Home Health Certification and Plan of Care

Order ID: 1150/21758

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5Q44X06TD05	08/31/2026	From: 08/31/2026 To: 10/29/2026	29503	217058

6. Patient's Name and Address

Craig Knox
5509 Windsor Mill Road Apt 2,
GWYNN OAK, MD 21207-
410-500-6829

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 09/19/1977 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	08/31/26

13. ICD	Other Pertinent Diagnoses	Date
I50.22	Chronic systolic (congestive) heart failure	08/31/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	08/31/26
N18.9	Chronic kidney disease u	08/31/26
D63.1	Anemia in chronic kidney disease	08/31/26
I48.4	Atypical atrial flutter	08/31/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/31/26
T82.7XXD	Infect/inflm react d/t oth cardi/vasc dev/implnt/grft subs	08/31/26
E11.59	Type 2 diabetes mellitus with oth circulatory complications	08/31/26
E78.5	Hyperlipidemia unspecified	08/31/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	08/31/26
E46.	Unspecified protein-calorie malnutrition	08/31/26
F32.9	Major depressive disorder single episode unspecified	08/31/26
B20.	Human immunodeficiency virus [HIV] disease	08/31/26
F79.	Unspecified intellectual disabilities	08/31/26
R13.10	Dysphagia unspecified	08/31/26
R74.01	Elevation of levels of liver transaminase levels	08/31/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/31/26
Z79.4	Long term (current) use of insulin	08/31/26
Z79.01	Long term (current) use of anticoagulants	08/31/26
Z79.82	Long term (current) use of aspirin	08/31/26
Z87.01	Personal history of pneumonia (recurrent)	08/31/26

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

ELIQUIS 5 MG tablet by mouth two times a day On D/T from 06/29/2026 13:21 to 07/03/2026 13:20
ATORVASTATIN 80 MG tablet by mouth at bedtime for Elevated Cholesterol
FARXIGA 5 MG tablet by mouth one time a day for DM On hold from 08/13/2026 20:46 to 08/16/2026 20:45
EZETIMIBE 10 MG tablet by mouth one time a day for DM
METOLAZONE 2.5 MG tablet by mouth one time a day for CHF On hold from 08/12/2026 11:41 to 08/15/2026 11:40
METOPROLOL 50 MG tablet by mouth one time a day for HTN Hold for SBP Less than 110 or HR less than 60
TRAZODONE 25 mg by mouth one time a day for F32.A Depression, unspecified, w/anxious insomnia
POTASSIUM 20meq by mouth one time a day for hypokalemia
FUROSEMIDE 40 mg/5ml 40mg by mouth two times a day for EDEMA/ C HF

14. DME and Supplies:

commode, hand held shower, diabetic supplies, walker

15. Safety Measures:

emergency phone # clearly displayed, smoke detectors , sharps precautions, transfer with assist, medication safety, hand rails, diabetic precautions, cardiac precautions, bathroom safety, anticoagulant precautions, standard precautions, supervision at all times, walker precautions, fall precautions, bleeding precautions, activity supervision, ambulates with assistance, ambulates with device

16. Nutrition:

low cholesterol, diabetic, low sodium

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Exercises Prescribed, Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: good

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 and OT: family/caregiver will be responsible for managing treatment PT: pat

Homebound status:

Due to diagnosis of Hypertensive heart and chronic kidney disease with heart failure and 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/31/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Robert Kroopnick
100085 Red Run Blvd Ste 305
Owings Mills, MD 21117
PHONE: 4436048926 FAX: 14402343313 NPI: 1013936327

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 : 08/18/2026

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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another person and an assistive mobility device

Clinical Condition Requiring Homecare:

