Home Health Certification and Plan of Care

Order ID: 1150/21216

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
46101163600	08/10/2026	From: 08/10/2026 To: 10/08/2026	11468	217058

6. Patient's Name and Address

Walter Pitkevits
303 9th Ave SE,
GLEN BURNIE, MD 21061-
410-210-6348

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 02/24/1954 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J96.11	Chronic respiratory failure with hypoxia	08/10/26

13. ICD	Other Pertinent Diagnoses	Date
G62.9	Polyneuropathy unspecified	08/10/26
G25.0	Essential tremor	08/10/26
K70.30	Alcoholic cirrhosis of liver without ascites	08/10/26
D69.6	Thrombocytopenia unspecified	08/10/26
F41.9	Anxiety disorder unspecified	08/10/26
F31.9	Bipolar disorder unspecified	08/10/26
R32.	Unspecified urinary incontinence	08/10/26
G47.00	Insomnia unspecified	08/10/26
E66.9	Obesity unspecified	08/10/26
Z68.31	Body mass index [BMI] 31.0-31.9 adult	08/10/26
Z85.46	Personal history of malignant neoplasm of prostate	08/10/26
Z99.3	Dependence on wheelchair	08/10/26
Z79.01	Long term (current) use of anticoagulants	08/10/26

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

NAPROXEN 250 MG / 1 Tablet by mouth 2 times daily with meals for 7 days
OXYCODONE Immediate Release 5 MG / 1 Tablet by mouth 2 times daily as needed for MODERATE pain (or if patient requires it for severe pain) For diagnoses: Acute chest pain, Chest pain at rest
REXULTI 1 MG / 1 Tablet by mouth every morning, 8am For mood
ALPRAZOLAM 0.5 MG / 1 Tablet by mouth every morning, 8am For anxiety
BUSPIRONE HCL 15 MG / 1 Tablet by mouth 3 times daily, 8am 2pm 8pm For anxiety
DIVALPROEX Extended Release 24 HR 250 MG / 1 Tablet by mouth nightly, 8pm For Bipolar
DULOXETINE HYDROCHLORIDE Delayed Release 60 MG / 1 Capsule by mouth 2 times daily. 8am 8pm For depression
ERGOCALCIFEROL 1.25 MG (50000 UT) / 1 Capsule by mouth every monday & friday, 8am
GABAPENTIN 800 MG / 1 Tablet by mouth 3 times daily, 8am 2pm 8pm
Hydroxyzine Hydrochloride - Hydroxyzine Hydrochloride 25 MG / 1 Tablet by mouth 2 times daily, 8am 8pm For anxiety
LOPERAMIDE HYDROCHLORIDE 2 MG / 1 Capsule by mouth every 2 hours as needed for Diarrhea
ONDANSETRON 4 MG / 1 Tablet by mouth every 6 hours as needed for Nausea (vomiting)
PRIMIDONE 50 MG / 1 Tablet by mouth nightly, 8pm
SOLIFENACIN SUCCINATE 5 MG / 1 Tablet by mouth daily
Zolpidem CR 6.25 MG / 1 Tablet by mouth in the evening as needed for Sleep (insomnia).
TRIAMCINOLONE Cream 0.025 % / Apply 1 Application skin 2 times daily as needed (rash)

14. DME and Supplies:

AFL, commode, wheelchair, hand held shower, bath bench, 4 wheeled walker

15. Safety Measures:

standard precautions, fall precautions, , , medication safety, walker precautions, hip precautions, bedrails up while in bed, bathroom safety, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

regular

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Dyspnea With Minimal Exertion, Endurance

18.B. Activities Permitted

Wheelchair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

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

Homebound status:

Due to diagnosis of Chronic respiratory failure with hypoxia, 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 72-year-old male with a past medical history significant for right knee replacement, bipolar disorder, depression, anxiety disorder, kidney injury, tremors, thrombocytopenia, and alcoholic liver cirrhosis, who was recently hospitalized for neuropathic pain and chest pain. He currently resides in an assisted living facility with 24-hour staff support and has been wheelchair-bound for approximately one year, requiring assistance with transfers and reporting no falls during the past year. The patient presents with generalized nonspecific pain, decreased bilateral lower-extremity strength, limited right upper-extremity range of motion, inability to ambulate, impaired transfers, decreased safety awareness, and increased fall risk. He denies chest pain, fever, nausea, or vomiting. Assessment revealed diminished lung sounds, a rounded abdomen with normoactive bowel sounds, no difficulty voiding, last bowel movement yesterday, no edema, intact skin, and present pedal pulses. Skilled nursing completed medication reconciliation and provided education to the patient and caregiver regarding medication effects and potential adverse reactions. The patient would benefit from skilled home health PT to improve strength, transfers, balance, functional mobility, and safety awareness and to reduce the risk of falls, further functional decline, and loss of independence. The patient agreed with the PT plan of care. He is considered homebound due to chronic respiratory failure, limited endurance, impaired mobility, and the need for a wheelchair and human assistance to leave the home, making routine trips outside the home unsafe and requiring significant recovery time.<o:p></o:p> <span

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/10/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Ricardo Osorno
3708 Mountain Rd
Pasadena, MD 21122
PHONE: 4105538273 FAX: 14102554370 NPI: 1720002405

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 : 08/02/2026

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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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
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class="15">1 - SOC - SN Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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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;"> Osorno, Ricardo

SN Careplans

SN WK1: 2 (08/10/26-08/15/26) ,WK2: 1 (08/16/26-08/22/26) ,WK3: 1 (08/23/26-08/29/26) ,WK4: 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: 3. Multiple hospitalizations (2 or more) in the past 6 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; 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:Not Received

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2102f - Patient Supervision, Financial, M2020 - Oral Med Management, coughing, M1400 - Dyspnea, lung sounds not clear, M1610 - Urinary Incontinence, muscle weakness, limited range of motion, B1000 - Vision Deficit, balance deficit, lethargy, difficulty sleeping, tooth pain/decay/sensitivity

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, bladder training, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange access to adequate food storage, coordinate/arrange patient access to necessary nutrition considering patient inability to pay, coordinate/arrange resources for vision-impaired

TEACH PATIENT/CAREGIVER: * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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, patient has access to necessary nutrition considering patient inability to pay, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: I want to breathe easy

GOALS
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 has access to necessary nutrition considering patient inability to pay

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

08/10/2026

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PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear

PROCEDURES: wheelchair training, home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, hip abduction, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze., therapeutic modalities: Apply ice to bilateral shoulders x 20 minutes with necessary barrier and skin assessments q 5 minutes., static standing balance exercises: Pt to be able to stand x 30 seconds with walker, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Car Transfer - 05. Setup or clean-up assistance, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance

PATIENT-STATED GOAL: I would like to be able to walk

GOALS
Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 05. Setup or clean-up assistance

Oral Hygiene - 03. Partial/moderate assistance

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/10/2026