Home Health Certification and Plan of Care

Order ID: 1150/21199

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4FX2MJ9VK95	08/07/2026	From: 08/07/2026 To: 10/05/2026	28681	217058

6. Patient's Name and Address

Walter Comer
1221 Griffith Place,
BELCAMP, MD 21017-
667-256-4781

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 03/27/1961 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	08/07/26

13. ICD	Other Pertinent Diagnoses	Date
I50.22	Chronic systolic (congestive) heart failure	08/07/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	08/07/26
N18.2	Chronic kidney disease stage 2 (mild)	08/07/26
D63.1	Anemia in chronic kidney disease	08/07/26
M25.561	Pain in right knee	08/07/26
M1A.9XX0	Chronic gout unspecified without tophus (tophi)	08/07/26
R53.2	Functional quadriplegia	08/07/26
M46.46	Discitis unspecified lumbar region	08/07/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/07/26
I25.84	Coronary atherosclerosis due to calcified coronary lesion	08/07/26
I42.8	Other cardiomyopathies	08/07/26
L89.159	Pressure ulcer of sacral region unspecified stage	08/07/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	08/07/26
E87.5	Hyperkalemia	08/07/26
I45.10	Unspecified right bundle-branch block	08/07/26
B37.9	Candidiasis unspecified	08/07/26
D50.8	Other iron deficiency anemias	08/07/26
J30.9	Allergic rhinitis unspecified	08/07/26
E83.42	Hypomagnesemia	08/07/26
R21.	Rash and other nonspecific skin eruption	08/07/26
E53.8	Deficiency of other specified B group vitamins	08/07/26
E78.5	Hyperlipidemia unspecified	08/07/26
N20.0	Calculus of kidney	08/07/26
K21.9	Gastro-esophageal reflux disease without esophagitis	08/07/26

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

Vitamin B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 500 MCG / 1 Tablet by mouth once a day for Supplement
Senna Plus - Senna 8.6-50 mg/tablet / Give 2 tablet by mouth every 12 hours as needed for bowel regimen
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 MG / 1 Tablet by mouth every 6 hours as needed for Pain
Metoprolol Succinate - Metoprolol Succinate 0 ER 24 Hour 25 MG / 1 Tablet by mouth one time a day for HTN Hold for SBP below 110 &HR below 55
Magnesium Oxide -Mg Supplement 400 MG / 1 Capsule by mouth once a day for Supplement
Atorvastatin Calcium - Atorvastatin Calcium 40 MG / 1 Tablet by mouth in the evening for HDL
FUROSEMIDE 20 MG / 1 Tablet by mouth one time a day for Edema
ASPIRIN 0 Chewable 81 MG / 1 Tablet by mouth one time a day for CAD
ALLOPURINOL 100 MG / 1 Tablet by mouth one time a day for Gout
ACETAMINOPHEN 500 mg/tablet / Give 2 tablet by mouth every 8 hours for Pain
Fluticasone Propionate - Fluticasone Propionate Suspension 50 MCG/ACT / 1 spray in each nostril one time a day every other day for Allergies
Voltaren - Diclofenac Sodium 0 Arthritis Pain External Gel 1 % / Apply to Right Knee topical every 6 hours for Pain
NYSTATIN External Powder 100000 UNIT / Apply to Under right breast topical two times a day for rash
Greers Goo 0 Apply to sacrum topically every shift for wound care

14. DME and Supplies:

wheelchair, walker, rolling walker, cane, bath bench

15. Safety Measures:

wheelchair precautions, walker precautions, standard precautions, medication safety, knee precautions, fall precautions, bathroom safety, ambulates with device

16. Nutrition:

diabetic

17. Allergies:

bee venom

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Endurance, Ambulation

18.B. Activities Permitted

Walker

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: Yes

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

SN: family/caregiver will be responsible for managing treatment
PT: patient will be responsible for managing treatment
OT: patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney 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.

