Home Health Certification and Plan of Care

Order ID: 1150/21785

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
551286815	09/01/2026	From: 09/01/2026 To: 10/30/2026	29806	217058

6. Patient's Name and Address
Varney Richardson
2329 West Lexington Street,
BALTIMORE, MD 21223-
443-904-0434

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 12/18/1955 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
A40.1	Sepsis due to streptococcus group B	09/01/26

13. ICD	Other Pertinent Diagnoses	Date
R78.81	Bacteremia	09/01/26
B95.1	Streptococcus group B causing diseases classd elswhr	09/01/26
M47.812	Spondylosis w/o myelopathy or radiculopathy cervical region	09/01/26
M48.02	Spinal stenosis cervical region	09/01/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	09/01/26
N18.4	Chronic kidney disease stage 4 (severe)	09/01/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	09/01/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	09/01/26
E78.5	Hyperlipidemia unspecified	09/01/26
K21.9	Gastro-esophageal reflux disease without esophagitis	09/01/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	09/01/26
Z45.2	Encounter for adjustment and management of VAD	09/01/26
Z79.2	Long term (current) use of antibiotics	09/01/26
Z79.4	Long term (current) use of insulin	09/01/26

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

ALBUTEROL 90 mcg/actuation by mouth Inhale every 4 hours as needed for cough or shortness of breath Rescue Inhaler
ATORVASTATIN 40 mg ORAL EVERY EVENING
CLONIDINE 0.2 mg/24 hr patch Place on the skin 1 (one) time per week Commonly known as: CATAPRES-TTS
FARXIGA 10 mg by mouth EVERY MORNING Commonly known as: FARXIGA
FAMOTIDINE 40 mg by mouth (total) 1 (one) time each day Commonly known as: PEPCID
HYDRALAZINE 10 mg by mouth (total) every 8 (eight) hours Commonly known as: APRESOLINE
LOSARTAN POTASSIUM 50 mg ORAL DAILY For high blood pressure. Commonly known as: COZAAR
NIFEDIPINE 90 mg 24 hr by mouth (total) 1 (one) time each day Do not crush, chew, or split. Commonly known as: PROCARDIA XL
RIFAMPIN 300 mg by mouth (total) 1 (one) time each day Commonly known as: RIFADIN
METOPROLOL 50 mg by mouth (total) in the morning and (total) before bedtime. For high blood pressure. Commonly known as: LOPRESSOR
CEFTRIAXONE 2 gram venous catheter Infuse 1 (one) time each day at the same time for 13 days Commonly known as: ROCEPHIN x14 days
Vitamin D - Ergocalciferol 1,250 mcg (50,000 unit) by mouth (50,total) 1 (one) time per week Weekly for supplement
Flomax - Tamsulosin Hydrochloride 0.4 mg 24 hr by mouth (total) 1 (one) time each day Commonly known as: FLOMAX
HEP FLUSH KIT IN PLASTIC CONTAINER 10 mL intravenous twice a day Before and after infusion
INSULIN 100 units/mL 3 mL Inject Inject with breakfast and lunch, with dinner. Inject 15 to 15 minutes before meals Commonly known as: Kirsty Pen, (THIS REPLACES HUMALOG) 6u breakfast and lunch and 5u with dinner

14. DME and Supplies:
IV supplies, diabetic supplies

15. Safety Measures:
standard precautions, no reaching, no lifting, medication safety, fall precautions, diabetic precautions

16. Nutrition:
low cholesterol, diabetic, low sodium

17. Allergies:
metformin oxycodone tetracycline Doxazosin Mesylate gabapentin Hydralazine

18.A. Functional Limitations
Endurance

18.B. Activities Permitted
Other, Up As Tolerated, No lifting or reaching

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: 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 Sepsis due to streptococcus group B, 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:
SOC completed with consent signed by the patient, who demonstrated understanding. The patient is a 70-year-old male with a medical history significant for bacteremia, generalized weakness, hyperlipidemia, osteoarthritis, hypertension, chronic kidney disease, obstructive sleep apnea, type 2 diabetes mellitus managed with insulin, resolved hepatitis B, and mild cognitive impairment. He is prescribed ceftriaxone 2 g IV every 24 hours via a tunneled right internal jugular catheter through 9/14/26. The patient reports no pain and denies dizziness, urinary discomfort, cough, falls, abnormal bleeding, or signs and symptoms of infection. Vital signs were stable aside from mildly elevated blood pressure at 138/80, and blood glucose was 183 mg/dL. Lung sounds were clear with no abnormal findings, and no open wounds were noted. The patient reports an adequate appetite overall but decreased oral intake since the previous evening. Last bowel movement was the previous evening. Medication reconciliation and education were completed, including insulin and clonidine patch indications, administration, and potential side effects. The patient was instructed on infection-prevention measures and signs of infection, including chills, and verbalized understanding. IV medication and supplies are present in the home, and the catheter was flushed before and after infusion without resistance. The patient was instructed to avoid lifting or excessive reaching that could compromise the catheter site and expressed understanding of IV medication administration. His daughters will be present during nursing visits to receive education and participate in IV administration. The patient does not use an assistive device and was able to verbalize his insulin name, dose, and frequency.<o:p></o:p> <span

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 09/01/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Abigail Hamilton
1701 Twin Springs Rd
Halthorpe, MD 21227
PHONE: 410-737-5000 FAX: 14107375401 NPI: 1821592817

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 : 08/31/2026

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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Varney Richardson 2329 West Lexington Street, BALTIMORE, MD 21223- 443-904-0434	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;">Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<span
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;">Hamilton, Abigail

SN Careplans

SN frequency WK1: 2 (09/01/26-09/05/26) ,WK2: 2 (09/06/26-09/12/26)

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, blood sugar < 60 > 300

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

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; 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 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.

IV Ceftriaxone Infusion x14 days for bacterimia with PICC line left ij, labs draw on 9/14/26
Advance Directive:Na

09/01/2026 Problems : heartburn/indigestion (GI)
frequent urination (GU)

SN Goals

PATIENT-STATED GOAL: To find out what this infection is and resolve it

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

patient's living environment is clean/uncluttered

caregiver performs medical/rehabilitation treatments with adequate competence

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 is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/01/2026

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M1400 - Dyspnea
M2020 - Oral Med Management
Home Safety
abnormal blood pressure
abn cholesterol > 200 mg/dL
difficulty sleeping
balance deficit
limited endurance
abnormal BS < 70/140 > mg/dL
meal preparation
M2102c - Med Admin
M2102f - Patient Supervision
M2102d - Caregiver Performs Treatment

PROCEDURES: cough/deep breathing exercises, incentive spirometer, glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange preparation of missing meals, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, patient is adequately supervised, 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	09/01/2026