# Home Health Certification and Plan of Care

**Order ID: 1150/21670**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 11197462 | 08/28/2026 | From: 08/28/2026 To: 10/26/2026 | 29627 | 217058 |

**6. Patient's Name and Address**

Nelson Copeland
1037 CATHEDRAL ST APT 17K,
BALTIMORE, MD 21201-
443-527-6511

**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** 01/22/1946 | **9.Sex** Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| I12.0 | Hyp chr kidney disease w stage 5 chr kidney disease or ESRD | 08/28/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| E11.22 | Type 2 diabetes mellitus w diabetic chronic kidney disease | 08/28/26 |
| N18.5 | Chronic kidney disease stage 5 | 08/28/26 |
| D63.1 | Anemia in chronic kidney disease | 08/28/26 |
| K76.89 | Other specified diseases of liver | 08/28/26 |
| E11.42 | Type 2 diabetes mellitus with diabetic polyneuropathy | 08/28/26 |
| E87.1 | Hypo-osmolality and hyponatremia | 08/28/26 |
| E78.2 | Mixed hyperlipidemia | 08/28/26 |
| J43.9 | Emphysema unspecified | 08/28/26 |
| M47.819 | Spondylosis without myelopathy or radiculopathy site unsp | 08/28/26 |
| M48.061 | Spinal stenosis lumbar region without neurogenic claud | 08/28/26 |
| G47.33 | Obstructive sleep apnea (adult) (pediatric) | 08/28/26 |
| N40.0 | Benign prostatic hyperplasia without lower urinry tract symp | 08/28/26 |
| M10.9 | Gout unspecified | 08/28/26 |
| H25.10 | Age-related nuclear cataract unspecified eye | 08/28/26 |
| E66.9 | Obesity unspecified | 08/28/26 |
| Z68.38 | Body mass index [BMI] 38.0-38.9 adult | 08/28/26 |
| Z79.4 | Long term (current) use of insulin | 08/28/26 |
| Z79.899 | Other long term (current) drug therapy | 08/28/26 |
| Z91.81 | History of falling | 08/28/26 |
| Z87.891 | Personal history of nicotine dependence | 08/28/26 |

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

Insulin Glargine 100 unit/mL solution / Inject 20 Units subcutaneous in the evening Commonly known as: LANTUS
LISINOPRIL 40 MG / 1 Tablet by mouth daily For diagnoses: Tendonitis. Commonly known as: ZESTRIL
TORSEMIDE 20 mg/tablet / Take 2 tablets by mouth 2 times daily Commonly known as: DEMADEX
ACETAMINOPHEN 325 mg/tablet / Take 1,300 mg by mouth 2 times daily Commonly known as: TYLENOL
AMLODIPINE 5 MG tablet by mouth daily Commonly known as: NORVASC
ATORVASTATIN 40 MG tablet by mouth daily Commonly known as: LIPITOR
FINASTERIDE 5 MG tablet by mouth daily Commonly known as: PROSCAR
FLUOXETINE 10 MG / 1 Capsule by mouth daily For diagnoses: Insomnia. Commonly known as: PROZAC
HYDRALAZINE 50 MG tablet by mouth 2 times daily Commonly known as: APRESOLINE
Insulin Lispro 100 UNIT/ML solution / Inject 16 Units subcutaneous three times a day before meals. every morning 30 minutes before a meal AND 16 Units daily with lunch AND 4 Units every evening with a meal. Do all this for 90 days. with meals. Commonly known as: HumaLOG
Ozempic (2 MG/DOSE) 8 MG/3ML pen injector / Inject 2 mg subcutaneous every 7 days. Mondays Generic drug: Semaglutide (2 MG/DOSE)
Vitamin B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 MCG tablet by mouth daily Commonly known as: CYANOCOBALAMIN
Vitamin D - Ergocalciferol Take 1,000 mg by mouth once a day
TERAZOSIN 1 mg/capsule / Take 2 mg by mouth nightly Commonly known as: HYTRIN
ALLOPURINOL 100 mg/tablet / Take 0.5 tablet by mouth in the morning Commonly known as: ZYLOPRIM
Metoprolol Tartrate - Metoprolol Tartrate 25 mg 1 tab by mouth twice a day

**14. DME and Supplies:**

wheelchair, grab bars, cane, 4 wheeled walker

**15. Safety Measures:**

standard precautions, sharps precautions, remove environmental barriers, fall precautions, diabetic precautions, bathroom safety, ambulates with device, ambulates with assistance

**16. Nutrition:**

diabetic!low sodium

**17. Allergies:**

no known allergies

**18.A. Functional Limitations**

Ambulation, Endurance, Bilateral foot drop

**18.B. Activities Permitted**

Walker, Wheelchair, Cane, Exercises Prescribed, 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: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

**20. Prognosis:** good

**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**

patient will be responsible for managing treatment

**Homebound status:** Due to diagnosis of Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal 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.