Clinical Condition Requiring Homecare: The patient is a 65-year-old male with a significant past medical history of hypertension, diabetes managed with diet control, hyperlipidemia, morbid obesity, heart failure with reduced ejection fraction, hypertensive heart disease, congestive heart failure, chronic kidney disease, gout, atherosclerotic heart disease, cardiomyopathy, right bundle branch block, anemia, candidiasis, and sacral ulcer. He was recently hospitalized and subsequently admitted to an acute rehabilitation facility due to progressive leg weakness resulting in inability to stand or ambulate and difficulty voiding. During hospitalization, he was noted to have moderate to large right suprapatellar effusion of the right knee with more severe pain and suspected urinary infection associated with cloudy urine. He was treated with antibiotics, and a suprapubic catheter was subsequently inserted and is currently managed by his urologist. He was also started on Allopurinol for suspected gout flare-ups. The patient is now home and requires continued skilled therapy services. He is alert and oriented x4 and ambulates with a walker. He reports shortness of breath with exertion and demonstrates poor standing tolerance, impaired balance, difficulty walking, and transfer deficits, with a Tinetti score of 14/28 indicating increased fall risk. He also presents with decreased bilateral upper-extremity strength and activity tolerance, affecting self-care, functional transfers, and functional

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

Amy Wiley
49 Rock Springs Rd
Conowingo, MD 21918
PHONE: 4103789696 FAX: 14103789922 NPI: 1952888471

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 : 07/29/2026

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
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ambulation. The patient previously functioned independently with basic self-care, functional transfers, and ambulation and is currently below his prior level of function. The patient has severe excoriation of the lower buttocks/sacral area and has an order to apply Grees Goo daily and after incontinence care. Education was provided regarding personal hygiene, Foley/suprapubic catheter care, medication management, pressure relief through repositioning every 2 hours, and prevention of further skin breakdown. Education was also provided on energy conservation, taking frequent rest breaks, and performing deep-breathing exercises to manage shortness of breath with exertion. Medication reconciliation was completed with the patient. The patient resides with his wife and special-needs daughter in a two-story townhouse with a first-floor setup and sleeps in a recliner. Continued skilled nursing, physical therapy, and occupational therapy are indicated to address cardiopulmonary tolerance, weakness, impaired balance, gait and transfer deficits, decreased ROM/strength, self-care limitations, fall risk, skin integrity, and overall functional decline. The patient demonstrates good rehabilitation potential and would benefit from continued skilled interventions to improve safety, functional independence, and return toward his prior level of function.
 Date of Order 08/07/2026 Orders Physician Face-to-Face Date: 07/29/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat , ot-eval & treat due to Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney 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 - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Wiley, Amy

SN Careplans

SN WK1: 1 (08/07/26-08/08/26) ,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)

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, 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
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: D0160 - Depression, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, abnormal blood pressure, urine retention, M1600 - UTI, M1610 - Urinary Catheter, limited endurance, limited strength, muscle weakness, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit, #2 - Other - Posterior Left Buttock - Skin breakdown., #1 - Other - Posterior Right Buttock - Skin breakdown, skin breakdown r/t incontinence

PROCEDURES: physician-ordered wound care: #2 - Other - Posterior Left Buttock - Skin breakdown., physician-ordered wound care: #1 - Other - Posterior Right Buttock - Skin breakdown, cough/deep breathing exercises, physician-ordered wound care: Clean the buttocks daily and after incontinence care and apply grees goo. B, catheter change, care & irrigation: Managed by the urologist

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

SN Goals

PATIENT-STATED GOAL: To walk without an assistive device

GOALS
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
* 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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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
* 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
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* 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	08/07/2026

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activities, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, * 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, * 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

PT Careplans

PT WK2: 2 (08/09/26-08/15/26) ,WK3: 2 (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) ,WK9: 1 (09/27/26-10/03/26) ,WK10: 1 (10/04/26-10/05/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, 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, cough/deep breathing exercises, incentive spirometer, home exercise program: Laq, hip flexion, heelraises, toe raises, hamstring curls all seated with resistance as tolerated, progress to standing as tolerated with support of rw, 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 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 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, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: To improve my strength and walking progress off the walker in the house, to be able to get out amd 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

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

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

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

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

PROCEDURES: Medication Review : Medication reviewed with patient with all medications in the home, home exercise program: Bilateral UE triceps extensions, biceps curls, armchair press-ups 2-3 sets 8-12 reps, equipment training, work simplification/energy conservation, transfers training: Skilled OT, assist with lower body dressing: Skilled OT, assist with upper body dressing: Skilled OT

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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 02. Substantial/maximal assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Walk 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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 02. Substantial/maximal assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/07/2026