Home Health Certification and Plan of Care

Order ID: 1150/18342

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3D00G30GD11	04/28/2026	From: 04/28/2026 To: 06/26/2026	25241	217058

6. Patient's Name and Address

Leo Jones
4710 Park Heights Avenue Apt 426,
Baltimore, MD 21215-
704-617-8744

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 06/18/1941 | **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	04/28/26

13. ICD	Other Pertinent Diagnoses	Date
I50.32	Chronic diastolic (congestive) heart failure	04/28/26
N18.9	Chronic kidney disease u	04/28/26
I73.9	Peripheral vascular disease unspecified	04/28/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	04/28/26
E78.2	Mixed hyperlipidemia	04/28/26
K21.9	Gastro-esophageal reflux disease without esophagitis	04/28/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	04/28/26
E55.9	Vitamin D deficiency unspecified	04/28/26
M17.11	Unilateral primary osteoarthritis right knee	04/28/26
L30.4	Erythema intertrigo	04/28/26
K59.00	Constipation unspecified	04/28/26
E66.9	Obesity unspecified	04/28/26
Z79.82	Long term (current) use of aspirin	04/28/26
Z79.01	Long term (current) use of anticoagulants	04/28/26
Z85.46	Personal history of malignant neoplasm of prostate	04/28/26
Z89.431	Acquired absence of right foot	04/28/26
Z96.652	Presence of left artificial knee joint	04/28/26
Z93.3	Colostomy status	04/28/26

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

ASPIRIN 81 mg / 1 Tablet by mouth daily
LIPITOR 40 mg / 1 Tablet by mouth nightly
COREG 6.25 mg / 1 Tablet by mouth 2 (two) times a day with meals
REMERON 30 mg / 1 Tablet by mouth nightly
PRILOSEC 20 mg / 1 Capsule by mouth daily
XARELTO 2.5 mg / 1 Tablet by mouth 2 (two) times a day
FLOMAX 0.4 mg / 1 Capsule by mouth nightly
Gemtesa 75 mg tablet by mouth daily
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 2,000 unit / 1 Tablet by mouth once a day
Questran Light - Cholestyramine 4 gram packet / Take 1 packet by mouth daily with breakfast
MYCOSTATIN 100,000 unit/gram powder / Apply to affected area topical three times a day

14. DME and Supplies:

rolling walker, hospital bed, ostomy supplies, wheelchair, walker

15. Safety Measures:

anticoagulant precautions, bleeding precautions, bathroom safety, fall precautions, medication safety, no bending, walker precautions, transfer with assist, wheelchair precautions, , supervision at all times, standard precautions, no bp left arm, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

low cholesterol, low sodium

17. Allergies:

Not on File

18.A. Functional Limitations

Ambulation, Endurance, ,

18.B. Activities Permitted

Wheelchair, Walker, 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: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans

patient will be responsible for managing treatment

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.

Clinical Condition Requiring Homecare: The patient is under the care of Dr. Michael Kingan, with consents signed by the patient's caregiver, sister Gail Barnes, who is also the power of attorney (POA). The patient has significant mobility challenges due to lower extremity weakness and swelling, requiring one-person assistance with a walker. The patient also has a colostomy, which requires changing every 2-4 days as part of the bowel regimen to prevent infection. This colostomy care, combined with the patient's physical limitations, makes it difficult for them to leave the home. The patient's past medical history is notable for congestive heart failure (CHF), peripheral artery disease (PAD), gastroesophageal reflux disease (GERD), hyperlipidemia (HLD), hypertension (HTN), chronic kidney disease (CKD), arthritis, intertrigo (skin irritation) to the abdomen, and an amputation of the right foot. Additionally, the patient has a colostomy located on the lower left abdomen and a non-functional fistula to the left upper arm. The patient does not require hemodialysis. The caregiver, Gail Barnes, assists the patient with daily medication administration and ensures compliance with the prescribed regimen. Dr. Kingan called to obtain a verbal order for an occupational therapy (OT) evaluation to determine the need for further home health assistance. A message was left for Diane RN regarding this matter. Supplies have been ordered by the provider, including a shower bench, large gloves, and incontinence supplies. The patient is unable to walk independently but can stand with support due to weakness and dependent edema in the lower extremities. The patient has a walker, wheelchair, and recliner available for mobility support. They also use reading glasses for vision. The patient was instructed on the importance of elevating the lower extremities to help reduce edema. The non-conventional stoma site has caused irritation to the surrounding skin, resulting in excoriation. To address this, Nystatin 100,000 powder has been prescribed for use in the skin folds around the abdomen and breast tissue. The caregiver verbalized understanding of the medications, including their actions and potential side effects. The nurse and caregiver jointly performed a colostomy change, and the stoma was assessed. The stoma was found to be pink, without odor, and measured 1.3x5 cm. There was no evidence of percussion or other abnormalities. The patient is in the process of obtaining a PACE (Program of All-Inclusive Care for the Elderly) placement in Baltimore, as they are relocating from North Carolina. Physical therapy has been ordered to address the patient's mobility issues. The skilled nursing (SN) plan includes <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> at a frequency of every two weeks for the first three weeks, followed by once a week for the next five weeks, or as otherwise directed by the provider. <span style="font-size:

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/28/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Michael Kingan
6701 N Charles St
Baltimore, MD 21224
PHONE: 4438496257 FAX: 14438493182 NPI: 1861871881

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 : 04/15/2026

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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14px;">
 Date of Order 04/28/2026 Orders Physician Face-to-Face Date: 04/15/2026 Clinical Condition Requiring Home Care per Certifying Physician: PAD w/ R TMA due to Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease 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 Physician Kingan, Michael

SN Careplans

SN WK1: 1 (04/28/26-05/02/26)

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

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 ; 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.

Apply Nystatin 100,000 powder prescribed for folds to beneath the breast and abdominal folds with intertrigo daily
Advance Directive:Advance directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, meal preparation, M2102f - Patient Supervision, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, abn cholesterol > 200 mg/dL, M1400 - Dyspnea, abnormal blood pressure, heartburn/indigestion, swelling of affected area, muscle weakness, limited endurance, limited strength, limited range of motion, poor muscle tone, Pain Interference with Therapy activities, Pain Interference with ADLs, B1000 - Vision Deficit, balance deficit, daytime fatigue, loss of appetite, obesity, M1630 - GI Ostomy, stoma retraction, new incidence of rash, swell/redness surround. skin

PROCEDURES: cough/deep breathing exercises, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, apply collection/fistula pouch, ostomy care & irrigation: Loose stools contributing to poor pouch adherence recommemded planned pouch change every 3-4 days refer to home nursing to assist with skin healing, monitor intake & output, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals

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, * ostomy management including how to clean stoma change ostomy pouch, 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,

SN Goals

PATIENT-STATED GOAL: Caregiver wants patient to increase mobility

GOALS
patient/caregiver recalls
* ostomy management including how to clean stoma
* change ostomy pouch
* 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
* 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
* 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 performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/28/2026

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patient's transportation needs are met, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

04/28/2026