SOC completed with consents signed by the patient, who demonstrated understanding and was alert and oriented 3-4. The patient was referred for skilled nursing services due to muscle weakness, gait and mobility abnormalities, and the need for disease-process management and education. The patient has a complex medical history including heart failure with reduced ejection fraction (HFrEF), chronic kidney disease, hyperlipidemia, HIV, atrial fibrillation, hypertension, coronary atherosclerosis, prior infection and inflammation of a cardiac implant/graft, protein-calorie malnutrition, major depression, dysphagia, insulin-dependent diabetes, hypoglycemia, and a history of pneumonia. His cousin, Gwendolyn, is his caregiver and power of attorney. Medication reconciliation was completed with the patient and caregiver. The patient did not have a glucometer in the home despite an insulin prescription; the provider was notified, and per provider instructions, insulin is to be held until further notice. The provider ordered a glucometer through the patient's preferred pharmacy, and the patient is to continue Farxiga and ezetimibe as directed. Medication education, including medication actions and potential side effects, was provided, along with diabetes-management education and instructions regarding blood glucose monitoring. No open wounds, abnormal bleeding, abnormal lung sounds, urinary discomfort, falls, or peripheral edema were noted. The patient ambulates with a walker due to lower-extremity weakness and reports decreased appetite; the caregiver was instructed to provide small portions and encourage appropriate hydration and infection-prevention measures. The patient reported his last bowel movement was two days ago without abdominal discomfort, and bowel sounds were present. He is currently wearing a cardiac monitoring vest and has a follow-up cardiology appointment scheduled for 9/15 for evaluation for pacemaker replacement following removal due to a prior infection. PT and OT services were ordered, with SN planned at 1 visit weekly for 6 weeks. PT evaluation revealed significant bilateral lower-extremity weakness, with strength approximately 3-/5, and the patient currently requires contact guard assistance for transfers and short-distance ambulation, with verbal cues for improved trunk extension. Following a recent hospitalization for septic shock and ICD lead endocarditis, the patient demonstrates decreased strength, balance, and functional mobility compared with his prior level of function and would benefit from skilled PT to improve safety, strength, balance, functional mobility, and independence.<o:p></o:p>   Date of Order<o:p></o:p> 08/31/2026<o:p></o:p> Physician Face-to-Face Date: 08/18/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease<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> OT Eval Notes:<o:p></o:p> Physician: Kroopnick, Robert

SN Careplans

SN frequency WK1: 1 (08/31/26-09/05/26) ,WK2: 1 (09/06/26-09/12/26) ,WK3: 1 (09/13/26-09/19/26) ,WK4: 1 (09/20/26-09/26/26) ,WK5: 1 (09/27/26-10/03/26) ,WK6: 1 (10/04/26-10/10/26)

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; 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 ; 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

SN Goals

PATIENT-STATED GOAL: To get stronger and to able to go to a day program for activities

GOALS
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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/31/2026

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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.

No open wounds noted
Advance Directive:Gwendolyn McKoy-Kimani

09/02/2026 Problems : M1400 - Dyspnea
M2020 - Oral Med Management
abnormal blood pressure
abn cholesterol > 200 mg/dL
daytime fatigue
balance deficit
muscle weakness
limited strength
limited endurance
loss of appetite
obesity
abnormal BS < 70/140 > mg/dL
meal preparation
M2102c - Med Admin
D0160 - Depression
M2102f - Patient Supervision
M2102d - Caregiver Performs Treatment
M1033 - Exhaustion

PROCEDURES: cough/deep breathing exercises, glucose testing via monitor, monitor intake & output, 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, * 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, patient is adequately supervised, caregiver administers and/or packages medications appropriately

* recalls related medication(s) purpose, schedule

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

patient is adequately supervised

caregiver administers and/or packages medications appropriately

PT Careplans

PT frequency WK1: 1 (08/31/26-09/05/26) ,WK3: 1 (09/13/26-09/19/26) ,WK5: 1 (09/27/26-10/03/26) ,WK7: 1 (10/11/26-10/17/26) ,WK9: 1 (10/25/26-10/29/26)

09/08/2026 Problems : GG0170O1 - 12 Steps
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
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

PT Goals

PATIENT-STATED GOAL: To be able to have more energy

GOALS
Chair to Bed to Chair - 06. Independent

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

1 - Step (curb) - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

Toilet Transfer - 05. Setup or clean-up assistance

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

Signature of Physician:

Date

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

Date
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PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, home exercise program: Review HEP: seated knee ext, hip flex, hip abd, quad sets, gluteal squeezes, ankle pumps at least 1x10. Once tolerated, upgrade to standing heel/ toe raises, knee flex, hip flex, hip abd at least 1x10 with UE support as needed. Upgrade as tolerated, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, 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

12 Steps - 05. Setup or clean-up assistance

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

OT Careplans

OT frequency WK1: 1 (08/30/26-09/05/26)

09/08/2026 Problems : M1400

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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 02. Substantial/maximal assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Eval only

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 02. Substantial/maximal assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

08/31/2026