Home Health Certification and Plan of Care

Order ID: 1150/21589

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
771039329	08/25/2026	From: 08/25/2026 To: 10/23/2026	26821	217058

6. Patient's Name and Address

Robert Gordon
202 Kimary Ct 1A,
FOREST HILL, MD 21050-
443-243-7375

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 09/28/1951 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
N18.30	Chronic kidney disease stage 3 unspecified	08/25/26

13. ICD	Other Pertinent Diagnoses	Date
D63.1	Anemia in chronic kidney disease	08/25/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	08/25/26
N13.8	Other obstructive and reflux uropathy	08/25/26
R33.8	Other retention of urine	08/25/26
Z46.6	Encounter for fitting and adjustment of urinary device	08/25/26
I95.9	Hypotension unspecified	08/25/26
L98.8	Oth disrd of the skin and subcutaneous tissue	08/25/26
I69.320	Aphasia following cerebral infarction	08/25/26
D50.9	Iron deficiency anemia unspecified	08/25/26
R19.7	Diarrhea unspecified	08/25/26
E46.	Unspecified protein-calorie malnutrition	08/25/26
E78.5	Hyperlipidemia unspecified	08/25/26
G62.9	Polyneuropathy unspecified	08/25/26
E55.9	Vitamin D deficiency unspecified	08/25/26
F43.21	Adjustment disorder with depressed mood	08/25/26
E53.8	Deficiency of other specified B group vitamins	08/25/26
Z85.038	Personal history of malignant neoplasm of large intestine	08/25/26

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

Vitamin D2 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50,000 UNIT / Give 50000 unit by mouth one time a day every Fri for supplements
Tums - Simethicone Chewable 500 MG / 1 Tablet by mouth four times a day for supplements
PSYLLIUM 0 Packet 51.7 % / Give 1 packet by mouth one time a day for bowel regimen Dissolve packet in 4-8 oz of non-carbonated beverage
MIDODRINE HYDROCHLORIDE 10 MG / 1 Tablet by mouth every 8 hours for orthostatic hypotension Hold for SBP >130
Magnesium Glycinate 100 MG / 1 Capsule by mouth twice a day for supplements
LOPERAMIDE HYDROCHLORIDE 2 MG / 1 Capsule by mouth four times a day for bowel regimen
Iron-Vitamin C 65-125 MG / 1 Tablet by mouth once a day for supplements
GABAPENTIN 100 MG / 1 Capsule by mouth two times a day for neuropathy
Escitalopram Oxalate - Escitalopram Oxalate 10 MG / 1 Tablet by mouth one time a day for depression
CRANBERRY 500 MG / 1 Capsule by mouth one time a day for supplements
CHOLESTYRAMINE 0 Packet 4 GM / Take 1 packet by mouth two times a day for HLD, bowel regimen
Bupropion Hydrochloride - Bupropion Hydrochloride Extended Release 24 Hour 150 MG / 1 Tablet by mouth once a day for depression and anxiety
Atorvastatin Calcium - Atorvastatin Calcium 40 MG / 1 Tablet by mouth at bedtime for HLD

14. DME and Supplies:

bath bench, wheelchair, walker

15. Safety Measures:

smoke detectors , emergency phone # clearly displayed, ambulates with assistance, activity supervision, hand rails, supervision at all times, transfer with assist, infectious material management, ambulates with device, wheelchair precautions, walker precautions, standard precautions, medication safety, fall precautions, bathroom safety

16. Nutrition:

regular

17. Allergies:

amoxicillin

18.A. Functional Limitations

Endurance, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted

Exercises Prescribed, Up As Tolerated, Walker, Wheelchair

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

family/caregiver will be responsible for managing treatment

Homebound status:

Due to diagnosis of Chronic kidney disease stage 3 unspecified, 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:

<p class="p">Home health services were initiated for a 74-year-old male following a prolonged hospitalization and subacute rehabilitation stay related to chronic kidney disease stage 3 and severe iron-deficiency anemia after presenting with profound fatigue and hemoglobin of 6.0 g/dL; he received 2 units of packed red blood cells and IV iron during hospitalization. Past medical history is significant for prior ischemic stroke with aphasia, colon adenocarcinoma status post exploratory laparotomy with diverting loop ileostomy in 2023 and reversal in 2024, chronic hypotension, malnutrition, benign prostatic hyperplasia, hyperlipidemia, and chronic diarrhea managed with cholestyramine, loperamide, and psyllium. Patient is alert and oriented x4, denies pain, nausea, or vomiting, and vital signs were within normal limits. He currently uses a wheelchair for mobility and requires minimal to moderate assistance with transfers and ambulation due to bilateral lower-extremity weakness, impaired balance, low endurance, shaky legs, narrow base of support, decreased step length and foot clearance, and posterior lean; Tinetti score is 5, indicating a high fall risk. Prior to hospitalization, patient was independent with transfers, ambulation using a single-point cane, stair negotiation, and IADLs. Patient also has an indwelling 16 Fr/30 cc Foley catheter for bladder decompression with sediment noted in the urine and has a scheduled urology appointment. Sacral skin is significantly excoriated due to moisture associated with frequent loose stools, with orders to cleanse the area with soap and water and apply barrier ointment (Grease Goo). Patient and spouse were educated on safe transfers, walker use, therapeutic exercises, and proper hand and foot placement during mobility. Wife, who is the primary caregiver, reports caregiver strain and difficulty motivating the patient to participate in activities; social work evaluation is pending, and additional home health aide and companion care support are recommended. Patient demonstrates good rehabilitation potential and would benefit from continued skilled nursing, physical therapy, and supportive services to

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

Sherin Varghese
2931 Greenspring Drive
Timonium, MD 21093
PHONE: FAX: NPI: 1952471153

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 : 08/10/2026

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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address anemia and chronic disease management, skin and catheter care, fall prevention, strength, balance, endurance, safe functional mobility, caregiver training, and increased independence, with the patient's stated goals of gaining weight and becoming more independently mobile.
<o:p></o:p> Date of Order<o:p></o:p> 08/25/2026<o:p></o:p> Physician Face-to-Face Date: 08/10/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Chronic kidney disease stage 3 unspecified<o:p></o:p> Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>   1 - SOC - SN Notes:<o:p></o:p> PT Eval Notes:<o:p></o:p> Physician: Varghese, Sherin

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.

; 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

SN Goals

PATIENT-STATED GOAL: To gain weight and move round on my own.

GOALS
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
* 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
* bowel incontinence management including dietary changes
* bowel training
* skin 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
* 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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/25/2026

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08/28/2026 Problems : #1 - Other - Posterior Sacrum - Sacral excoriation
diarrhea (GI)
limited strength (MS)
limited endurance (MS)
urine retention (GU)
cloudy urine (GU)
M1610 - Urinary Catheter
M1033 - Exhaustion
M1400 - Dyspnea
M2020 - Oral Med Management
abnormal blood pressure
balance deficit
muscle weakness
decreased urine output
skin breakdown r/t incontinence
D0160 - Depression
M2102d - Caregiver Performs Treatment
M2102f - Patient Supervision
M1600 - UTI
M1620 - Bowel Incontinence
M2102c - Med Admin

PROCEDURES: physician-ordered wound care: #1 - Other - Posterior Sacrum - Sacral excoriation: Wash the sacrum with soap and water, apply Gree's goo and leave open to air., cough/deep breathing exercises, incentive spirometer, monitor intake & output, catheter change, care & irrigation: Managed by the urologist., teach/coordinate/arrange medication packaging and/or administration

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, * 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, * bowel incontinence management including dietary changes bowel training skin care, 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, caregiver administers and/or packages medications appropriately

* 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

caregiver administers and/or packages medications appropriately

PT Careplans

PT 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) ,WK7: 1 (10/04/26-10/10/26) ,WK8: 1 (10/11/26-10/17/26)

08/28/2026 Problems : GG0170P1 - Picking Up Object
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
GG0170G1 - Car Transfer
GG0170D1 - Sit to Stand
GG0170O1 - 12 Steps
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
GG0170F1 - Toilet Transfer

PROCEDURES: Family training: Train wife proper body mechanics and hand ft placement assisting tp with transfers, ambulation, Family training: Train wife proper body mechanics and hand ft placement assisting tp with transfers, ambulation, Medication management : Review medication with pt and caregiver, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit

PT Goals

PATIENT-STATED GOAL: I'd like to get stronger be able to walk again without help and take care of myself

GOALS
Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

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

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

Toilet Transfer - 03. Partial/moderate assistance

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

Car Transfer - 05. Setup or clean-up assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

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

Date
08/25/2026

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

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/25/2026