Home Health Certification and Plan of Care

Order ID: 1150/21577

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8M13KJ9PK18	08/25/2026	From: 08/25/2026 To: 10/23/2026	29400	217058

6. Patient's Name and Address

William Rogers
3020 N. Ridge Road Unit W308,
ELLICOTT CITY, MD 21043-
443-850-5821

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 01/17/1939 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	08/25/26

13. ICD	Other Pertinent Diagnoses	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	08/25/26
N18.4	Chronic kidney disease stage 4 (severe)	08/25/26
D63.1	Anemia in chronic kidney disease	08/25/26
C92.10	Chronic myeloid leuk BCR/ABL-positive not achieve remis	08/25/26
I48.91	Unspecified atrial fibrillation	08/25/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/25/26
E78.5	Hyperlipidemia unspecified	08/25/26
J45.909	Unspecified asthma uncomplicated	08/25/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	08/25/26
Z85.038	Personal history of malignant neoplasm of large intestine	08/25/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	08/25/26
Z79.01	Long term (current) use of anticoagulants	08/25/26

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

Acetaminophen - Acetaminophen 500 mg/tablet / Give 2 tablet by mouth as necessary every 8 hours for pain Do not exceed 4gm daily
Apixaban 2.5 MG / 1 Tablet by mouth twice a day for A-Fib
Atorvastatin Calcium - Atorvastatin Calcium 40 MG / 1 Tablet by mouth once a day for hypercholestrol
Benralizumab Subcutaneous Solution Auto-injector 30 MG/ML / Inject 1 ml subcutaneous once a day every 56 day(s) for copd
Bosutinib 100 mg/tablet / Give 2 tablet by mouth once a day for cancer resident may use his own medication
Famotidine - Famotidine 20 MG / 1 Tablet by mouth twice a day for Gerd
Finasteride - Finasteride 5 MG / 1 Tablet by mouth once a day for copd
Flomax - Tamsulosin Hydrochloride 0.4 MG / 1 Capsule by mouth once a day for bph
Metoprolol Succinate - Metoprolol Succinate Extended Release 24 HR 25 mg/tablet / Give 3 tablet by mouth once a day for for Af-b and HTN
Latanoprost - Latanoprost Ophthalmic Solution 0.005 % / Instill 1 drop both eyes at bedtime for glaucoma
Lidocaine - Lidocaine Topical Cream 5 % / Apply to around back wound topical twice a day for pain
Montelukast Sodium - Montelukast Sodium 10 MG / 1 Tablet by mouth at bedtime for Asthma Maintenance
Multiple Vitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Give 1 tablet by mouth once a day for Supplement
Norvasc - Amlodipine Besylate 10 MG / 1 Tablet by mouth once a day for hypertension hold if sbp is less than 110 or pulse is less than 60
Proventil-Hfa - Albuterol Sulfate Aerosol Solution 108 (90 Base) MCG/ACT / Inhale 2 puff by mouth as necessary every 4 hours for SOB
SENNA 8.6 MG / 1 Tablet by mouth as necessary every 24 hours for constipation
SIMETHICONE 80 MG / 1 Tablet by mouth before meal and at bedtime for GAS
SYMBICORT Aerosol 160-4.5 MCG/ACT / Inhale 1 puff by mouth as necessary every 6 hours for COPD
Triamcinolone Acetonide - Triamcinolone Acetonide Topical Cream 0.1 % / Apply to extrtemites topical twice a day for ras
Loperamide 2mg by mouth as necessary Diarrhea
Guaifenesin - Guaifenesin 100mg by mouth every 4 hours Coughing
Januvia - Sitagliptin Phosphate eq 25 mg base 25 by mouth in the morning
Alogliptin Benzoate 6.25 MG / 1 Tablet by mouth monthly for DM

14. DME and Supplies:

wound care supplies, wheelchair, walker, nebulizer, grab bars, diabetic supplies, commode, 4 wheeled walker, , bath bench

15. Safety Measures:

wheelchair precautions, walker precautions, standard precautions, O2 precautions, medication safety, infectious material management, fall precautions, diabetic precautions, avoid temperature extremes, ambulates with device

16. Nutrition:

diabetic, low sodium

17. Allergies:

artificial sweetners lactose nuts

18.A. Functional Limitations

Endurance, Ambulation, Dyspnea With Minimal Exertion

18.B. Activities Permitted

Walker, , 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: 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: 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

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

Homebound status: Due to diagnosis of Hypertensive chronic kidney disease with 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/25/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Shoshana Weiner
1447 York Rd
Lutherville, MD 21093
PHONE: 4106057000 FAX: 14106057912 NPI: 1003133299

