Home Health Certification and Plan of Care

Order ID: 1150/20805

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36860135	07/21/2026	From: 07/21/2026 To: 09/18/2026	12820	217058

6. Patient's Name and Address
Robert Williams
1610 E Madison St,
Baltimore, MD 21205-
443-740-8036

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 05/15/1953 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I82.B11	Acute embolism and thrombosis of right subclavian vein	07/21/26

13. ICD	Other Pertinent Diagnoses	Date
I69.351	Hemiplga following cerebral infrc aff right dominant side	07/21/26
I69.398	Other sequelae of cerebral infarction	07/21/26
G40.909	Epilepsy unsp not intractable without status epilepticus	07/21/26
I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	07/21/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/21/26
N18.6	End stage renal disease	07/21/26
D63.1	Anemia in chronic kidney disease	07/21/26
Z99.2	Dependence on renal dialysis	07/21/26
E78.5	Hyperlipidemia unspecified	07/21/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	07/21/26
I48.91	Unspecified atrial fibrillation	07/21/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	07/21/26
G89.29	Other chronic pain	07/21/26
K21.9	Gastro-esophageal reflux disease without esophagitis	07/21/26
Z79.01	Long term (current) use of anticoagulants	07/21/26
Z89.511	Acquired absence of right leg below knee	07/21/26
Z89.512	Acquired absence of left leg below knee	07/21/26
Z95.0	Presence of cardiac pacemaker	07/21/26

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

Rena-Vite - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tab by mouth once a day supplement
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg 0.4MG; 1 TAB by mouth once a day
Nifedipine Er - Nifedipine 90 mg, take tablet by mouth once a day blood pressure
Eliquis - Apixaban 2.5mg take 1 tablet by mouth twice a day anticoagulant
Pantoprazole - Pantoprazole Sodium 40 mg 40mg by mouth once a day gerd
Gabapentin - Gabapentin 100 mg take 1 CAPSULE by mouth three times a day neuropathy
Keppra - Levetiracetam 500 mg 500mg by mouth twice a day Seizure
Ibuprofen - Ibuprofen 800 mg Take 1 tablet by mouth every 8 hours As needed for pain
Sevelamer Carbonate - Sevelamer Carbonate 800mg, take 2 tablets by mouth three times a day With meals
Atorvastatin Calcium - Atorvastatin Calcium 80mg, take (80mg) tablets by mouth once a day cholesterol
Lidocaine Patch - Lidocaine 5% topical as necessary pain BACK/LEG

14. DME and Supplies:
wheelchair, bath bench, grab bars, , wound care supplies, hospital bed

15. Safety Measures:
wheelchair precautions, standard precautions, fall precautions, bleeding precautions, medication safety, bedrails up while in bed, transfer with assist, bathroom safety, anticoagulant precautions

16. Nutrition:
renal diet, soft

17. Allergies:
levaquin

18.A. Functional Limitations
Amputation!Paralysis

18.B. Activities Permitted
Wheelchair

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: 9. Not Applicable

22.B.Discharge Plans
SN:patient will be responsible for managing treatment
PT: family/caregiver will be responsible for managing treatment
OT:patient will be responsible for managing treatment
add discharge plan

Homebound status: Due to diagnosis of Acute embolism and thrombosis of right subclavian vein, 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 73-year-old male admitted to home health services following a recent hospitalization for acute embolism and thrombosis of the right subclavian vein, with an additional hospitalization related to right shoulder pain, swelling for one week, generalized weakness, and fatigue. His past medical history is significant for end-stage renal disease (ESRD) on hemodialysis every Monday, Wednesday, and Friday, chronic kidney disease (CKD), cerebrovascular accident (CVA) with right hemiplegia, atrial fibrillation, diabetes mellitus, bilateral below-knee amputations (BKA), epilepsy, hyperlipidemia, chronic pain, gastroesophageal reflux disease (GERD), and permanent pacemaker placement. The patient is alert and oriented 4, denies shortness of breath, and reports buttock pain rated 7/10. Vital signs were within normal limits during the assessment. He receives routine hemodialysis via a right upper chest dialysis port. The patient resides with his wife and family members in a two-story townhouse with eight steps to enter. His bedroom and bathroom are located on the second floor and are accessed using a stair glide. His wife serves as his primary caregiver. Due to significant generalized weakness, he requires a family member to physically assist him up and down the stairs on dialysis days despite the availability of the stair lift. He remains bedbound on non-dialysis days and is considered homebound due to the considerable and taxing effort required to leave the home. Transportation to dialysis requires assistance from a friend who helps transfer him into his wheelchair, use of the stair glide, and assistance into the vehicle. Comprehensive nursing assessment revealed sacral excoriation with a small right buttock wound. Wound measurements were obtained, and the patient's primary care provider was notified. New wound care orders include cleansing the right buttock wound with normal saline followed by application of an Aquacel dressing, and placement of a Duoderm dressing over the sacrum for skin protection. The patient continues to require ongoing monitoring of skin integrity, wound healing, pain, and potential complications associated with immobility and multiple comorbidities. Physical therapy evaluation demonstrated significant functional impairment. The patient required maximum assistance for supine-to-sit transfers, close supervision to maintain sitting balance while holding bed rails for approximately three minutes, and elevation of the head of the bed with use of bed rails to transition from lying to sitting. He is unable to independently reposition himself once sitting at the edge of the bed, requires the bed to assist with scooting, rolls side-to-side using bed rails with minimal assistance, and is currently unable to transfer to a wheelchair. These deficits place him at high risk for falls, further functional decline, skin breakdown, and caregiver burden. Skilled physical therapy is medically necessary to improve bed mobility, sitting balance, transfer ability, strength, endurance, and overall functional mobility to maximize safety and reduce caregiver assistance. Occupational therapy evaluation revealed a significant decline from his prior level of function. Prior to his recent

