Home Health Certification and Plan of Care

Order ID: 1150/21051

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
01102857	08/03/2026	From: 08/03/2026 To: 10/01/2026	28556	217058

6. Patient's Name and Address
Daniel Stein
11052 MARTHA WAY,
FULTON, MD 20759-
410-972-1334

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 06/30/1949 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G30.9	Alzheimer's disease unspecified	08/03/26

13. ICD	Other Pertinent Diagnoses	Date
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	08/03/26
I10.	Essential (primary) hypertension	08/03/26
E11.9	Type 2 diabetes mellitus without complications	08/03/26
E78.5	Hyperlipidemia unspecified	08/03/26
E03.9	Hypothyroidism unspecified	08/03/26
I35.0	Nonrheumatic aortic (valve) stenosis	08/03/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	08/03/26
L98.9	Disorder of the skin and subcutaneous tissue unspecified	08/03/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/03/26

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

COZAAR 25 MG / 1 Tablet by mouth daily
Synthroid - Levothyroxine Sodium 25 MCG / 1 Tablet by mouth every morning 30 minutes before a meal
FLOMAX 0.4 MG / 1 Capsule by mouth 2 times a day
Glucophage Xr - Metformin Hydrochloride 500 mg/tablet / Take 2 tablets by mouth every evening with a meal for diabetes
PEPCID 40 MG / 1 Tablet by mouth as necessary 2 times a day. (Patient not taking: Reported on 7/27/2026)
CENTANY Topical Ointment 2 % / Apply to affected area(s) topical every 8 hours for 14 days
ALDARA 5 % / APPLY TO AFFECTED AREA M-F topical continuous FOR 6 WEEKS. STOP IF EXCESSIVE IRRITATION DEVELOPS
HYDROCORTISONE 0 Topical Ointment 2 % / Apply to affected area(s) topical as necessary Apply to right leg and ankle twice a day. (Patient not taking. Reported on 7/27/2026)
Kenalog - Triamcinolone Acetonide Topical Ointment 0.1 % / Apply to affected area(s) topical twice a day Apply topically to the right leg and ankle where irritation occurs. Avoid eyes and mouth.

14. DME and Supplies:
grab bars, , None of the above

15. Safety Measures:
smoke detectors , emergency phone # clearly displayed, transfer with assist, supervision at all times, ambulates with assistance, medication safety, hand rails, bathroom safety, activity supervision, standard precautions, fall precautions, diabetic precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
Donepezil Hydrochloride

18.A. Functional Limitations
Endurance, Legally Blind, Hearing

18.B. Activities Permitted
Exercises Prescribed, Up As Tolerated,

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, 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 Alzheimer's disease unspecified, 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 was referred for home health services following evaluation at Kaiser. His past medical history is significant for hypertension, hypothyroidism, and Alzheimer's disease. The patient demonstrates difficulty with memory and expressing himself and is alert and oriented with intermittent periods of confusion. He denies chest pain, shortness of breath, fever, nausea, or vomiting. The patient was able to ambulate to the door with a steady gait; however, he experienced orthostatic hypotension. He is continent of bowel and bladder, has no edema, and his skin is intact with reports of itching. The patient and caregiver were educated regarding the disease process and progression of Alzheimer's disease, medication adherence and potential adverse effects, effective communication strategies, safety measures, and behavioral management. Continued monitoring and caregiver support are recommended to promote patient safety and maintain functional independence.<o:p></o:p> <o:p></o:p> Date of Order<o:p></o:p> 08/03/2026<o:p></o:p> Physician Face-to-Face Date:

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 08/03/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Maria Diwanji
29 S. Paca St
Baltimore, MD 21201
PHONE: 800-777-7904 FAX: 1-855-902-4974 NPI: 1225304371

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 : 07/27/2026

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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07/27/2026<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management DX: Alzheimer's disease unspecified<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;"> 1 - SOC - SN Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Physician:<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;"> Diwanji, Maria

SN Careplans

SN WK1: 1 (08/03/26-08/08/26) ,WK2: 1 (08/09/26-08/15/26) ,WK3: 1 (08/16/26-08/22/26) ,WK4: 1 (08/23/26-08/29/26) ,WK5: 1 (08/30/26-09/05/26) ,WK6: 1 (09/06/26-09/12/26) ,WK7: 1 (09/13/26-09/19/26) ,WK8: 1 (09/20/26-09/26/26)

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: 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

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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2102f - Patient Supervision, M2020 - Oral Med Management, M1400 - Dyspnea, abnormal blood pressure, abnormal thyroid <> 0.40 - 4.50 mIU/mL, abnormal BS < 70/140 > mg/dL, constipation, limited strength, B1000 - Vision Deficit, balance deficit, loss of appetite, red/tender pressure points, itchy skin, bruising/discoloration

PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, physician-ordered wound care: Right Finger Leision: Apply Mupirocin to affected area every 8 hours for for 14 days, physician-ordered wound care: Right leg and right ankle Leave OTA and assess every visit for s/s of infection., physician-ordered wound care: Left hand skin irritation leave OTA assess every visit for s/s

SN Goals

PATIENT-STATED GOAL: I want to remember my grandkids name

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
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

caregiver administers and/or packages medications appropriately

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/03/2026

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of infection., teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange resources for vision-impaired

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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

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	PAGE 3 of 3
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