1 Capsule by mouth twice a day Commonly known as: PRADAXA
a flutter
FUROSEMIDE 40 mg 40 mg / 1 Tablet by mouth once a day Commonly known as: LASIX, Start taking on: March 25, 2026
HF
Levothyroxine - Levothyroxine Sodium 200 MCG tablet by mouth in the morning before breakfast. Commonly known as: SYNTHROID
HYPOTHYROIDISM
Metoprolol Succinate - Metoprolol Succinate eq 25 mg tartrate 3 TABS by mouth once a day A FLUTTER/HTN
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 Tablet by mouth once a day SUPPLEMENT
Thiamine - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 100 mg / 1 Tablet by mouth once a day Commonly known as: VITAMIN B 1 Start taking on: March 24, 2026
SUPPLEMENT
Vitamin D - Ergocalciferol 125 mcg (5000 unit) Capsule / Take 5,000 Units by mouth once a day Commonly known as: CHOLECALCIFEROL
SUPPLEMENT
ALPRAZOLAM 0.5 mg 0.5 MG tablet by mouth three times a day as needed for Anxiety. Commonly known as: XANAX
Clopidogrel - Clopidogrel 75 mg by mouth once a day
Albuterol - Albuterol 0.09 mg/inh 108 (90 BASE) mcg/act aerosol solution / Take 2 puffs inhalant every 4 hours as needed for Wheezing. Commonly known as: VENTOLIN HFA
AS NEEDED FOR SOB
O2 - Oxygen 3L inhalant continuous SUPPLEMENT O2

14. DME and Supplies:

nebulizer, bath bench, cane, BIPAP

15. Safety Measures:

standard precautions, remove environmental barriers, O2 precautions, medication safety, fall precautions, bleeding precautions, bathroom safety, anticoagulant precautions, , ambulates with device, ambulates with assistance

16. Nutrition:

2gm sodium!low sodium

17. Allergies:

pollen and cats

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Up As Tolerated, Cane, 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: Yes

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 is a 69-year-old individual admitted to home health services following a recent hospitalization for pneumonia and chronic respiratory failure with hypoxia. The patient's past medical history is significant for pulmonary fibrosis, pulmonary sarcoidosis, cardiac sarcoidosis (sarcoid myocardium), hypertension, coronary artery disease status post placement of two coronary stents, congestive heart failure (CHF), atrial fibrillation (AFib), asthma, hypothyroidism, hyperlipidemia, and obesity. These chronic cardiopulmonary comorbidities place the patient at increased risk for respiratory compromise, reduced endurance, impaired functional mobility, and recurrent hospitalization. During the assessment, the patient was able to ambulate approximately 30 feet on level indoor surfaces without the use of an assistive device under supervision. Functional mobility was limited by decreased endurance related to the patient's chronic respiratory condition. Stair assessment was deferred, as the patient declined to perform stair negotiation due to excessive outdoor heat. Skilled assessment included evaluation of the patient's mobility, endurance, and safety with ambulation. Education was provided regarding energy conservation techniques, pacing of activities, fall prevention strategies, adherence to prescribed medications, recognition and reporting of worsening respiratory symptoms, and the importance of gradually increasing activity tolerance as tolerated. The patient will continue to benefit from skilled home health services to monitor cardiopulmonary status, improve strength

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

Kenneth Villar
7670 Quarterfield Road
Glen Burnie, MD 21061
PHONE: FAX: NPI: 1235314436

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.

Home Health Certification and Plan of Care

Order ID: 1150/20458

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
17313686	07/10/2026	From: 07/10/2026 To: 09/07/2026	24071	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Antthony Siscosky 1112 Will O Brook Drive, PASADENA, MD 21122- 443-784-1924	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

and endurance, maximize functional mobility, promote safety and independence with daily activities, and reduce the risk of falls, respiratory exacerbations, and rehospitalization.
 Date of Order 07/10/2026 Orders Physician Face-to-Face Date: 07/04/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-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 - PT Notes: soc
 Physician Villar, Kenneth

SN Careplans

SN Goals

PT Careplans

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

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 7

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170J1 - Walk 50 ft with 2 Turns, GG0130F1

PT Goals

PATIENT-STATED GOAL: To be able to get out of the house and return to driving

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

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive 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

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

patient living environment has safe floor coverings

caregiver performs medical/rehabilitation treatments with adequate competence

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

12 Steps - 05. Setup or clean-up assistance

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

Signature of Physician:	Date

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

Home Health Certification and Plan of Care

Order ID: 1150/20458

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
17313686	07/10/2026	From: 07/10/2026 To: 09/07/2026	24071	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Antthony Siscosky 1112 Will O Brook Drive, PASADENA, MD 21122- 443-784-1924	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

- 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, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, D0160 - Depression, M2102d - Caregiver Performs Treatment, Home Safety, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, limited strength, balance deficit, obesity, bruising/discoloration

PROCEDURES: cough/deep breathing exercises, home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, equipment training, gait training on uneven surfaces, gait training/stair training, transfers training, coordinate/arrange repair of unsafe floor coverings

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive 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, patient living environment has safe floor coverings, caregiver performs medical/rehabilitation treatments with adequate competence, 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, 12 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 - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

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	07/10/2026