Home Health Certification and Plan of Care

Order ID: 1150/21154

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3454874701	08/06/2026	From: 08/06/2026 To: 10/04/2026	28197	217058

6. Patient's Name and Address
Nathaniel Rouzer
2754 Ellicott Drive,
Baltimore, MD 21216-
443-800-0860

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 07/31/1955 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
B44.0	Invasive pulmonary aspergillosis	08/06/26

13. ICD	Other Pertinent Diagnoses	Date
C91.10	Chronic lymphocytic leuk of B-cell type not achieve remis	08/06/26
J91.0	Malignant pleural effusion	08/06/26
J18.1	Lobar pneumonia unspecified organism	08/06/26
J44.0	Chr obstructive pulmon disease with (acute) lower resp infct	08/06/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	08/06/26
I11.0	Hypertensive heart disease with heart failure	08/06/26
I50.9	Heart failure unspecified	08/06/26
G81.94	Hemiplegia unspecified affecting left nondominant side	08/06/26
S14.129S	Central cord synd at unsp level of cerv spinal cord sequela	08/06/26
M10.9	Gout unspecified	08/06/26
D50.9	Iron deficiency anemia unspecified	08/06/26
I82.4Z2	Ac emblsm and thombos unsp deep veins of left dist low extrm	08/06/26
I82.401	Acute embolism and thombos unsp deep veins of r low extrem	08/06/26
B36.0	Pityriasis versicolor	08/06/26
E44.1	Mild protein-calorie malnutrition	08/06/26
E55.9	Vitamin D deficiency unspecified	08/06/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/06/26
Z79.01	Long term (current) use of anticoagulants	08/06/26

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

ALLOPURINOL 100 MG / 1 Tablet by mouth one time a day for Gout
Amlodipine Besylate - Amlodipine Besylate 10 MG / 1 Tablet by mouth one time a day for HTN hold for sbp less than 110
Apixaban 5 MG / 1 Tablet by mouth twice a day for DVT
CARVEDILOL 6.25 MG / 1 Tablet by mouth two times a day for HTN Hold for Sbp less than 110 and hr less than 60
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) MG / 1 Tablet by mouth one time a day every Mon, Wed, Fri for supplement
GABAPENTIN 400 MG / 1 Tablet by mouth three times a day for Nuropathy
LOSARTAN POTASSIUM 100 MG / 1 Tablet by mouth one time a day for HTN Hold for sbp less than 110
Metformin Hcl - Metformin Hydrochloride 500 MG / 1 Tablet by mouth two times a day for DM
Trelegy Ellipta Inhalation Aerosol Powder Breath Activated (fluticasone-umeclidin-vilanter) 200-62.5-25 MCG/INH / Inhale 1 inhalation orally one time a day for COPD RINSE MOUTH AFTER USE
KETOCONAZOLE Shampoo 2 % / Apply to scalp topically two times per week every day shift every Mon, Thu for tinea versicolor for 6 Weeks (bath days)

14. DME and Supplies:
diabetic supplies, , cane

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

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation, Contracture

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

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

Homebound status: Due to diagnosis of Invasive pulmonary aspergillosis, 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 71-year-old homebound individual recently hospitalized for pneumonia and invasive pulmonary aspergillosis, with a significant medical history including chronic lymphocytic leukemia, malignant pleural effusion, COPD, type 2 diabetes mellitus, congestive heart failure, remote CVA with left hemiplegia (5 years ago), bilateral DVT with embolism, left foot drop, abnormal gait, and a history of falls. The patient resides with a grandson in a home requiring negotiation of two curb steps for entry, with the bedroom and bathroom located in the basement. The patient is alert and oriented to person, place, and time, with dry, intact skin, clear lung sounds, and even, unlabored respirations. No pain or other complaints were reported during the visit. The patient ambulates with an assistive device and requires human assistance when leaving the home due to increased fall risk and significant effort required for community mobility. Functional assessment revealed independent bed mobility, transfers to bed, chair, and toilet with supervision, ambulation of approximately 30 feet twice within the home with noted left foot drag, and ability to negotiate 14 steps using a handrail with supervision. The patient demonstrated a Tinetti score of 15/28, indicating a high risk for falls and supporting homebound status. Therapeutic exercises performed and tolerated included supine hip flexion, bridging, straight leg raises, hip abduction, and standing knee flexion, hip abduction, hip extension, plantarflexion, and squats, 10 repetitions each. Education was reinforced regarding fall prevention, safety with mobility, and the importance of continued exercise participation. The patient would benefit from ongoing home health therapy services to improve strength, balance, gait safety, and functional independence while reducing the risk of falls and rehospitalization.
 Date of Order 08/06/2026 Orders Physician Face-to-Face Date: 06/18/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat due to Invasive pulmonary aspergillosis 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

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
Craig Watkins
201 E University Pkwy
Baltimore, MD 21218
PHONE: (410) 235-8885 FAX: 18777511761 NPI: 1740302702

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 : 06/18/2026

27. Attending Physician's Signature and Date Signed **08/13/2026**: 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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Nathaniel Rouzer 2754 Ellicott Drive, Baltimore, MD 21216- 443-800-0860	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Notes:
 Physician Watkins, Craig

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 (08/30/26-08/31/26)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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:SEE MOLST

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, M2102f - Patient Supervision, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, muscle weakness, limited strength, limited endurance (MS), balance deficit, weak hand grips (NR), daytime fatigue (NR), Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, B1000 - Vision Deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, monitor intake & output, 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, * 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, * 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 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

SN Goals

PATIENT-STATED GOAL: Patient states I want to breathe better

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
* 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
* 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 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

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

08/06/2026

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PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170O1 - 12 Steps, GG0130F1 - Upper Body Dressing, 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, GG0170D1 - Sit to Stand, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer

PROCEDURES: Dynamic and static standing activities : Side stepping, tandem gait, braiding. Unilateral stance, tandem stance, 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 and right ankle pumps, work simplification/energy conservation, 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, 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, Upper Body Dressing - 06. Independent

PATIENT-STATED GOAL: Independently exit home and go for a walk

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

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

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

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
08/06/2026