Home Health Certification and Plan of Care

Order ID: 1150/20604

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
31172621	07/15/2026	From: 07/15/2026 To: 09/12/2026	28055	217058

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

8. DOB 09/14/1942 | **9.Sex** 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

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

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
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

14. DME and Supplies:

feeding tube supplies, bath bench

15. Safety Measures:

fall precautions, , standard precautions, medication safety, emergency phone # clearly displayed, smoke detectors ,

16. Nutrition:

pureed, soft, G-Tube

17. Allergies:

iodine

18.A. Functional Limitations

Endurance!Hearing

18.B. Activities Permitted

Transfer bed/Chair, Exercises Prescribed, Partial Weight Bearing

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: 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 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 an 83-year-old male admitted to skilled home health nursing services following recent hospitalization for 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.
 Date of Order 07/15/2026 Orders Physician Face-to-Face Date: 07/10/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management 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 - SN Notes: soc Physician Varghese, Sherin

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 07/15/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Sherin Varghese
2931 Greenspring Drive
Timonium, MD 21093
PHONE: FAX: NPI: 1952471153

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 : 07/10/2026

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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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)

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: 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; 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: 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

PROCEDURES: Medications : Review Medications at each visit: Medication actions, uses, frequency, dose, interactions of all new/change meds, administer tube feeding: Teach patient/ caregiver *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

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

PATIENT-STATED GOAL: Patient stated he wants to be able to manage his PEG tube

GOALS
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'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
* 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

Signature of Physician:

Date

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

Date
07/15/2026