Home Health Certification and Plan of Care

Order ID: 1150/21172

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5UY8D90VT32	08/07/2026	From: 08/07/2026 To: 10/05/2026	27690	217058

6. Patient's Name and Address

George Privott
3303 Springdale Avenue,
BALTIMORE, MD 21216-
301-536-2165

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 12/10/1947 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	08/07/26

13. ICD	Other Pertinent Diagnoses	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	08/07/26
N18.6	End stage renal disease	08/07/26
D63.1	Anemia in chronic kidney disease	08/07/26
Z99.2	Dependence on renal dialysis	08/07/26
T86.11	Kidney transplant rejection	08/07/26
E78.5	Hyperlipidemia unspecified	08/07/26
N25.81	Secondary hyperparathyroidism of renal origin	08/07/26
E05.90	Thyrotoxicosis unsp without thyrotoxic crisis or storm	08/07/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	08/07/26
Z79.01	Long term (current) use of anticoagulants	08/07/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	08/07/26
Z85.528	Personal history of other malignant neoplasm of kidney	08/07/26
Z86.0100	Personal history of colonic polyps	08/07/26
Z87.891	Personal history of nicotine dependence	08/07/26
Z91.81	History of falling	08/07/26

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

Allopurinol - Allopurinol 100 mg/tablet / Give 50 mg by mouth every 48 hours for Gout
Atorvastatin Calcium - Atorvastatin Calcium 40 MG / 1 Tablet by mouth at bedtime for Hyperlipidemia
CARVEDILOL 25 MG Tablet by mouth two times a day for HTN. Hold for SBP less than 110 or HR less than 60
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) MG / 1 Tablet by mouth one time a day for Supplement.
Fish Oil - Cod Liver Oil 1000 MG Capsule by mouth 3 times daily with meals for Supplement.
LACTOBACILLUS 1 Tablet by mouth one time a day for Probiotic
Ondansetron Hydrochloride - Ondansetron Hydrochloride 4 MG / 1 Tablet by mouth every 6 hours for Vomiting
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 Powder / Give 17 gram by mouth one time a day for bowel regimen. Hold for loose stool
Sennosides - Senna 8.6 mg/tablet / Give 2 tablet by mouth two times a day for bowel regimen. Hold for loose stool
SIMETHICONE 80 MG / 1 Tablet by mouth every 8 hours as needed for gas discomfort.
SIROLIMUS 0.5 MG / 1 Tablet by mouth one time a day for Immunosuppression
SILDENAFIL CITRATE 100 MG / 1 Tablet by mouth as necessary every 24 hours for Erectile Dysfunction.
Vitamin D - Ergocalciferol 1.25 MG (50000 UT) / 1 Capsule by mouth once a day every Thu for Vitamin D deficiency for 8 Weeks.
Ezetimibe - Ezetimibe 10 MG / 1 Tablet by mouth one time a day for HLD.
Sertraline Hcl - Sertraline Hydrochloride 25 MG / 1 Tablet by mouth one time a day for MDD.
Sevelamer Carbonate - Sevelamer Carbonate 800 mg by mouth three times a day 3 tabs for blood pressure.
Simethicone - Simethicone 80 mg by mouth three times a day Prn for gas
Dialyte Lm/ Dextrose 1.5% In Plastic Container - Calcium Chloride: Dextrose: Magnesium Chloride: Sodium Chloride: Sodium Lactate 26 mg/100ml;1.5gm/100ml;15 mg/100ml;560 mg/100ml;390 mg/100ml 9000 ml intravenous once a day Peritoneal dialysis 6000ml in one bag and 3000 ml in one bag
MUPIROCIN External Ointment 2% / Apply to Skin topical daily and evening shift for Impetigo

14. DME and Supplies:

bath bench, cane, 4 wheeled walker, Peritoneal dialysis supplies

15. Safety Measures:

standard precautions, medication safety, fall precautions, emergency phone number prominently displayed, bathroom safety, anticoagulant precautions, ambulates with assistance, activity supervision

