Home Health Certification and Plan of Care

Order ID: 1150/21740

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1HW3A38EA76	08/31/2026	From: 08/31/2026 To: 10/29/2026	29445	217058

6. Patient's Name and Address

Bradley Nation
6024 Augustine Ave,
Elkridge, MD 21075-
410-207-9870

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 07/24/1954 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.3	Aftercare following surgery for neoplasm	08/31/26

13. ICD	Other Pertinent Diagnoses	Date
C18.2	Malignant neoplasm of ascending colon	08/31/26
L89.152	Pressure ulcer of sacral region stage 2	08/31/26
I11.0	Hypertensive heart disease with heart failure	08/31/26
I50.20	Unspecified systolic (congestive) heart failure	08/31/26
I34.0	Nonrheumatic mitral (valve) insufficiency	08/31/26
E78.5	Hyperlipidemia unspecified	08/31/26
D64.9	Anemia unspecified	08/31/26
Z87.01	Personal history of pneumonia (recurrent)	08/31/26
Z79.82	Long term (current) use of aspirin	08/31/26
Z95.810	Presence of automatic (implantable) cardiac defibrillator	08/31/26

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

Albuterol Sulfate - Albuterol Sulfate Inhalation Nebulization Solution 2.5 MG/0.5ML / Inhale 0.5 mL by mouth every 4 hours as needed for Wheezing/SOB
Amiodarone Hcl - Amiodarone Hydrochloride 200 MG / 1 Tablet by mouth one time a day every Tue, Thu, Sat, Sun for Ventricular Fibrillation
ASPIRIN Chewable 81 MG / 1 Tablet by mouth one time a day for DVT Prophylaxis
Colace - Docusate Sodium 100 MG / 1 Capsule by mouth two times a day for bowel regimen
MELATONIN 3 MG / 1 Tablet by mouth at bedtime for Insomnia
Metoprolol Tartrate - Metoprolol Tartrate 37.5 MG / 1 Tablet by mouth two times a day for Hypertension Hold for SBP less than 110 or heart rate less than 60.
OLANZAPINE 5 MG / 1 Tablet by mouth at bedtime for Delirium
Sennosides - Senna 8.6 mg/tablet / Give 2 tablet by mouth at bedtime for bowel regimen
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) MG / 1 Tablet by mouth once a day every Mon, Wed, Fri for Anemia
Atorvastatin - Atorvastatin Calcium 40mg by mouth in the morning Hyperlipidemia

14. DME and Supplies:

nebulizer

15. Safety Measures:

smoke detectors , ambulates with assistance, anticoagulant precautions, supervision at all times, transfer with assist, standard precautions, bleeding precautions, medication safety, fall precautions, child-safe environment, cardiac precautions, bathroom safety, avoid temperature extremes, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Dyspnea With Minimal Exertion

18.B. Activities Permitted

No Restrictions, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, 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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., 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 Aftercare following surgery for neoplasm, 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 resides at home with his wife, who is his primary caregiver, and their children. There are 15 steps to exit the home. The patient was previously hospitalized for a lower bowel resection and subsequently developed pneumonia requiring intubation. He was transferred to Autumn Lake for rehabilitation and was discharged home on August 21. Upon assessment, the patient was alert and oriented 3. Lung sounds were clear to auscultation, and the patient denied chest pain, headache, nausea, or vomiting. Shortness of breath was reported with exertion. The abdomen was flat and nontender, with normoactive bowel sounds; the patient reported his last bowel movement was yesterday. He reported no difficulty with urination. No peripheral edema was noted, and pedal pulses were present. No open wounds were observed. Photos of the abdominal surgical incision were provided. An implanted defibrillator is present on the left side of the chest. <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;">Physician Face-to-Face Date: 08/19/2026<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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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;">Clinical Condition Requiring

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

Luciana Veiga
4660 Wilkins Ave Ste 100
Baltimore, MD 21227
PHONE: 4102740782 FAX: 18662515693 NPI: 1285897322

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 : 08/19/2026

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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Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Aftercare following surgery for neoplasm<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: Veiga, Luciana

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) ,WK7: 1 (10/11/26-10/17/26) ,WK8: 1 (10/18/26-10/24/26)

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 pressure diastolic ortho-1 < 100 > 100

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

HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 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

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:POLST (Physician Orders for Life-Sustaining Treatment)

09/08/2026 Problems : #1 - Observable Surgical Wound - Other - midline abdominal - open right hemicolectomy on 7/24/2026
muscle weakness (MS)
M1033 - Exhaustion
M1400 - Dyspnea
M2020 - Oral Med Management
wheezing
dizziness/syncope
abn cholesterol > 200 mg/dL
abnormal blood pressure
difficulty sleeping
daytime fatigue
balance deficit
limited endurance

SN Goals

PATIENT-STATED GOAL: I want back my independence

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

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

caregiver administers and/or packages medications appropriately

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

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limited strength
constipation
loss of appetite
abnormal BS < 70/140 > mg/dL
B1000 - Vision Deficit
M2102c - Med Admin
M2102f - Patient Supervision
M2102d - Caregiver Performs Treatment

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Other - midline abdominal - open right hemicolectomy on 7/24/2026, physician-ordered wound care: #1 - Other - Anterior Midline -: Assess for infection, leave OTA, cough/deep breathing exercises, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange resources for vision-impaired

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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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