Home Health Certification and Plan of Care

Order ID: 1150/20693

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
28140764	07/16/2026	From: 07/16/2026 To: 09/13/2026	28156	217058

6. Patient's Name and Address
Stephen Miller
8700 Inwood Road,
Windsor Mill, MD 21244-
410-371-6831

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 01/30/1952 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I26.99	Other pulmonary embolism without acute cor pulmonale	07/16/26

13. ICD	Other Pertinent Diagnoses	Date
C34.90	Malignant neoplasm of unsp part of unsp bronchus or lung	07/16/26
C79.70	Secondary malignant neoplasm of unspecified adrenal gland	07/16/26
D63.0	Anemia in neoplastic disease	07/16/26
J96.01	Acute respiratory failure with hypoxia	07/16/26
I10.	Essential (primary) hypertension	07/16/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	07/16/26
E78.5	Hyperlipidemia unspecified	07/16/26
I71.20	Thoracic aortic aneurysm without rupture unspecified	07/16/26
R33.9	Retention of urine unspecified	07/16/26
Z46.6	Encounter for fitting and adjustment of urinary device	07/16/26
Z79.52	Long term (current) use of systemic steroids	07/16/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	07/16/26
Z79.01	Long term (current) use of anticoagulants	07/16/26
Z79.2	Long term (current) use of antibiotics	07/16/26
Z99.81	Dependence on supplemental oxygen	07/16/26

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

DABIGATRAN ETEXILATE 150 MG / 1 Capsule by mouth 2 times daily
GLIPIZIDE 10 MG / 1 Tablet by mouth 2 times daily before meals
Hydroxyzine Hydrochloride - Hydroxyzine Hydrochloride 25 MG / 1 Tablet by mouth every 6 hours as needed for Itching for up to 7 days
PREDNISONE 20 mg/tablet / Take 3 tablets by mouth once a day for 2 days, THEN 2.5 tablets daily for 7 days, THEN 2 tablets daily for 7 days, THEN 1.5 tablets daily for 7 days, THEN 1 tablet daily for 7 days, THEN 0.5 tablets daily for 7 days.
AMLODIPINE 5 MG tablet by mouth daily
ATORVASTATIN 40 MG tablet by mouth nightly
BENZONATATE 100 mg/capsule / Take 200 mg by mouth every 8 hours as needed for Cough
FAMOTIDINE 20 MG tablet by mouth 2 times daily
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG / 1 Capsule by mouth every evening Alpha-1 adrenergic blocker (Alpha blocker)
Sulfamethoxazole And Trimethoprim - Sulfamethoxazole: Trimethoprim 400-80 MG / 1 Tablet by mouth daily Antibiotic (Sulfonamide + Folate antagonist combination)
Oxygen - Oxygen 2L nasal cannula continuous for SOB
Albuterol Sulfate: Ipratropium Bromide - Albuterol Sulfate: Ipratropium Bromide 0.5-2.5 (3) mg/3mL nebulizer solution / Take 3 mLs nebulization every 6 hours as needed for Wheezing.
Insulin Glargine-yfgn solution pen-injector 100 UNIT/ML / Inject 15 Units into the skin subcutaneous in the morning
Ondansetron - Ondansetron odt 4 mg disintegrating tablet / Place 4 mg under the tongue 4 times daily as needed for Nausea

14. DME and Supplies:
rolling walker, oxygen supplies, cane, walker

15. Safety Measures:
activity supervision, bathroom safety, ambulates with device, ambulates with assistance, walker precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Dyspnea With Minimal Exertion, Ambulation

18.B. Activities Permitted
Exercises Prescribed, Transfer bed/Chair, 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: Good

