Home Health Certification and Plan of Care

Order ID: 1150/21128

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7FN9QG8FT23	08/06/2026	From: 08/06/2026 To: 10/04/2026	28745	217058

6. Patient's Name and Address

James Cullison
5 VEITCH COURT,
NOTTINGHAM, MD 21236-
410-256-4536

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 04/12/1942 **9.Sex** Male

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

Sodium Bicarbonate - Sodium Bicarbonate 650 mg/tablet / Take 2 tablets by mouth three times a day
TRAZODONE Take 50 MG tablet by mouth nightly
SIMVASTATIN Take 10 MG tablet by mouth daily Commonly known as: ZOCOR
FINASTERIDE 0 Take 5 MG tablet by mouth daily Commonly known as: PROSCAR
CYCLOBENZAPRINE 0 Take 5 MG tablet by mouth 2 times daily as needed
ALFUZOSIN HYDROCHLORIDE Take 10 MG Tb24 by mouth daily Commonly known as: UROXATRAL

11. ICD	Principal Diagnosis	Date
N17.9	Acute kidney failure unspecified	08/06/26

13. ICD	Other Pertinent Diagnoses	Date
N18.5	Chronic kidney disease stage 5	08/06/26
C67.9	Malignant neoplasm of bladder unspecified	08/06/26
E78.5	Hyperlipidemia unspecified	08/06/26
G47.00	Insomnia unspecified	08/06/26
D69.6	Thrombocytopenia unspecified	08/06/26
R33.9	Retention of urine unspecified	08/06/26
Z96.641	Presence of right artificial hip joint	08/06/26
Z46.6	Encounter for fitting and adjustment of urinary device	08/06/26
Z87.891	Personal history of nicotine dependence	08/06/26

14. DME and Supplies:

bath bench, walker

15. Safety Measures:

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

16. Nutrition:

low cholesterol, low sodium, cardiac diet, renal diet

17. Allergies:

pravachol sulfa antibiotics

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Up As Tolerated

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: 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

patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Acute kidney failure 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 is an 84-year-old male referred to home health services following a recent hospitalization for dysuria, back pain, chills without fever, and fatigue. His significant past medical history includes bladder cancer with a history of multiple resections, chronic kidney disease stage V with recent acute kidney injury, hyperkalemia, pyuria, proteinuria, hematuria, primary osteoarthritis of the left hip, prior right total hip replacement, and smoking history. During hospitalization, the patient was found to have a urinary obstruction and was informed that ureteral stent placement might be necessary; however, the medical team elected to initially pursue treatment aimed at reducing prostate enlargement. He received a 1-liter normal saline bolus and 1 g of ceftriaxone during his hospitalization. The patient was discharged home with a 16 Fr Foley catheter with a 10 mL balloon in place, with amber-colored urine noted in the drainage bag. He is scheduled to follow up with urology on 08/17/2026. The patient currently denies shortness of breath, headache, chills, nausea, or vomiting and reports bilateral lower-extremity pain rated 3/10. He resides with his wife in a ranch-style single-family home with two steps to enter, and his wife serves as his primary caregiver. Medication reconciliation/review was completed with the patient. Education was provided regarding Foley catheter care, medication precautions/prevention, and fall prevention and safety measures. Prior to his hospitalization, the patient was independent with activities of daily living, instrumental activities, community mobility, driving, functional transfers, and ambulation without an assistive device. His stated goal is to regain his prior level of independence, ambulate without a walker, and resume driving. Following hospitalization, the patient demonstrates lower-extremity weakness, impaired balance, difficulty with functional transfers, and gait dysfunction. He currently ambulates with a walker and has reported episodes of rolling outward related to right ankle instability. He wears an insert in the right shoe but is currently unable to fit the insert appropriately into his existing footwear. Recommendations were provided to obtain professional shoe fitting to accommodate the insert and improve lower-extremity stability and safety. Objective findings include a Tinetti Balance and Gait Assessment score of 12/28 and a Timed Up and Go (TUG) time of 26 seconds, indicating significant balance impairment and increased fall risk. Skilled physical therapy is medically appropriate to address lower-extremity weakness, impaired balance, transfer difficulty, gait dysfunction, right ankle instability, and decreased functional mobility, with the goal of improving safety, independence, and functional performance toward the patient's prior level of function. A skilled occupational therapy evaluation was also completed following hospitalization. The patient resides with his wife and previously performed basic self-care, functional transfers, and functional ambulation independently without an assistive device. At the time of the OT evaluation, the patient was functioning at an independent level with basic self-care activities, functional transfers, and functional ambulation and demonstrated no significant occupational performance deficits requiring ongoing skilled OT intervention. Therefore, the patient is not appropriate for continued skilled OT services at this time due to functioning at or near his baseline level, and OT evaluation only was completed. The patient will continue to benefit from skilled nursing oversight for monitoring of his genitourinary status, Foley catheter management and education, medication review, assessment for signs and symptoms of infection or urinary complications, and coordination with urology as indicated. Skilled physical therapy is recommended to address identified strength, balance, transfer, gait, and safety deficits and to facilitate progression toward independent mobility. The patient and caregiver were educated on catheter care, <hility is-highlighty="true" role="mark" data-hility="df51e083-d4ad-41ff-b793-a69228cf1bd8" data-hility-name="medication safety" data-hility-match="highlight-pass-46:1" data-decoration-type="background" style="--decoration-thickness: auto;">medication safety</hility>, fall prevention, and the importance of attending the scheduled urology follow-up. Continued interdisciplinary home health services will focus on preventing complications, improving functional mobility and safety, and supporting the patient's goal of returning to his prior level of independence.
 Date of Order 08/06/2026 Orders Physician Face-to-Face Date: 08/01/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Acute kidney failure unspecified Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/06/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Karishma Rawal
5009 Honeygo Center Dr Ste 216
Perry Hall, MD 21128
PHONE: 4102565858 FAX: 18667330434 NPI: 1316763832