**Clinical Condition Requiring Homecare:** The patient is a 72-year-old female with a past medical history significant for diabetes mellitus, hypertension, and hyperlipidemia, admitted to home health services following a stay at an acute care facility after being found on the floor of her apartment with confusion, difficulty speaking, and right-sided weakness. Upon arrival, the patient was seated upright on the couch in her sister's basement, where she has been temporarily residing since discharge. The patient reports a desire to return to her apartment and resume independent living. She was alert and oriented x4 and denied pain at the time of assessment, although she reported stiffness when sitting for prolonged periods. Vital signs obtained included temperature 97.1F, pulse 75 bpm, and oxygen saturation 99% on room air; height 5'3" and weight 230 lbs. Respiratory assessment revealed lungs clear to auscultation, bowel sounds were audible, peripheral pulses were palpable, and trace edema was noted to bilateral ankles. The patient reported her last bowel movement was this morning and denied nausea, vomiting, loss of appetite, shortness of breath, chest pain, or dizziness. The patient's sister was present throughout the visit and participated in the assessment and medication review. A sock with reminder words was noted as a cognitive/functional support strategy. The patient currently requires full assistance to stand, indicating significant functional mobility and strength limitations and an increased need for assistance with transfers. Skilled nursing assessment was completed, vital signs obtained, and medications reviewed with the patient and her sister. The patient would benefit from skilled physical and occupational therapy services to address impaired strength, balance, transfers, mobility, functional independence, and ability to safely perform activities of daily living, with the goal of maximizing safety and progressing toward her prior level of independence. <br> Date of Order 08/28/2026 Orders Physician Face-to-Face Date: 08/24/2026 <span style="font-size:

**23. Signature and Date of Verbal SOC Where Applicable:**

Electronically Signed by Messick, Charles RN on 08/28/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**

Justin Capasso
815 E Pratt Street
Baltimore, MD 21202
PHONE: 410-637-5700 FAX: 14106375701 NPI: 1457713331

**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 : 08/24/2026

**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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14px;">Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat due to Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 1 - SOC - PT Notes: soc OT Eval Notes: <br> Physician Capasso, Justin

## SN Careplans

## SN Goals

## PT Careplans

PT WK1: 1 (08/28/26-08/29/26) ,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) ,WK7: 1 (10/04/26-10/10/26) ,WK9: 1 (10/18/26-10/24/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 8

CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 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:Not Received

08/30/2026 Problems : GG0170L1 - Walk 10 ft on Uneven Surface
GG0170J1 - Walk 50 ft with 2 Turns

## PT Goals

PATIENT-STATED GOAL: To be able to walk in the house with my walker and not use my wheelchair

GOALS
Toilet Transfer - 06. Independent

Shower/Bathe Self - 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

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

caregiver performs medical/rehabilitation treatments with adequate competence

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

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

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

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

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 08/28/2026 |

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GG0170K1 - Walk 150 Feet
GG0170M1 - 1 - Step (curb)
GG0170N1 - 4 Steps
GG0170O1 - 12 Steps
GG0170P1 - Picking Up Object
GG0170G1 - Car Transfer
GG0170E1 - Chair to Bed to Chair
GG0170I1 - Walk 10 Feet
GG0130B1 - Oral Hygiene
GG0130C1 - Toileting Hygiene
GG0130E1 - Shower/Bathe Self
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130A1 - Eating
GG0130F1 - Upper Body Dressing
GG0170F1 - Toilet Transfer
GG0170D1 - Sit to Stand
D0700 - Social Isolation
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
Home Safety
swelling in the arms/legs
balance deficit
swelling of affected area
limited endurance
limited range of motion
limited strength
obesity
M2102d - Caregiver Performs Treatment

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Eating - 06. Independent

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, 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, ankle pumps, equipment training, gait training/stair training, transfers training, coordinate/arrange for maintenance of clean/uncluttered living area

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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching 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, Eating - 06. Independent, Upper Body Dressing - 06. Independent

| Signature of Physician: | Date |
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