Home Health Certification and Plan of Care

Order ID: 1150/21006

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
62303918	06/05/2026	From: 08/04/2026 To: 10/02/2026	26572	217058

6. Patient's Name and Address

John Gaither
520 5th Ave,
HALETHORPE, MD 21227
443-979-2403

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 08/15/1940 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I26.93	Single subsegmental pulmon emblsm w/o acute cor pulmonale	06/05/26

13. ICD	Other Pertinent Diagnoses	Date
I48.91	Unspecified atrial fibrillation	06/05/26
K80.00	Calculus of gallbladder w acute cholecyst w/o obstruction	06/05/26
E87.6	Hypokalemia	06/05/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	06/05/26
I50.32	Chronic diastolic (congestive) heart failure	06/05/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	06/05/26
N18.31	Chronic kidney disease stage 3a	06/05/26
D63.1	Anemia in chronic kidney disease	06/05/26
I27.20	Pulmonary hypertension unspecified	06/05/26
J44.89	Other specified chronic obstructive pulmonary disease	06/05/26
N52.9	Male erectile dysfunction unspecified	06/05/26
H40.9	Unspecified glaucoma	06/05/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	06/05/26
F17.210	Nicotine dependence cigarettes uncomplicated	06/05/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	06/05/26
Z79.01	Long term (current) use of anticoagulants	06/05/26
Z79.82	Long term (current) use of aspirin	06/05/26

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

Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG capsule by mouth daily Commonly known as: FLOMAX
FAMOTIDINE 20 mg / 1 Tablet by mouth twice a day Commonly known as: PEPCID
ELIQUIS 5 mg/tablet / Take 2 tablets by mouth twice a day for 3 days, THEN 1 tablet 2 times daily.
JARDIANCE 25 mg/tablet / Take 12.5 mg by mouth by mouth Generic drug: Empagliflozin
METFORMIN 500 mg / 1 Tablet by mouth 2 times daily For diagnoses: Diabetes. Commonly known as: Glucophage
OXYCODONE 0 Immediate Release 5 MG / 1 Tablet by mouth every 4 hours as needed for MODERATE Pain (or if patient requests it for severe pain) for up to 7 days. Commonly known as: ROXICODONE
Metoprolol Succinate - Metoprolol Succinate 0 Extended Release 24 Hour 25 MG / 1 Tablet by mouth daily
FUROSEMIDE 20 MG tablet by mouth 2 times daily Commonly known as: LASIX
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) mg / 1 Tablet by mouth daily
Farxiga - Dapagliflozin Propanediol 10 mg by mouth once a day
LATANOPROST 0.005 % ophthalmic solution eye Apply 1 drop Commonly known as: XALATAN
Spiriva Respimat - Tiotropium Bromide 2.5 mcg inhalant once a day 2 puff by mouth

14. DME and Supplies:

walker

15. Safety Measures:

smoke detectors , emergency phone # clearly displayed, fall precautions, walker precautions, medication safety, ambulates with device

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Walker, Transfer bed/Chair, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Single subsegmental thrombotic 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:

Skilled nursing recertification visit completed. Patient assessed and noted to be in stable condition with vital signs within normal limits. JP drain to the right lateral abdomen assessed; drain remains intact and functioning appropriately. Dressing change performed to JP drain site using appropriate technique. No signs or symptoms of infection or other complications noted at this time. Patient educated on proper JP drain care, including maintaining the drain and dressing, monitoring drainage amount and characteristics, and reporting signs of infection or changes in drainage to the healthcare provider. Additional education provided regarding fall prevention, home safety, and medication management. Patient continues to require skilled nursing services for ongoing assessment, JP drain management, medication education, and prevention of complications.
 Date of Order 07/30/2026 Orders Physician Face-to-Face Date: 06/02/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease process, pt-eval & treat, ot:eval & treat, hha due to Single subsegmental thrombotic 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
 4 - Recertification Notes: The patient is recertified due to the JP drain to the right lateral abdomen, requiring ongoing skilled nursing assessment and JP drain management. The patient continues to require skilled nursing services for medication education and prevention of complications.
 Physician Chase, Shanita

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 07/30/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Shanita Chase
1701 Twin Springs Rd
Baltimore, MD 21227
PHONE: 410-737-5000 FAX: 14107375401 NPI: 1487650891

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 : 06/02/2026

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 (08/04/26-08/08/26) ,WK2: 1 (08/09/26-08/15/26) ,WK3: 1 (08/16/26-08/22/26) ,WK4: 1 (08/23/26-08/29/26)

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

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:Refused

PROBLEMS IDENTIFIED ON ASSESSMENT: limited endurance, limited strength, limited range of motion, balance deficit

PROCEDURES: cough/deep breathing exercises, monitor intake & output

TEACH PATIENT/CAREGIVER: * how to prevent infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, related medication(s) purpose, schedule, * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule

PATIENT-STATED GOAL: Patient stated he wants to have his drain removed

GOALS
patient/caregiver recalls
* how to prevent infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/30/2026