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/21/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
James Tansinda
726 Maiden Choice
Catonsville, MD 21228
PHONE: 14107441101 FAX: 14107441186 NPI: 1184690141

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 : 07/14/2026

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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hospitalization, the patient was independent with basic self-care activities, wheelchair functional mobility, and functional transfers. He now demonstrates decreased sitting balance, reduced sitting tolerance, diminished bilateral upper extremity strength, and decreased activity tolerance, resulting in impaired performance of activities of daily living (ADLs), functional transfers, and wheelchair mobility. Skilled occupational therapy is indicated to address these deficits, improve independence with self-care and functional mobility, enhance safety, and facilitate a return toward his prior level of functional independence. Medication reconciliation was completed, and the patient was educated on medication adherence, dialysis precautions, pressure injury prevention, frequent repositioning, wound care, fall prevention strategies, energy conservation techniques, and the importance of reporting any signs or symptoms of infection or worsening condition to the physician promptly. The patient and caregiver demonstrated understanding of the education provided. The patient expressed a personal goal of regaining sufficient strength and functional ability to transfer independently to a wheelchair and return to the kitchen, where he enjoys cooking. The interdisciplinary plan of care includes continued skilled nursing for comprehensive assessment, wound care, medication and disease management, skilled physical therapy to improve mobility and transfers, and skilled occupational therapy to restore ADL performance and functional independence while minimizing the risk of hospitalization and further decline.
 Date of Order 07/21/2026 Orders Physician Face-to-Face Date: 07/14/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat, hha -adl's due to Acute embolism and thrombosis of right subclavian vein 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 PT Eval Notes: OT Eval Notes:
 Physician Tansinda, James

SN Careplans

SN WK1: 1 (07/21/26-07/25/26) ,WK2: 1 (07/26/26-08/01/26) ,WK3: 1 (08/02/26-08/08/26) ,WK4: 1 (08/09/26-08/15/26)

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, 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,.
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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, abnormal blood pressure, M1400 - Dyspnea, muscle weakness, limited strength, balance deficit, Pain Interference with ADLs, skin breakdown r/t incontinence, #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Right Buttock -

PROCEDURES: physician-ordered wound care: #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Right Buttock -: Right buttock wound: Clean the wound with normal saline and cover with an Aquacel patch. Change daily or PRN., cough/deep breathing exercises, physician-ordered wound care: Sacrum: Apply a Duoderm patch on the sacrum for protection.

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, * how to achieve wound healing including

SN Goals

PATIENT-STATED GOAL: To be able to transfer to a wheelchair and go back to the kitchen.

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/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 achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/21/2026

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cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

PT Careplans

PT WK1: 1 (07/21/26-07/25/26) ,WK2: 1 (07/26/26-08/01/26) ,WK3: 1 (08/02/26-08/08/26) ,WK4: 1 (08/09/26-08/15/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair

PROCEDURES: Bed mobility training : Supine to long sit, supine to sit on the side of the bed, scoot up and down on bed sitting, rolling, Family training : For bed mobility, wheelchair training, home exercise program: Supine hip flexion, bridging with pillow, straight leg raise, hip abduction. Prone knee flexion, hip extension. Sitting knee extension, transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 01. Dependent, Wheel 50 ft w 2 Turns - 06. Independent, Car Transfer - 04. Supervision or touching assistance, Sit on the side of the bed without arms support

PT Goals

PATIENT-STATED GOAL: To be able to get into my wheelchair by myself

GOALS
Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 01. Dependent

Wheel 50 ft w 2 Turns - 06. Independent

Car Transfer - 04. Supervision or touching assistance

Sit on the side of the bed without arms support

OT Careplans

OT WK2: 1 (07/26/26-08/01/26) ,WK4: 1 (08/09/26-08/15/26)

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: Medication Review : Medication reviewed with patient with all medications in the home, incentive spirometer, home exercise program: Bilateral UE triceps extensions, wheelchair press-ups, triceps extensions, equipment training, work simplification/energy conservation

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 - 02. Substantial/maximal assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 05. Setup or clean-up assistance

OT Goals

PATIENT-STATED GOAL: Get out of bed l

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

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

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

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

Don/Doff Footwear - 05. Setup or clean-up 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	07/21/2026