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 : 08/01/2026

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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wheelchair to leave home
 1 - SOC - SN Notes: soc OT Eval Notes: PT Eval Notes:
 Physician Rawal, Karishma

SN Careplans

SN WK1: 1 (08/06/26-08/08/26) ,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)

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:Refused

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2102f - Patient Supervision, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, decreased urine output, M1610 - Urinary Catheter, M1600 - UTI, M1610 - Urinary Incontinence, urine retention, limited strength (MS), limited endurance (MS), muscle weakness, muscle spasms, difficulty sleeping (NR), daytime fatigue, Pain Interference with ADLs, balance deficit, loss of appetite (NU)

PROCEDURES: cough/deep breathing exercises, catheter change, care & irrigation: Managed by the urologist., bladder training, 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 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, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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, caregiver administers and/or packages medications appropriately

SN Goals

PATIENT-STATED GOAL: To walk without any problem and have no burning sensation while urinating.

GOALS
patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* 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 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

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

caregiver administers and/or packages medications appropriately

PT Careplans

PT WK1: 1 (08/06/26-08/08/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170E1 - Chair to Bed to Chair

PROCEDURES: Medication management : Review medication with pt and caregiver, home exercise program: Seated hip flexion, laq, hip abduction, toe raises, heelraises using ankle cuff weights and therabands as tolerated. Standing toe raises, hip flexion, hamstring curls, hip abduction wearing shores for ankle stability and bilateral ue support 2-310, dynamic standing balance exercises: Be sure to wear sneakers with insert in R shoe. Perform balance exercises to improve hip ankle amd step strategies to improve reaction time and reduce risk for falls, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Balance

PT Goals

PATIENT-STATED GOAL: Pt goal is to improve balance and walking get off the rw, drive again.

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/06/2026

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12 Steps - 06. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Balance

OT Careplans

OT WK1: 1 (08/06/26-08/08/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing

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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Evaluation only

GOALS
Chair to Bed to Chair - 06. Independent

Shower/Bathe Self - 05. Setup or clean-up assistance

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

Sit to Stand - 06. Independent

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 06. Independent

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
08/06/2026