Home Health Certification and Plan of Care

Order ID: 1150/21011

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
11247794	08/01/2026	From: 08/01/2026 To: 09/29/2026	28610	217058

6. Patient's Name and Address

Gary Bouthner
5125 Hazelwood Avenue,
Baltimore, MD 21206-
443-506-6076

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 07/07/1949 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.3	Aftercare following surgery for neoplasm	08/01/26

13. ICD	Other Pertinent Diagnoses	Date
C18.2	Malignant neoplasm of ascending colon	08/01/26
D63.0	Anemia in neoplastic disease	08/01/26
I10.	Essential (primary) hypertension	08/01/26
E11.9	Type 2 diabetes mellitus without complications	08/01/26
I71.20	Thoracic aortic aneurysm without rupture unspecified	08/01/26
E04.1	Nontoxic single thyroid nodule	08/01/26
I87.2	Venous insufficiency (chronic) (peripheral)	08/01/26
E87.6	Hypokalemia	08/01/26
R74.01	Elevation of levels of liver transaminase levels	08/01/26
R13.10	Dysphagia unspecified	08/01/26
E66.01	Morbid (severe) obesity due to excess calories	08/01/26
Z68.43	Body mass index [BMI] 50.0-59.9 adult	08/01/26
Z79.01	Long term (current) use of anticoagulants	08/01/26
Z79.82	Long term (current) use of aspirin	08/01/26
Z90.49	Acquired absence of other specified parts of digestive tract	08/01/26

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

ACETAMINOPHEN 500 MG / 1 Tablet by mouth every 6 hours as needed for Mild Pain (1-4) Do not exceed more than 3 grams per day from all sources
Ondansetron Hydrochloride - Ondansetron Hydrochloride 4 MG / 1 Tablet by mouth every 8 hours as needed for Nausea/Vomiting
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 MG / 1 Capsule by mouth every 4 hours as needed for Moderate/Severe pain (5-10)
Bisacodyl 5 mg/tablet / Give 2 tablet by mouth once a day as needed for Constipation
Aspirin Ec - Aspirin 81 MG / 1 Tablet by mouth one time a day for ACT
Atorvastatin Calcium - Atorvastatin Calcium 40 MG / 1 Tablet by mouth at bedtime for HLD
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 5000 UNIT / 1 Tablet by mouth one time a day for supplement
FUROSEMIDE 40 mg 40 MG / 1 Tablet by mouth one time a day for Swelling CAN TAKE UP TO 80MGS FOR LEG SWELLING
LISINOPRIL 40 mg 40 MG / 1 Tablet by mouth once a day for HTN Hold for SBP < 110
Metoprolol Succinate - Metoprolol Succinate 25 MG tablet; 1 TAB by mouth one time a day for HTN Hold for SBP < 110 or HR < 50
SIMETHICONE 80 MG; 1 TAB by mouth one time a day for Indigestion
Naloxone Hcl - Naloxone Hydrochloride Nasal Liquid 4 MG/0.1ML / 1 spray in nostril Nasal every 3 minutes as needed for suspected opioid overdose 1 spray in nostril every 3 minutes as needed for overdose may repeat in alternating nostrils every 3 minutes until Coherent. Call 911, continue until paramedics arrive, Notify provider
Enoxaparin Sodium - Enoxaparin Sodium 40mg/0.4ml; 40mg subcutaneous twice a day anticoagulant
for 28 days
CICLOPIROX 0.77 perc External Gel 0.77 % / Apply to between toes topical once a day for Fungal infection
Triamcinolone Acetonide - Triamcinolone Acetonide External Cream 0.1 % / Apply to Bilateral legs topically two times a day for Rash

14. DME and Supplies:

rolling walker, diabetic supplies, 4 wheeled walker, wheelchair, walker, reacher, grab bars, wound care supplies, cane, urinal

15. Safety Measures:

wheelchair precautions, bathroom safety, hand rails, smoke detectors , emergency phone # clearly displayed, aspiration precautions, standard precautions, fall precautions, diabetic precautions, bleeding precautions, ambulates with device, walker precautions, medication safety, ambulates with assistance, transfer with assist, supervision at all times, sharps precautions, anticoagulant precautions, activity supervision

