Home Health Certification and Plan of Care

Order ID: 1150/20446

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36138735	07/10/2026	From: 07/10/2026 To: 09/07/2026	26230	217058

6. Patient's Name and Address

Vernon Popp
8011 Yellowstone Rd,
KINGSVILLE, MD 21087-
667-228-8142

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 06/14/1953 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
C83.38	Diffuse large B-cell lymphoma lymph nodes of multiple sites	07/10/26

13. ICD	Other Pertinent Diagnoses	Date
C79.51	Secondary malignant neoplasm of bone	07/10/26
C78.01	Secondary malignant neoplasm of right lung	07/10/26
C78.02	Secondary malignant neoplasm of left lung	07/10/26
D63.0	Anemia in neoplastic disease	07/10/26
D75.838	Other thrombocytosis	07/10/26
J44.9	Chronic obstructive pulmonary disease unspecified	07/10/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/10/26
I11.0	Hypertensive heart disease with heart failure	07/10/26
I50.32	Chronic diastolic (congestive) heart failure	07/10/26
E11.9	Type 2 diabetes mellitus without complications	07/10/26
I48.0	Paroxysmal atrial fibrillation	07/10/26
E78.5	Hyperlipidemia unspecified	07/10/26
I25.2	Old myocardial infarction	07/10/26
Z99.81	Dependence on supplemental oxygen	07/10/26
Z79.4	Long term (current) use of insulin	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
Z95.1	Presence of aortocoronary bypass graft	07/10/26
Z87.891	Personal history of nicotine dependence	07/10/26

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

Glucose Chewable Tablet 16 g or 32 g by mouth as necessary Q15 min
Eliquis - Apixaban 5mg by mouth twice a day
Aspirin - Aspirin 81mg by mouth once a day
Atorvastatin - Atorvastatin Calcium 20mg by mouth once a day
Atovaquone - Atovaquone 750mg by mouth in the morning 10mls daily
Furosemide - Furosemide 40 mg by mouth as necessary
Magnesium oxide 400 po by mouth once a day
Robitussin Ac - Chlorpheniramine Polistirex: Hydrocodone Polistirex 110-10mg by mouth as necessary
Metformin - Metformin Hydrochloride 1000mg by mouth twice a day
Ondansetron - Ondansetron 8 mg by mouth as necessary
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg by mouth as necessary
Compazine - Prochlorperazine Maleate eq 10 mg base by mouth as necessary
Cialis - Tadalafil 5 mg by mouth in the morning
Tradjenta - Linagliptin 5mg by mouth in the morning
Valtrex - Valacyclovir Hydrochloride eq 500 mg base by mouth twice a day
Budesonide - Budesonide 200mg inhalant in the morning
SYMBICORT 160-4.5 mcg/inhaler / 2 puff Inhalation RT 2X daily
Duoneb - Albuterol Sulfate: Ipratropium Bromide nebulizer solution 3 mL Inhalation Q4H PRN
GLUCAGEN injection 1 mg intramuscular once PRN until discontinued
TYLENOL 650 mg tablet Oral Q4H PRN
ZOVIRAX 400 mg capsule Oral 2X daily
ASPIRIN Chewable 81 mg tablet Oral 1X daily
TESSALON 200 mg capsule Oral Q8H PRN
Wellbutrin Xl - Bupropion Hydrochloride 300 mg tablet Oral 1X daily QAM
PLAVIX 75 mg tablet Oral 1X daily
DECADRON 4 mg tablet Oral 2X daily
CARDURA 4 mg tablet Oral nightly
ZETIA 10 mg tablet Oral 1X daily
MUCINEX 600 mg tablet Oral 2X daily
MELATONIN 5 mg tablet Oral nightly PRN
MIRALAX packet 17 g Oral 1X daily PRN
LOVENOX injection 40 mg subcutaneous 1X daily
Humalog - Insulin Lispro Recombinant 100 UNIT/ML pen injector 0-7 Units subcutaneous three times a day AC
Humalog - Insulin Lispro Recombinant 100 UNIT/ML pen injector 0-6 Units subcutaneous nightly

