

Home Health Certification and Plan of Care				Order ID: 1150/20590	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
42275792		05/18/2026		From: 07/17/2026 To: 09/14/2026	
				4. Medical Record No.	
				25904	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
John Dahlweiner				HomeCentris Healthcare LLC	
2300 Dulaney Valley Rd Apt M308,				10 Crossroads Drive, Suite 102	
LUTHERVILLE TIMONIUM, MD 21093-				Owings Mills, MD 21117-8284	
410-790-6253				410-321-8448	
				1487113239	
8. DOB				9. Sex	
05/25/1940				Male	
11. ICD		Principal Diagnosis		Date	
I12.9		Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny		05/18/26	
13. ICD		Other Pertinent Diagnoses		Date	
N18.31		Chronic kidney disease stage 3a		05/18/26	
R07.89		Other chest pain		05/18/26	
S20.212D		Contusion of left front wall of thorax subsequent encounter		05/18/26	
J45.20		Mild intermittent asthma uncomplicated		05/18/26	
N40.0		Benign prostatic hyperplasia without lower urinry tract symp		05/18/26	
K21.9		Gastro-esophageal reflux disease without esophagitis		05/18/26	
I67.82		Cerebral ischemia		05/18/26	
G31.9		Degenerative disease of nervous system unspecified		05/18/26	
E78.5		Hyperlipidemia unspecified		05/18/26	
D50.9		Iron deficiency anemia unspecified		05/18/26	
K86.1		Other chronic pancreatitis		05/18/26	
N20.0		Calculus of kidney		05/18/26	
Z91.81		History of falling		05/18/26	
Z86.73		Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits		05/18/26	
Z87.891		Personal history of nicotine dependence		05/18/26	
K44.9		Diaphragmatic hernia without obstruction or gangrene		05/18/26	
D72.829		Elevated white blood cell count unspecified		05/18/26	
14. DME and Supplies:				15. Safety Measures:	
hand held shower, bath bench, 4 wheeled walker				smoke detectors , emergency phone # clearly displayed, bathroom safety, ambulates with device, medication safety, walker precautions, standard precautions, fall precautions	
16. Nutrition:				17. Allergies:	
regular				benazepril hydrochloride	
18.A. Functional Limitations				18.B. Activities Permitted	
Ambulation, Bowel/Bladder Incontinence				Exercises Prescribed, Walker, Transfer bed/Chair, Up As Tolerated	
19. Mental & Pyschosocial Status:		COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:			
20. Prognosis:		good			
22. A Rehabilitation Potential:				22.B.Discharge Plans	
SELF-CARE: , MOBILITY:				patient will be responsible for managing treatment another facility/provider will be responsible for managing treatment	
Homebound status:		Due to diagnosis of Hypertensive chronic kidney disease with 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:		<div>Home health nursing admission was completed for an 85-year-old male with a past medical history significant for hypertension, gastroesophageal reflux disease (GERD), benign prostatic hyperplasia (BPH), chronic kidney disease (CKD), hyperlipidemia, iron deficiency anemia, asthma, and chronic pancreatitis. The patient was recently hospitalized following multiple unwitnessed falls and has returned home for continued skilled nursing care, monitoring, and rehabilitation services. The patient resides alone in a senior apartment and receives intermittent assistance from family members as well as support from a home aide several days per week for activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Upon assessment, the patient was alert and oriented with no acute distress noted. The patient is significantly hearing impaired and utilizes hearing aids to assist with communication. He ambulates with a rollator walker and demonstrates an unsteady gait, impaired balance, and generalized weakness, placing him at high risk for falls. Occupational therapy assessment revealed bilateral upper extremity weakness with muscle strength assessed at 3+/5 MMT. The patient requires assistance with bathing and dressing tasks and requires standby assistance for sit-to-stand and toilet transfers. No skin breakdown, open wounds, or other integumentary concerns were observed during the visit. Medication regimen was reviewed with the patient, and medication compliance was reinforced. Skilled education was provided regarding fall prevention strategies, proper and consistent use of the walker and assistive devices, safe ambulation techniques, home safety precautions, medication management, adequate hydration and nutrition, and the importance of promptly reporting any changes in condition to the physician. Due to the patient's hearing impairment, reinforcement of teaching may be necessary to ensure comprehension and carryover. The patient verbalized understanding of the education provided. The patient remains homebound due to impaired mobility, weakness, decreased endurance, and high fall risk, requiring the use of an assistive device and assistance from others to safely leave the home. Skilled nursing services are medically necessary for ongoing cardiopulmonary and safety assessment, fall risk monitoring, medication education and management, chronic disease management, and continued evaluation of functional status in order to reduce risk of rehospitalization and maintain patient safety and independence within the home environment.</div><div> </div><div>Date of Order</div><div> </div><div>Orders</div><div>Physician Face-to-Face Date: 05/14/2026</div><div>Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's msw due to Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease</div><div>Homebound Status per Certifying Physician: patient requires another person or medical</div></div>			
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 07/16/2026					
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.	
Sherin Varghese				F2F date : 06/03/2026	
2931 Greenspring Drive					
Timonium, MD 21093					
PHONE: FAX: NPI: 1952471153					
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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equipment such as crutches, a walker, or a wheelchair to leave home 4 - Recertification Notes: The patient is recertified due to continued need for skilled nursing assessment, reinforcement of education, and monitoring to reduce the risk of complications and hospitalization. The patient continues to require additional education and reinforcement regarding medication management, including the purpose of prescribed medications, adherence to the medication regimen, recognition of potential side effects, and the importance of taking medications as ordered. Ongoing skilled nursing is also medically necessary to reinforce fall prevention education, including the consistent use of assistive devices as prescribed, removal of household tripping hazards, wearing non-slip footwear, maintaining adequate lighting, changing positions slowly to prevent dizziness, and notifying the physician of any falls or changes in mobility. Physician Varghese, Sherin	SN Careplans SN WK2: 1 (07/19/26-07/25/26) ,WK3: 1 (07/26/26-08/01/26) ,WK4: 1 (08/02/26-08/08/26) ,WK5: 1 (08/09/26-08/15/26) ,WK6: 1 (08/16/26-08/22/26) ,WK7: 1 (08/23/26-08/29/26) 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: 3. Multiple hospitalizations (2 or more) in the past 6 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 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:Refused PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, limited strength, balance deficit 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 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	SN Goals PATIENT-STATED GOAL: Wants to regain his strength GOALS patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * 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 * 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 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 keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms * recalls related medication(s) purpose, schedule
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/16/2026