Home Health Certification and Plan of Care

Order ID: 1150/21724

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6TP5UU0WP71	09/01/2026	From: 09/01/2026 To: 10/30/2026	29778	217058

6. Patient's Name and Address

Preston Perkins
2702 Burridge Road,
PARKVILLE, MD 21234-
617-987-5190

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 09/22/1958 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	09/01/26

13. ICD	Other Pertinent Diagnoses	Date
N18.31	Chronic kidney disease stage 3a	09/01/26
R13.12	Dysphagia oropharyngeal phase	09/01/26
E43.	Unspecified severe protein-calorie malnutrition	09/01/26
J45.909	Unspecified asthma uncomplicated	09/01/26
E78.5	Hyperlipidemia unspecified	09/01/26
F20.9	Schizophrenia unspecified	09/01/26
R41.841	Cognitive communication deficit	09/01/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	09/01/26
R33.8	Other retention of urine	09/01/26
N13.8	Other obstructive and reflux uropathy	09/01/26
N13.39	Other hydronephrosis	09/01/26
N32.81	Overactive bladder	09/01/26
E21.0	Primary hyperparathyroidism	09/01/26
D51.9	Vitamin B12 deficiency anemia unspecified	09/01/26
K21.9	Gastro-esophageal reflux disease without esophagitis	09/01/26
H25.89	Other age-related cataract	09/01/26
Z87.440	Personal history of urinary (tract) infections	09/01/26

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

Vitamin B-1 (Thiamine HCL) 100 MG Tablet / Give 2 tablet by mouth once a day for Vitamin B1 deficiency
Tylenol - Acetaminophen 325 MG Tablet / GIve 2 tablet by mouth every 8 hours for Pain/ Bil lower extremity
Senokot S - Senna 8.6-50 MG Tablet / Give 2 tablet by mouth twice a day for bowel regimen Hold for loose stool. Notify NP/MD
RISPERIDONE 1 MG / 1 Tablet by mouth every 12 hours for Schizophrenia
Neurontin - Gabapentin 100 MG / 1 Capsule by mouth at bedtime for Neuropathic pain Monitor for lethargy/sedation
MULTIVITAMIN 0 Give 1 tablet by mouth one time a day for Supplement
MONTELUKAST SODIUM 10 MG / 1 Tablet by mouth at bedtime for Allergy related to OTHER ASTHMA (J45.998)
Flomax - Tamsulosin Hydrochloride 0.4 MG / 1 Capsule by mouth once a day for benign prostatic hyperplasia
Fluphenazine Hcl - Fluphenazine Hydrochloride 5 MG Tablet / Give 2 tablet by mouth one time a day for schizophrenia
FINASTERIDE 5 MG / 1 Tablet by mouth one time a day for BPH
CYANOCOBALAMIN 250 MCG / 1 Tablet by mouth one time a day for B12 deficiency
CINACALCET HYDROCHLORIDE 30 MG / 1 Tablet by mouth two times a day related to HYPERPARATHYROIDISM, UNSPECIFIED (E21.3)
Bisacodyl 0 Delayed Release 5 MG / 1 Tablet by mouth once a day every 24 hours as needed for Bowel regimen
Atorvastatin Calcium - Atorvastatin Calcium 10 MG / 1 Tablet by mouth once a day for HLD
Amlodipine Besylate - Amlodipine Besylate 10 MG / 1 Tablet by mouth one time a day for HTN Hold for SBP less than 110, HR less than 50. Notify NP/MD
Albuterol Sulfate - Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT / Inhale 2 puff by mouth as necessary every 4hrs for SOB and/or wheezing related to OTHER ASTHMA (J45.998)

14. DME and Supplies:
hand held shower, hospital bed, grab bars, bath bench

15. Safety Measures:
standard precautions, medication safety, fall precautions, bathroom safety, ambulates with assistance

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time., ANXIETY: 4. Constantly, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: No

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: 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 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 another person and an assistive mobility device.

Clinical Condition Requiring Homecare: Skilled nursing assessment completed for a 67-year-old male with a significant past medical history of hypertension, hyperlipidemia, schizophrenia with intellectual disability, hyperparathyroidism, benign prostatic hypertrophy (BPH), and overactive bladder with chronic urinary retention, among other chronic conditions. The patient was recently hospitalized for fever and fatigue and was diagnosed and treated for a bacterial urinary tract infection (UTI). He received antibiotic therapy and was subsequently discharged to a rehabilitation facility for continued recovery. The patient has now returned to his group home, The Ark Baltimore, where he resides. He receives ongoing support from facility staff, including his primary caregiver and POA, Chinyere Kalu, who also serves as the facility manager. Upon assessment, the patient was alert to self and able to recall his date of birth but demonstrated intermittent confusion. He was easily redirected and able to participate in the assessment with assistance. The patient denied pain, shortness of breath, nausea, or vomiting. Vital signs were within normal limits, and skin was intact with no abnormalities noted. The patient requires supervision and assistance with activities of daily living due to cognitive limitations and impaired functional safety. He ambulates slowly without an assistive device; however, his gait is unsteady, and he reports fatigue with ambulation, requiring assistance and supervision to reduce his risk of falls and injury. Medication review and reconciliation were completed with the patient, with ongoing monitoring indicated due to his multiple chronic medical conditions and recent treatment for UTI. Skilled nursing will continue to monitor the patient's overall condition, cognitive and functional status, urinary status, medication regimen, signs and symptoms of recurrent infection, safety with mobility, and response to the current plan of care. Education and reinforcement will be provided to the patient and caregiver regarding medication adherence, infection prevention, hydration as appropriate, fall precautions, and when to report changes in condition or signs of recurrent UTI to the healthcare provider.
 Date of Order 09/01/2026 Orders Physician Face-to-Face Date: 08/27/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval

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
Kenneth Greene
6701 N Charles St St 4105
Towson, MD 21204
PHONE: 4108212800 FAX: 14108212801 NPI: 1497869903

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 : 08/27/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/21724

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6TP5UU0WP71	09/01/2026	From: 09/01/2026 To: 10/30/2026	29778	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Preston Perkins 2702 Burridge Road, PARKVILLE, MD 21234- 617-987-5190	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

& treat ot-eval & treat due to Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc
 Physician Greene, Kenneth

SN Careplans

SN frequency WK1: 1 (09/01/26-09/05/26) ,WK2: 1 (09/06/26-09/12/26) ,WK3: 1 (09/13/26-09/19/26) ,WK4: 1 (09/20/26-09/26/26)

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status 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:Durable power of attorney for health care/Medical power of attorney

09/03/2026 Problems : M1700 - Cognition
M1720 - Anxiety
M1745 - Behavioral Issues
M1600 - UTI
M1033 - Exhaustion
M1400 - Dyspnea
M2020 - Oral Med Management
abnormal blood pressure
balance deficit
muscle weakness

PROCEDURES: coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including

SN Goals

PATIENT-STATED GOAL: To get strong and better.

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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* 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

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	09/01/2026

Home Health Certification and Plan of Care

Order ID: 1150/21724

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6TP5UU0WP71	09/01/2026	From: 09/01/2026 To: 10/30/2026	29778	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Preston Perkins 2702 Burridge Road, PARKVILLE, MD 21234- 617-987-5190	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/01/2026