16. Nutrition:

low sodium, diabetic

17. Allergies:

celecoxib

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Wheelchair, Cane, Up As Tolerated, Walker, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, 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

patient will be responsible for managing treatment

Homebound status: After undergoing Open right hemicolectomy, 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 postoperative patient diagnosed with ascending colon cancer status post open right hemicolectomy on 7/8/26. Past medical history is significant for type 2 diabetes mellitus (DM2), essential hypertension, chronic venous insufficiency, and obesity. The patient is alert and oriented x3, denies shortness of breath, reports a good appetite, and reports last bowel movement yesterday. The patient has grossly edematous bilateral lower extremities with scaly skin and some redness noted; no open areas were observed. The abdominal incision is midline and closed, currently open to air. Per the physician's note, orders are in place to apply antibiotic cream to the incision and cover it with gauze/bandage. The patient also has a peripheral IV (PIV) in the right arm, which is not managed by home health. The patient utilizes a rollator for safe ambulation. Skilled nursing reviewed all medications with the patient, including medication names, doses, frequencies, and pertinent side effects, and reinforced the importance of medication adherence. Education was provided to the patient and spouse regarding meticulous skin care to the bilateral lower extremities and elevation to assist with edema control. The patient and spouse verbalized understanding of the education provided. The spouse assists with all activities of daily living (ADLs) and instrumental activities of daily living (IADLs). The patient declined home health aide (HHA) services. PT/OT evaluations have been ordered to assess and address functional needs. Skilled nursing is ordered at a frequency of 1W12, 2W1, and 1W3 for continued postoperative assessment, medication management and education, skin and incision monitoring, edema management, and prevention of complications. MOLST indicates CPR.
 <span style="font-size:

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/01/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Rosina Shrestha
4920 Campbell Blvd
Baltimore, MD 21236
PHONE: FAX: NPI: 1760895346

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 : 07/21/2026

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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Gary Bouthner 5125 Hazelwood Avenue, Baltimore, MD 21206- 443-506-6076	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

14px;">Date of Order 08/01/2026 Orders Physician Face-to-Face Date: 07/21/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Open right hemicolectomy 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 Shrestha, Rosina

SN Careplans

SN WK1: 1 (08/01/26-08/01/26) ,WK2: 1 (08/02/26-08/08/26) ,WK3: 2 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/22/26) ,WK5: 1 (08/23/26-08/29/26) ,WK6: 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: 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:Yes

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102f - Patient Supervision, meal preparation, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, dependent edema, M1033 - Exhaustion, M1400 - Dyspnea, limited strength, limited range of motion, swelling of affected area, limited endurance, balance deficit, obesity, rough/scaly/cracked skin, #1 - Other - Other - ML ABDOMINAL CLOSED INCISION - OPEN TO AIR NO S/S OF INFECTION NOTED

PROCEDURES: physician-ordered wound care: #1 - Other - Other - ML ABDOMINAL CLOSED INCISION - OPEN TO AIR NO S/S OF INFECTION NOTED, physician-ordered wound care: #1 - Other - Other - ML ABDOMINAL CLOSED INCISION - OPEN TO AIR NO S/S OF INFECTION NOTED: CLEANSE WITH NORMAL SALINE DAILY AND APPLY SKIN PREP. MONITOR FOR S/S OF INFECTION, NOTIFY THE SURGEON IMMEDIATELY IF INFECTION PRESENT. LEAVE OTA., cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: RIGHT LOWER SHIN VENOUS ULCER. THREE TIMES PER WEEK CLEANSE WITH NORMAL SALINE AND GAUZE. APPLY XEROFORM AND THEN SILVER ALGINATE. COVER WITH BORDER FOAM., physician-ordered wound care: SN/PT/CG TO APPLY ANTIBIOTIC CREAM TO LEGS AND WRAP WITH GAUZE BANDAGE. DAILY., teach/coordinate/arrange medication packaging and/or administration

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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately

SN Goals

PATIENT-STATED GOAL: I WANT TO GET BETTER

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 achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* 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

caregiver administers and/or packages medications appropriately

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

meal preparation is available to patient for all meals

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/01/2026