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 : 08/03/2026

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 an 87-year-old male with a significant past medical history of atrial fibrillation, coronary artery disease, hypertension, hyperlipidemia, type 2 diabetes mellitus, chronic kidney disease stage IV, chronic myelogenous leukemia (CML), stage II colon cancer status post right hemicolectomy with ongoing daily oral chemotherapy, COPD, asthma, obstructive sleep apnea managed with CPAP, prior cerebrovascular accident, and urinary frequency/incontinence. He was recently hospitalized for an acute asthma exacerbation associated with shortness of breath, generalized weakness, recurrent falls, and diarrhea. Cardiac workup was negative for acute coronary syndrome. His respiratory condition improved with prednisone, bronchodilator therapy, and resumption of CPAP. The hospitalization was additionally complicated by overflow diarrhea, which resolved with a bowel regimen, and an infected left posterior back inclusion cyst that required incision and drainage followed by doxycycline treatment. At the time of assessment, the patient was alert and oriented x4. He denied chest pain, nausea, vomiting, and fever, and reported shortness of breath with exertion and increased breathing difficulty at night. Lung sounds were clear to auscultation. Abdomen was flat, and bowel and bladder continence was documented, although the patient reports a history of urinary frequency/incontinence. Pedal pulses were present and no peripheral edema was noted. An open area remains present on the back at the site of the previously infected cyst and requires continued monitoring and care. The patient also reports vertigo, difficulty bending, decreased visual clarity, and use of prescribed ophthalmic drops to reduce intraocular pressure. The patient lives alone in an apartment building with elevator access and reports chronic functional limitations related to cardiopulmonary disease, generalized weakness, impaired balance, and decreased endurance. He has used a rollator for approximately 2.5 years due to difficulty with ambulation and utilizes a motorized wheelchair/scooter for longer distances. He has been completing bathing and hygiene at the sink rather than using a shower for approximately three years. The patient reports four falls within the past year, placing him at increased risk for additional falls and injury. He does not negotiate stairs. He remains independent with basic activities of daily living with modifications but requires frequent rest breaks due to decreased endurance and respiratory limitations. He is able to prepare simple meals independently. The patient reports decreased appetite, low energy, generalized weakness, nighttime breathing difficulties, and ongoing limitations associated with COPD and asthma. He verbalizes a desire to regain his prior level of function. Occupational therapy evaluation identified decreased bilateral upper-extremity strength, reduced activity tolerance, impaired standing tolerance, generalized weakness, and limitations in functional performance secondary to his multiple medical conditions and recent hospitalization. His recurrent falls, vertigo, respiratory limitations, visual impairment, and reliance on assistive and mobility devices further increase his risk for functional decline and compromised safety during daily activities. Skilled occupational therapy intervention is medically necessary to address upper-extremity strengthening, activity tolerance, standing tolerance, functional mobility, energy conservation, fall prevention, and safe performance of ADLs. The plan of care will emphasize progressive therapeutic exercise, functional activity training, safety education, energy-conservation techniques, appropriate use of assistive devices, and strategies to maximize independence within the home. Continued skilled OT services are recommended to improve the patient's strength, endurance, and standing tolerance, reduce fall risk, promote safe participation in daily activities, and support his goal of returning toward his prior level of function.
 Date of Order 08/25/2026 Orders Physician Face-to-Face Date: 08/03/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Hypertensive chronic kidney disease with 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 Weiner, Shoshana

SN Careplans

SN WK1: 1 (08/25/26-08/29/26) ,WK2: 1 (08/30/26-09/05/26) ,WK3: 1 (09/06/26-09/12/26) ,WK4: 1 (09/13/26-09/19/26)

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

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

SN Goals

PATIENT-STATED GOAL: Strengthen my legs

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

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

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

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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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:POLST (Physician Orders for Life-Sustaining Treatment)

08/28/2026 Problems : #1 - Other - Posterior Left Middle Back -
M1033 - Exhaustion
M1400 - Dyspnea
M2020 - Oral Med Management
abn cholesterol > 200 mg/dL
abnormal blood pressure
lethargy
weak hand grips
balance deficit
muscle spasms
limited strength
muscle weakness
limited range of motion
frequent urination
diarrhea
constipation
heartburn/indigestion
loss of appetite
bleeding/discharge at site
abnormal BS < 70/140 > mg/dL
B1000 - Vision Deficit
M2102c - Med Admin
M2102f - Patient Supervision
M2102d - Caregiver Performs Treatment

PROCEDURES: physician-ordered wound care: #1 - Other - Posterior Left Middle Back -: Change Dressing daily, Clean Wound With Vashe, apply Calcium alginate and Bordered Dressing., cough/deep breathing exercises, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, 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 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, * 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 is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

OT Careplans

OT WK1: 1 (08/25/26-08/29/26) ,WK2: 1 (08/30/26-09/05/26) ,WK3: 1 (09/06/26-09/12/26) ,WK4: 1 (09/13/26-09/19/26) ,WK5: 1 (09/20/26-09/26/26) ,WK6: 1 (09/27/26-10/03/26)

08/28/2026 Problems : GG0170M1 - 1 - Step (curb)
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
Pain Effect on Sleep
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
GG0170D1 - Sit to Stand
M1400 - Dyspnea
Pain Interference with ADLs
Pain Interference with Therapy activities

OT Goals

PATIENT-STATED GOAL: Pt wants to improving his strengthen and able to do more

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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PROCEDURES: cough/deep breathing exercises, incentive spirometer, home exercise program: deep breaths and UE strengthening exe, equipment training, work simplification/energy conservation, 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, 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 - 03. Partial/moderate assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 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

Shower/Bathe Self - 03. Partial/moderate assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

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	PAGE 4 of 4
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