16. Nutrition:

renal diet

17. Allergies:

penicillin

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Walker, Cane, Up As Tolerated, 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: 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 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease, 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 08/07/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Neil Siegel
4538 Edmondson Ave
Baltimore, MD 21229
PHONE: 4103282273 FAX: 14106851973 NPI: 1134153034

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 : 07/25/2026

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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Clinical Condition Requiring Homecare:

The patient is a 78-year-old individual with a recent history of hospitalization beginning 04/01/2026 for placement of an abdominal port for peritoneal dialysis. Due to difficulty with healing of the abdominal dialysis access, a dialysis port was subsequently placed in the right upper chest for hemodialysis. Following discharge from rehabilitation, the patient was rehospitalized from 07/24/2026 through 07/27/2026 after an episode of syncope. The patient currently has two dialysis access sites/surgical wounds; the wounds were not observable during the therapy assessment. The patient resides with their spouse in a single-family home with 11 steps to enter through the front entrance and 7 steps at the rear entrance. The bedroom and bathroom are located on the second floor, with a handrail available for stair negotiation. During the physical therapy assessment, the patient demonstrated independent bed mobility and was able to transfer to the bed, chair, and toilet with supervision. The patient ambulated approximately 40 feet on indoor surfaces without an assistive device under supervision and negotiated 16 steps using a handrail with supervision. Outdoor mobility and car-transfer skills were not assessed during this visit. The patient demonstrated impaired balance and increased fall risk, as evidenced by a Tinetti score of 16/28. Due to the patient's current functional limitations, recent syncope, decreased strength and balance, and the significant effort and need for human assistance required to leave the home, the patient is considered homebound. The patient tolerated 10 repetitions of therapeutic exercises, including supine hip flexion, bridging, hook-lying rotation, straight-leg raises, and hip abduction, as well as standing knee flexion, hip abduction, hip extension, plantarflexion, and squats. The patient would benefit from continued skilled home health physical therapy to improve lower-extremity strength, balance, functional endurance, gait, stair negotiation, transfer safety, and overall independence with mobility. Skilled PT will include progressive therapeutic exercise, gait and balance training, functional mobility and stair training, fall-prevention strategies, and safety education, with progression of the home exercise program as tolerated. The primary functional goal is to restore the patient's strength, endurance, balance, and independence sufficiently to allow a safe return to work as a kindergarten teacher by 08/31/2026.
 Date of Order 08/07/2026 Orders Physician Face-to-Face Date: 07/25/2026 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat due to Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease 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 - PT Notes: soc
 Physician Siegel, Neil

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (08/07/26-08/08/26) ,WK2: 2 (08/09/26-08/15/26) ,WK3: 1 (08/16/26-08/22/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, 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: 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 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

PT Goals

PATIENT-STATED GOAL: Return to work as kindergarten teacher

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

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

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

caregiver performs medical/rehabilitation treatments with adequate competence

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

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

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Eating - 06. Independent

Signature of Physician:

Date

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

Date
08/07/2026

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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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170J1 - Walk 50 ft with 2 Turns, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, dependent edema, M1400 - Dyspnea, M1033 - Exhaustion, limited strength, limited endurance, balance deficit, #2 - Non-Observable Surgical Wound - Anterior Right Upper Chest - Hemodialysis port, #1 - Non-Observable Surgical Wound - Anterior Midline - Peritoneal dialysis port

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Midline - Peritoneal dialysis port: Peritoneal dialysis port, physician-ordered wound care: #2 - Non-Observable Surgical Wound - Anterior Right Upper Chest - Hemodialysis port: Hemodialysis port, Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, cough/deep breathing exercises, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: Leave dialysis sites covered., equipment training, gait training on uneven surfaces, gait training/stair training, transfers training

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, caregiver performs medical/rehabilitation treatments with adequate competence, 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, 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

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

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

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

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

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

Date
08/07/2026