22. A Rehabilitation Potential:
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Other pulmonary embolism without acute cor pulmonale, 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 a 74-year-old male with a significant past medical history of metastatic lung adenocarcinoma with adrenal metastases currently receiving palliative care, acute pulmonary embolism, acute hypoxic respiratory failure requiring continuous home oxygen therapy, hypertension, type 2 diabetes mellitus, hyperlipidemia, ascending thoracic aortic aneurysm, anemia, and urinary retention managed with an indwelling Foley catheter. Skilled nursing assessment was completed with the patient seated comfortably in a recliner in the back sitting area of the home receiving oxygen at 2 L/min via nasal cannula. The patient appeared stable and in no acute distress, denying pain at the time of the visit; however, with the patient's permission, his mother reported that he experiences intermittent knee pain. The Foley catheter remained patent and was draining blood-tinged urine. The patient's physician is aware of this finding, and the patient has a scheduled follow-up appointment with urology in August for continued evaluation and management. The patient's Foley catheter had been replaced the previous week. The patient and family expressed interest in rehabilitation placement; however, they reported that Kaiser denied the request, resulting in discharge home with home health services. The patient's sister, who actively assists with his care and was present during the visit with the patient's permission, reported that insulin therapy was initiated following hospitalization due to prednisone-induced hyperglycemia. Per discussion with the patient's primary care provider, the patient is to monitor blood glucose once daily and administer sliding-scale insulin as prescribed while taking prednisone, with insulin to be discontinued upon completion of the prednisone course as directed by the provider. Medication reconciliation was completed, and both the patient and his sister demonstrated understanding of all prescribed medications, including their purpose, dosage, administration schedule, and potential side effects. The patient's sister also confirmed that the primary care provider had previously reviewed the medication regimen with her. Due to the complexity of the patient's medical condition and care needs, the registered nurse discussed the case with clinical management and requested weekly skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> for continued assessment, medication management, disease process education, monitoring of respiratory and urinary status, diabetic management, Foley catheter assessment, and coordination of care. A skilled physical therapy evaluation was completed following the patient's recent hospitalization for acute pulmonary embolism and acute hypoxic respiratory failure. The patient presents with significant bilateral lower extremity weakness, impaired balance, decreased endurance and activity tolerance, impaired gait, and dyspnea with minimal exertion, resulting in difficulty performing bed mobility, transfers, and safe household ambulation. The patient requires frequent rest breaks due to shortness of breath and demonstrates an increased risk for falls. He remains homebound due to continuous oxygen dependence, generalized weakness, poor functional endurance, and the considerable physical effort required to safely leave the home. Skilled home health physical therapy is medically necessary to provide therapeutic exercises, strength and balance training, gait and transfer training, endurance conditioning, energy conservation techniques, fall prevention education, and functional mobility training to maximize independence, improve safety with mobility, and reduce the risk of further functional decline and

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/16/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Gin Khai
7670 Quarterfield Rd
Glen Burnie, MD 21061
PHONE: 410-508-7650 FAX: NPI: 1003443078

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 : 07/13/2026

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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rehospitalization. An occupational therapy evaluation was also completed, demonstrating a significant decline in functional status compared to the patient's prior level of function. The patient now requires substantially increased assistance with activities of daily living and functional mobility following his recent hospitalization and currently utilizes continuous oxygen therapy and an indwelling Foley catheter. Significant environmental barriers are present within the home, as the patient's living area is located in a basement apartment requiring the use of a lift for access, creating additional challenges to safe mobility and independence. Recommendations were made for the use of a bedside commode and front-wheeled walker to improve safety and reduce fall risk during daily activities. Skilled occupational therapy is indicated to address deficits in self-care performance, functional mobility, adaptive equipment training, home safety, energy conservation, caregiver education, and environmental modification strategies to promote the highest attainable level of independence while minimizing the risk of injury and hospitalization.
 Date of Order 07/16/2026 Orders Physician Face-to-Face Date: 07/13/2026 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat ot-eval & treat due to Other pulmonary embolism without acute cor pulmonale 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 OT Eval Notes: SN Eval Notes:
 Physician Khai, Gin

SN Careplans

SN WK1: 7 (07/16/26-07/18/26) ,WK2: 5 (07/19/26-07/25/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: low frustration tolerance, Home Safety, M1033 - Exhaustion, swelling in the arms/legs, M1400 - Dyspnea, lightheadedness, dependent edema, abn cholesterol > 200 mg/dL, abnormal blood pressure, diarrhea, decreased urine output, urine retention, blood in urine, dark-colored urine, cloudy urine, muscle spasms, limited strength, limited range of motion, limited endurance, muscle weakness, decreased muscle strength upper body, decreased muscle strength lower body, involuntary movement of extremity, balance deficit, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, obesity, loss of appetite, bruising/discoloration, discolored patches of skin, itchy skin

PROCEDURES: coordinate/arrange for maintenance of clean/uncluttered living area

TEACH PATIENT/CAREGIVER: * 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, patient's living environment is clean/uncluttered

SN Goals

PATIENT-STATED GOAL: To get my strength back and my urine back to normal

GOALS
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's living environment is clean/uncluttered

PT Careplans

PT WK1: 1 (07/16/26-07/18/26) ,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) ,WK8: 1 (08/30/26-09/05/26)

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: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 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.
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,.

PT Goals

PATIENT-STATED GOAL: To be back to walking without the canula

GOALS
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

Shower/Bathe Self - 05. Setup or clean-up assistance

patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* 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

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

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

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Car Transfer - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/16/2026

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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: GG0170I1 - Walk 10 Feet, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M2020 - Oral Med Management, M1400 - Dyspnea, M1610 - Urinary Catheter, limited endurance, muscle weakness, lethargy, balance deficit

PROCEDURES: B LE mm strengthening: 1, B LE mm strengthening: 1, home exercise program: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day., 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, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet 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, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Car Transfer - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

OT Careplans

OT WK1: 1 (07/16/26-07/18/26) ,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)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating

PROCEDURES: cough/deep breathing exercises, home exercise program: for endurance and for R hand to increased coordination and grip strenght, equipment training: bed mobility, shower transfer to the chair and use of commode, work simplification/energy conservation: for ADLs due to increased SOB

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, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance, Increase endurance to F+

OT Goals

PATIENT-STATED GOAL: to return to PTA admission status.

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
* 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

Oral Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Increase endurance to F+

Toileting Hygiene - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/16/2026