# Home Health Certification and Plan of Care

**Order ID: 1150/18953**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 100006904 | 05/16/2026 | From: 05/16/2026 To: 07/14/2026 | 14018 | 217058 |

**6. Patient's Name and Address**

Charles Deems
497 Renfro Ct,
GLEN BURNIE, MD 21060-
410-766-4279

**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** 02/27/1947 **9.Sex** Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| I11.0 | Hypertensive heart disease with heart failure | 05/16/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| I50.9 | Heart failure unspecified | 05/16/26 |
| I48.91 | Unspecified atrial fibrillation | 05/16/26 |
| N28.9 | Disorder of kidney and ureter unspecified | 05/16/26 |
| N40.0 | Benign prostatic hyperplasia without lower urinry tract symp | 05/16/26 |
| R13.12 | Dysphagia oropharyngeal phase | 05/16/26 |
| M85.80 | Oth disrd of bone density and structure unspecified site | 05/16/26 |
| M62.59 | Muscle wasting and atrophy NEC multiple sites | 05/16/26 |
| E78.2 | Mixed hyperlipidemia | 05/16/26 |
| F43.20 | Adjustment disorder unspecified | 05/16/26 |
| F51.04 | Psychophysiologic insomnia | 05/16/26 |
| M10.9 | Gout unspecified | 05/16/26 |
| M19.031 | Primary osteoarthritis right wrist | 05/16/26 |
| G89.29 | Other chronic pain | 05/16/26 |
| H91.91 | Unspecified hearing loss right ear | 05/16/26 |
| Z94.1 | Heart transplant status | 05/16/26 |
| Z91.81 | History of falling | 05/16/26 |
| Z87.440 | Personal history of urinary (tract) infections | 05/16/26 |
| Z87.891 | Personal history of nicotine dependence | 05/16/26 |

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

Colchicine - Colchicine 0.6 MG, Give 0.6 mg tablet by mouth twice a day 0.6 MG, Give 0.6 mg by mouth two times a day for gout for 3 days
acetaminophen 500 mg tablet, 1 tablet PO three times a day x 1 week for arthritis
Tylenol - Acetaminophen 650 mg by mouth every 6 hours As needed for pain/headache.
Flomax - Tamsulosin Hydrochloride 0.4 mg 0.4mg; 1 cap by mouth in the evening prostate
Methenamine Hippurate - Methenamine Hippurate 1gm 1 GM,Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for UTI
Prednisone - Prednisone 5 mg 5 MG, Give 1 tablet by mouth once a day TRANSPLANT
Atorvastatin Calcium - Atorvastatin Calcium 40 MG, give 1 tablet by mouth at bedtime CHOLESTEROL
Folic Acid - Folic Acid 1 mg 1 mg, take (1 mg tablet by mouth once a day SUPPLEMENT
Cyclosporine - Cyclosporine 125 mg total -(1) 25 mg cap in am & (1) 100 mg cap by mouth in the morning Bottle instructions to take (1) 25 mg tab in am plus 100 mg in am
Cyclosporine - Cyclosporine 100 mg (1 CAP) by mouth in the evening MEDICATION DOSAGE VERIFIED BY DR SROKA.
Allopurinol - Allopurinol 300 mg 300 MG, give 1 tablet by mouth once a day GOUT
Lasix - Furosemide 40 mg 40 mg by mouth as necessary 4X/WEEK
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 TAB by mouth once a day SUPPLEMENT
Alendronate Sodium - Alendronate Sodium eq 35 mg base 35mg, take (35mg) tablet by mouth once a week Every Saturday BONE HEALTH
Atenolol - Atenolol 50 mg 50 mg, take (50 mg) tablet 1/2 TAB by mouth once a day BLOOD PRESSURE
AZO Bladder Control 1 TAB by mouth twice a day UTI PREVENTION
Albuterol Sulfate And Ipratropium Bromide - Albuterol Sulfate: Ipratropium Bromide 90ml inhalant every 6 hours 2 puffs as needed for shortness of breath/ wheezing

**14. DME and Supplies:**

bath bench, walker, commode, cane

**15. Safety Measures:**

standard precautions, fall precautions, ambulates with device, walker precautions, medication safety, ambulates with assistance, transfer with assist, supervision at all times, remove environmental barriers, activity supervision

