

Home Health Certification and Plan of Care				Order ID: 1150/20573	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
31172621		07/15/2026		From: 07/15/2026 To: 09/12/2026	
				4. Medical Record No.	
				28055	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Michael G Brown 779 Leister Dr, LUTHERVILLE TIMONIUM, MD 21093- 570-751-6562				HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239	
8. DOB				9. Sex	
09/14/1942				Male	
11. ICD		Principal Diagnosis		Date	
J69.0		Pneumonitis due to inhalation of food and vomit		07/15/26	
13. ICD		Other Pertinent Diagnoses		Date	
K20.80		Other esophagitis without bleeding		07/15/26	
C09.9		Malignant neoplasm of tonsil unspecified		07/15/26	
C02.9		Malignant neoplasm of tongue unspecified		07/15/26	
C10.9		Malignant neoplasm of oropharynx unspecified		07/15/26	
I25.10		Athscl heart disease of native coronary artery w/o ang pctrs		07/15/26	
I10.		Essential (primary) hypertension		07/15/26	
E78.5		Hyperlipidemia unspecified		07/15/26	
M85.80		Oth disrd of bone density and structure unspecified site		07/15/26	
D61.818		Other pancytopenia		07/15/26	
R73.03		Prediabetes		07/15/26	
I25.2		Old myocardial infarction		07/15/26	
Z79.82		Long term (current) use of aspirin		07/15/26	
Z96.652		Presence of left artificial knee joint		07/15/26	
Z95.5		Presence of coronary angioplasty implant and graft		07/15/26	
Z96.612		Presence of left artificial shoulder joint		07/15/26	
Z87.891		Personal history of nicotine dependence		07/15/26	
14. DME and Supplies:				15. Medications: Dose/Frequency/Route (N)ew (C)hanged	
feeding tube supplies, bath bench				Famotidine - Famotidine 20 mg 20mg=1tablet by mouth once a day Losartan Potassium - Losartan Potassium 50 mg 50mg=1tablet by mouth once a day ASPIRIN 81 mg Oral 1X daily ATORVASTATIN 40 mg PEG TUBE nightly Acyclovir - Acyclovir 400 mg 400mg=1tablet PEG TUBE twice a day Amoxicillin And Clavulanate Potassium - Amoxicillin: Clavulanate Potassium 400 mg/5ml;eq 57 mg base/5ml PEG TUBE once a day Famotidine - Famotidine 40 mg/5ml PEG TUBE once a day Take 2.5ml daily via PEG NUTRITION Tube Feeding Bolus 360ml Per PEG Tube 4X daily AC & HS	
16. Nutrition:				15. Safety Measures:	
pureed, soft, G-Tube				fall precautions, , standard precautions, medication safety, emergency phone # clearly displayed, smoke detectors ,	
18.A. Functional Limitations				17. Allergies:	
Endurance!Hearing				iodine	
				18.B. Activities Permitted	
				Transfer bed/Chair, Exercises Prescribed, Partial Weight Bearing	
19. Mental & COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Psychosocial Status: Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: Fair					
22. A Rehabilitation Potential:				22.B.Discharge Plans	
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.				family/caregiver 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 <div>The patient is an 83-year-old male admitted to skilled home health nursing services following recent hospitalization for Requiring Homecare:aspiration pneumonia. His past medical history is significant for squamous cell carcinoma of the tongue/oropharynx currently undergoing chemoradiation therapy, hypertension, and hyperlipidemia. The patient has returned home for continued skilled nursing management and resides with his family, with his spouse serving as the primary caregiver and providing assistance with daily care needs and enteral feedings. The patient is alert and oriented to person, place, and time, has a hearing impairment, and wears bilateral hearing aids to assist with communication. A comprehensive skilled nursing admission assessment was completed, with vital signs obtained and found to be within acceptable parameters. The patient has a percutaneous endoscopic gastrostomy (PEG) tube in place for nutritional support and receives Osmolite 1.5, totaling 1,440 mL daily, administered via prescribed bolus feedings. Assessment of the PEG insertion site revealed it to be clean, dry, and intact without erythema, drainage, tenderness, or other signs of infection or device-related complications. The patient is able to tolerate limited oral intake of food and selected medications as permitted by the treating provider. Skilled nursing provided comprehensive education to both the patient and caregiver regarding aspiration precautions, including proper positioning during and after feedings, recognition of signs and symptoms of aspiration, and the importance of promptly notifying the healthcare provider of respiratory distress, coughing during feedings, fever, or other concerning symptoms. Additional instruction included proper administration of bolus tube feedings, PEG tube care and maintenance, flushing the tube before and after feedings and medication administration to maintain patency, medication management, adequate hydration, infection prevention measures, and adherence to the prescribed chemoradiation treatment regimen and all scheduled follow-up appointments. Both the patient and caregiver actively participated in the education session, verbalized understanding of the instructions provided, and demonstrated understanding of the prescribed care plan. Continued skilled nursing services are medically necessary for ongoing cardiopulmonary assessment following recent aspiration pneumonia, routine PEG tube assessment and management, monitoring of nutritional and hydration status, medication education and compliance, reinforcement of aspiration prevention strategies, surveillance for complications related to enteral feeding and cancer treatment, and comprehensive disease management to promote recovery, reduce the risk of rehospitalization, and support safe care in the home environment.</div><div> </div><div>Date of Order</div><div>07/15/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 07/10/2026</div><div>Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management due to Pneumonitis due to inhalation of food and vomit</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div>1 - SOC - SN Notes: soc</div><div> </div><div>Physician</div><div>Varghese, Bibin</div></div>					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 07/15/2026					
24. Physician's Name and Address				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.	
Bibin Varghese 600 N. Wolfe Street Baltimore, MD 21287 PHONE: FAX: NPI: 1013409606				F2F date : 07/10/2026	
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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6. Patient's Name and Address Michael G Brown 779 Leister Dr, LUTHERVILLE TIMONIUM, MD 21093- 570-751-6562		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		

SN Careplans	SN Goals
SN WK1: 1 (07/15/26-07/18/26) ,WK2: 2 (07/19/26-07/25/26) ,WK3: 2 (07/26/26-08/01/26) ,WK4: 2 (08/02/26-08/08/26)	PATIENT-STATED GOAL: Patient stated he wants to be able to manage his PEG tube
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	GOALS
CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance	patient/caregiver recalls
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8	* lifestyle modifications to manage respiratory condition including
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; 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	* diet changes and regular exercise
Advance Directive:No Advance Directive	* strategies to control shortness of breath
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, limited endurance, limited strength, balance deficit, B0200 - Hearing Deficit, B1000 - Vision Deficit, sore throat or mouth sores, discolored patches of skin	* home remedies to keep lungs healthy
PROCEDURES: Medications : Review Medications at each visit: Medication actions, uses, frequency, dose, interactions of all new/change meds, administer tube feeding: Teach patient/ caregiver	* recalls related medication(s) purpose, schedule
*NUTRITION Tube Feeding Bolus, , Per PEG Tube, 4X daily AC & HS Osmolite 1.5 240mL, 100 milliliters water before and after each bolus, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange resources for vision-impaired, coordinate/arrange home modifications for hearing impaired, i.e. alarms: wears bilateral hearing aids	patient/caregiver recalls
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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, 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	* energy conservation
	* lifestyle changes
	* diet
	* recalls related medication(s) purpose, schedule
	patient/caregiver recalls
	* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
	* recalls related medication(s) purpose, schedule
	patient/caregiver recalls
	* how to keep home safe for patient with vision loss including eliminating hazards
	* enhancing lighting
	* using mechanical aids
	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	07/15/2026