14. DME and Supplies:

rolling walker, walker, cane, oxygen supplies, diabetic supplies

15. Safety Measures:

supervision at all times, standard precautions, O2 precautions, fall precautions, diabetic precautions, anticoagulant precautions, ambulates with assistance, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

penicillin g

18.A. Functional Limitations

Ambulation, Endurance!Dyspnea With Minimal Exertion

18.B. Activities Permitted

Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, 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 Diffuse large B-cell lymphoma lymph nodes of multiple sites, 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 07/10/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Sriram Balasubramanian
2021 Emmorton Rd
Bel Air, MD 21014
PHONE: 410-569-1001 FAX: 14105691569 NPI: 1952366056

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 : 07/01/2026

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 a 72-year-old male admitted to home health services following complaints of shortness of breath. His primary diagnosis is diffuse large B-cell lymphoma involving multiple sites with metastatic disease to the bone. The patient is currently undergoing chemotherapy. His past medical history is significant for chronic obstructive pulmonary disease (COPD), atherosclerotic heart disease, congestive heart failure, hypertension, atrial fibrillation, oxygen dependence, prior myocardial infarction, and coronary artery bypass graft (CABG). The patient resides with his fiance in the basement level of a multi-level home, which is accessed through a rear entrance, and he does not utilize the upper level of the residence. He requires continuous supplemental oxygen at 2 L/min via nasal cannula. Upon assessment, the patient demonstrated impaired balance, generalized lower extremity weakness, decreased endurance, unsteady gait with impaired gait sequencing, poor management of his oxygen tubing during ambulation, and difficulty performing functional transfers, placing him at increased risk for falls. These deficits significantly limit his functional mobility and safety within the home environment. A comprehensive discussion was held with the patient and his fiance regarding his current medical status and rehabilitation plan. The patient is scheduled for a follow-up appointment with his oncologist on Sunday, and they were instructed to obtain written clarification regarding any therapy precautions or contraindications related to his metastatic bone disease prior to initiating or progressing therapeutic interventions. Education was provided regarding fall prevention strategies, including safe oxygen tubing management, maintaining clear walking pathways, utilizing proper transfer techniques, pacing activities, and conserving energy during daily tasks. The patient and caregiver were also instructed to monitor for worsening shortness of breath, chest pain, increased fatigue, dizziness, or other concerning symptoms and to notify the physician promptly should these occur. The importance of adherence to prescribed oxygen therapy, chemotherapy appointments, medications, and follow-up <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> was reinforced. The patient demonstrates good rehabilitation potential and is expected to benefit from skilled physical therapy to improve lower extremity strength, balance, gait mechanics, transfer ability, endurance, oxygen line management, and overall functional mobility while maximizing safety and independence within the home. Ongoing skilled therapy services are medically necessary to address these functional deficits, reduce fall risk, improve activity tolerance, and prevent further functional decline and hospitalization while ensuring compliance with any oncology-related precautions.
 Date of Order 07/10/2026 Orders Physician Face-to-Face Date: 07/01/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to Diffuse large B-cell lymphoma lymph nodes of multiple sites 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 Balasubramanian, Sriram

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 (08/02/26-08/06/26)

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 > 6

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 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, 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 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.

PT Goals

PATIENT-STATED GOAL: Pt reported to get stronger be steadier on my feet;Pt reported to get stronger be steadier on my feet be independent again

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

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

Eating - 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

patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
07/10/2026

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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:Molst

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170E1 - Chair to Bed to Chair, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170G1 - Car Transfer, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M2020 - Oral Med Management, Home Safety, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, M1033 - Exhaustion, limited strength, limited endurance, muscle weakness, balance deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, weak hand grips, #1 - Non-Observable Surgical Wound - Anterior Right Upper Chest - Not observed covered by bandage

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Right Upper Chest - Not observed covered by bandage, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: Covered with gauze, home exercise program: Seated knee extension, hip flexion, hip abduction, hamstring curls, heelraises toe raises, standing tes as tolerated, equipment training, work simplification/energy conservation, gait training on uneven surfaces, 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, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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 administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, 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 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, Picking Up Object - 05. Setup or clean-up 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, Eating - 06. Independent, Upper Body Dressing - 06. Independent

* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* 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 administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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

Shower/Bathe Self - 02. Substantial/maximal assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
07/10/2026