**16. Nutrition:**

renal diet, 2gm sodium

**17. Allergies:**

tricor colestid amlodipine nsaids colestipol

**18.A. Functional Limitations**

Endurance, Dyspnea With Minimal Exertion, Hearing, Ambulation

**18.B. Activities Permitted**

Up As Tolerated, Cane, Walker, Exercises Prescribed

**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 Hypertensive heart disease with heart failure, 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

**23. Signature and Date of Verbal SOC Where Applicable:**

Electronically Signed by Messick, Charles RN on 05/16/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**

Karen Sroka
8015 Apple Valley Dr
Pasadena, MD 21122
PHONE: 410-255-0102 FAX: 14102550103 NPI: 1689661654

**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 : 05/11/2026

**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.

# Home Health Certification and Plan of Care

**Order ID: 1150/18953**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 100006904 | 05/16/2026 | From: 05/16/2026 To: 07/14/2026 | 14018 | 217058 |

| 6. Patient's Name and Address | 7. Provider's Name, Address and Telephone Number |
|---|---|
| Charles Deems<br>497 Renfro Ct,<br>GLEN BURNIE, MD 21060-<br>410-766-4279 | HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239 |

**Clinical Condition Requiring Homecare:**

The patient was recently referred to home health services following a fall, generalized weakness, cellulitis, blood pressure instability, difficulty ambulating, decreased appetite, heart failure (HF), and a urinary tract infection (UTI). The patient has a significant past medical history of heart transplant and multiple comorbidities. He reports increased weakness, sluggishness, and loss of energy, with a goal of improving independence. Skilled Nursing (SN) services, as well as Physical Therapy (PT) and Occupational Therapy (OT) evaluation and treatment, have been ordered. The patient requires assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) as needed. During the visit, the patient was alert and oriented to person, place, and time (A&O 3), hard of hearing with a right hearing aid in use, and denied pain. He reported shortness of breath with minimal exertion and dressing activities, and a dry cough was noted; the physician is aware. Lung sounds were clear throughout. Assessment revealed +1 edema, bruising, and fragile, thin skin, likely related to chronic prednisone use. The patient ambulates with a walker for safety. Medications were reviewed with the patient and caregiver. Due to blood pressure instability, the atenolol dosage was reduced to 25 mg daily ( tablet of 50 mg). The patient manages medications with assistance from his spouse.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 05/16/2026<br> Order<o:p></o:p> Physician Face-to-Face Date: 05/11/2026<br> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management dx: Hypertensive heart disease with heart failure<br> Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p> <br> 1 - SOC - SN Notes: <o:p></o:p> Physician: Sroka, Karen

## SN Careplans

SN WK1: 1 (05/16/26-05/16/26) ,WK2: 3 (05/17/26-05/23/26)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 5. Decline in mental, emotional, or behavioral status in the past 3 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, 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; 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: meal preparation, Home Safety, Home Safety, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, coughing, M1600 - UTI, limited endurance, limited strength, limited range of motion, muscle weakness, B0200 - Hearing Deficit, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit, bruising/discoloration

PROCEDURES: cough/deep breathing exercises, coordinate/arrange repair of unsafe floor coverings, coordinate/arrange for maintenance of clean/uncluttered living area

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, * prevention including increase fluid intake

## SN Goals

PATIENT-STATED GOAL: TO GAIN MY INDEPENDENCE

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
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* 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
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient living environment has safe floor coverings

patient's living environment is clean/uncluttered

meal preparation is available to patient for all meals

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 05/16/2026 |

# Home Health Certification and Plan of Care

**Order ID: 1150/18953**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 100006904 | 05/16/2026 | From: 05/16/2026 To: 07/14/2026 | 14018 | 217058 |

| 6. Patient's Name and Address | 7. Provider's Name, Address and Telephone Number |
|---|---|
| Charles Deems<br>497 Renfro Ct,<br>GLEN BURNIE, MD 21060-<br>410-766-4279 | HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239 |

increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient living environment has safe floor coverings, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 05/16/2026 |