Home Health Certification and Plan of Care

Order ID: 1150/21604

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3KU1AM8PE37	08/23/2026	From: 08/23/2026 To: 10/21/2026	29330	217058

6. Patient's Name and Address

Michael Devoe
1101 Middleway Road Apt 2B,
MIDDLE RIVER, MD 21220-
443-397-7637

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 12/13/1955 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J44.9	Chronic obstructive pulmonary disease unspecified	08/23/26

13. ICD	Other Pertinent Diagnoses	Date
J96.21	Acute and chronic respiratory failure with hypoxia	08/23/26
J96.02	Acute respiratory failure with hypercapnia	08/23/26
I50.32	Chronic diastolic (congestive) heart failure	08/23/26
N18.31	Chronic kidney disease stage 3a	08/23/26
D63.1	Anemia in chronic kidney disease	08/23/26
E43.	Unspecified severe protein-calorie malnutrition	08/23/26
I25.5	Ischemic cardiomyopathy	08/23/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/23/26
E78.5	Hyperlipidemia unspecified	08/23/26
M54.50	Low back pain unspecified	08/23/26
G89.29	Other chronic pain	08/23/26
R33.9	Retention of urine unspecified	08/23/26
Z79.82	Long term (current) use of aspirin	08/23/26
Z85.46	Personal history of malignant neoplasm of prostate	08/23/26
Z99.81	Dependence on supplemental oxygen	08/23/26

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

Spiriva Handihaler - Tiotropium Bromide Monohydrate 2.5mcg/act inhalant once a day copd
NITROGLYCERIN 0.4 mg/hr 0.4 MG / 1 Tablet sublingual as necessary every 5 minutes for Chest Pain x 3 doses; 5 min in between each tab. if no relief call MD.
Albuterol Sulfate - Albuterol Sulfate Inhalation Nebulization Solution 2.5 MG/3ML 0.083% / Inhale 2.5 ml by mouth every 6 hours as needed via nebulizer for COPD
Symbicort - Budesonide: Formoterol Fumarate Dihydrate 0.16 mg/inh;0.0045 mg/inh 2 puffs inhalant twice a day COPD

"BREYNA"
O2 - Oxygen 2L nasal cannula continuous
Alprazolam - Alprazolam 0.5 mg 0.5MG; 1 TAB by mouth three times a day AS NEEDED FOR ANXIETY
FUROSEMIDE 40 mg 40MG/ 1 Tablet by mouth once a day for CHF AS NEEDED FOR FLUID OVERLOAD
Sennosides - Senna 8.6 mg/tablet / Give 2 tablet by mouth twice a day for Bowel Regimen
Caffeine 200 MG / 1 Tablet by mouth twice a day for Supplement
ACETAMINOPHEN 500 MG / 1 Tablet by mouth in the morning for Pain Do Not exceed more than 3 grams per day from all sources
Gabapentin - Gabapentin 100 MG / 1 Tablet by mouth twice a day for Neuropathy pain
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG / 1 Capsule by mouth in the evening for Urinary Retention
Acetaminophen And Codeine Phosphate - Acetaminophen: Codeine Phosphate 300-30 MG / 1 Tablet by mouth as necessary every 8 hours for Pain
Atorvastatin Calcium - Atorvastatin Calcium 80 MG / 1 Tablet by mouth at bedtime for HLD
Metoprolol Succinate - Metoprolol Succinate 100MG / 1 Tablet by mouth once a day for HTN Hold for SBP <110 or HR <50
Vitamin D - Ergocalciferol 50 MCG (2000 UT) / 1 Tablet by mouth once a day for Supplement
ASPIRIN 81 MG / 1 Tablet by mouth once a day for CAD
AZITHROMYCIN 250 mg 250 MG / 1 Tablet by mouth once a day every Mon, Wed, Fri for Hypercarbic resp failure
Flonase Sensimist Allergy Relief - Fluticasone Furoate 0 Nasal Suspension 27.5 MCG/SPRAY / 1 spray in each nostril Nasal once a day for nasal congestion, allergy in each nostril
ALCON TEARS 1 GTT both eyes in the morning EYE DROPS
Calcium Carbonate Antacid Chewable 500 MG / 1 Tablet by mouth in the morning for Indigestion

14. DME and Supplies:

oxygen supplies, walker

15. Safety Measures:

standard precautions, fall precautions, bleeding precautions, walker precautions, O2 precautions, medication safety, ambulates with assistance, activity supervision

16. Nutrition:

cardiac diet

17. Allergies:

Doxycycline - Rash

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Exercises Prescribed, Walker, 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: 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

patient will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/23/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Edna Baffoe-Bonnie
7900 Oak Point Ct
Pasadena, MD 21122
PHONE: 4438701237 FAX: 14432961684 NPI: 1982117388

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 : 08/14/2026

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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Homebound status: Due to diagnosis of Chronic obstructive pulmonary disease 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:

Patient was recently hospitalized for COPD with chronic hypercapnic respiratory failure and severe malnutrition. Past medical history includes heart failure, hyperlipidemia, chronic lower back pain, CKD stage IIIA, and a history of prostate cancer. Patient reports he has not smoked since his last hospitalization and is currently using a nicotine patch. He is on continuous oxygen at 2 L/min, with the ability to increase to 3 L/min with activity. Skilled nursing frequency is 2W2, 1W7, and PT/OT evaluations have been ordered. Patient resides alone, with family available to assist as needed. Patient is alert and oriented 3 and denies pain but reports shortness of breath with minimal exertion and a productive cough. He is currently taking azithromycin. Lung sounds are diminished throughout, with audible expiratory wheezing noted. Patient reports a fair appetite and last bowel movement was today. Bilateral upper-extremity bruising and decreased endurance were noted. Patient uses a walker in the home. SN reviewed all medications, provided instruction on safe and proper oxygen use, and initiated COPD disease-management education. Patient was receptive to all instructions provided.
<o:p></o:p> Date of Order<o:p></o:p> 08/23/2026<o:p></o:p> Physician Face-to-Face Date: 08/14/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Chronic obstructive pulmonary disease 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> Physician: Baffoe-Bonnie, Edna

SN Careplans

SN WK1: 1 (08/23/26-08/29/26) ,WK2: 2 (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) ,WK9: 1 (10/18/26-10/21/26)

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: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 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.

SN Goals

PATIENT-STATED GOAL: I JUST NEED MY BREATHING TO GET 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
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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	08/23/2026

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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:Yes

08/24/2026 Problems : M1033 - Exhaustion
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
coughing
wheezing
lung sounds not clear
abnormal sputum production
balance deficit
muscle weakness
limited strength
limited endurance
bruising/discoloration
meal preparation
M2102c - Med Admin
D0160 - Depression
M2102d - Caregiver Performs Treatment

PROCEDURES: cough/deep breathing exercises, incentive spirometer, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange preparation of missing meals

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, * 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, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/23/2026