Home Health Certification and Plan of Care

Order ID: 1150/20401

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
99149237610	07/09/2026	From: 07/09/2026 To: 09/06/2026	27635	217058

6. Patient's Name and Address

Rory Young
3600 W. Franklin Street APt 10E,
Baltimore, MD 21229-
443-882-3740

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 03/05/1961 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	07/09/26

13. ICD	Other Pertinent Diagnoses	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/09/26
N18.6	End stage renal disease	07/09/26
D63.1	Anemia in chronic kidney disease	07/09/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	07/09/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/09/26
E78.5	Hyperlipidemia unspecified	07/09/26
K21.9	Gastro-esophageal reflux disease without esophagitis	07/09/26
E55.9	Vitamin D deficiency unspecified	07/09/26
E21.0	Primary hyperparathyroidism	07/09/26
Z99.2	Dependence on renal dialysis	07/09/26
Z89.512	Acquired absence of left leg below knee	07/09/26
Z95.1	Presence of aortocoronary bypass graft	07/09/26
Z79.4	Long term (current) use of insulin	07/09/26

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

Clopidogrel - Clopidogrel 75 mg 75mg by mouth in the morning PVD
NEPHRO-VITE 1 tab PO Daily for 30 Day(s)
NIFEDIPINE 120 mg = 2 tab PO Daily
ACETAMINOPHEN 500 mg/tablet / Take 2 tablet 1,000 mg total PO q8h PRN pain, moderate (4 to 6)
ASPIRIN 81 mg = 1 tab PO Daily
ATORVASTATIN 80 mg = 1 tab PO Nightly
CARVEDILOL 12 .5 mg = 1 tab PO 2x/day
FOLIC ACID 1 mg = 1 tab PO Daily
METHADONE 10 mg/tablet / Take 120 mg = 12 tab PO Daily
PANTOPRAZOLE Delayed Release 40 mg = 1 tab PO Daily
SEVELAMER CARBONATE 800 mg = 1 tab PO With meals 3x/day
TRAMADOL 50 mg = 1 tab PO 4x/day PRN pain, severe (7 to 10)
LOSARTAN POTASSIUM 50mg PO Daily
Insulin Glargine Subcutaneous Solution 100 UNIT/ML / 10 units subcutaneous in the evening

14. DME and Supplies:

rolling walker, wheelchair, commode, diabetic supplies

15. Safety Measures:

walker precautions, wheelchair precautions, standard precautions, fall precautions, ambulates with device

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

oxyCODONE

18.A. Functional Limitations

Ambulation, Amputation!Hearing!Paralysis

18.B. Activities Permitted

No Restrictions

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: Fair

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

patient will be responsible for managing treatment
family/caregiver 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 homebound due to end-stage renal disease (ESRD) requiring dialysis, hypertension (HTN), coronary artery disease (CAD), diabetes mellitus (DM), chronic kidney disease (CKD), recent left below-the-knee amputation (BKA), and significant mobility limitations, making leaving the home a considerable effort and placing the patient at increased risk for falls. The patient requires the use of a wheelchair and assistive devices for mobility and requires human assistance whenever leaving the home to ensure safety. The patient is alert and oriented 3, with no complaints voiced during the visit. Skin was warm and dry, and respirations were even and unlabored. Assessment revealed an open wound to the right foot, with a protective boot in place throughout the visit. The patient is a 65-year-old with a recent hospitalization related to a left below-the-knee amputation and chronic kidney disease. Past medical history is significant for ESRD on dialysis, diabetes mellitus, coronary artery disease status post aortocoronary bypass grafting, myocardial infarction, hyperlipidemia, hyperparathyroidism, two prior spinal surgeries, and chronic right foot wounds. The patient received a new left lower extremity prosthesis on the day of assessment and resides in an elevator-accessible apartment with a brother who provides assistance as needed. During the visit, the patient was able to don the left prosthesis with verbal cueing. Functional assessment demonstrated the ability to transfer from the wheelchair to a recliner using a sit-pivot transfer with minimal assistance. The patient was unable to perform sit-to-stand transfers from the wheelchair to a walker due to non-weight-bearing status of the right foot. The patient tolerated wheelchair push-ups for 5 repetitions over 2 sets with verbal cueing to improve upper extremity strength and transfer ability. The patient does not have a bed and currently sleeps in a recliner, performing recliner-to-bedside commode stand-pivot transfers with minimal assistance. The patient's mobility deficits are further evidenced by a Tinetti Balance and Gait Assessment score of 2/28, indicating an extremely high risk for falls. Skilled home health therapy remains medically necessary to improve strength, transfer ability, balance, and overall functional mobility while facilitating safe use of the newly fitted left prosthesis, reducing fall risk, and maximizing independence within the home environment. Education was reinforced regarding fall prevention, safe transfer techniques, proper prosthesis use, adherence to non-weight-bearing precautions for the right foot, skin integrity monitoring, and the importance of following prescribed therapy and dialysis regimens. The plan of care is to continue skilled nursing for ongoing assessment, wound monitoring, disease management, and patient education, along with skilled therapy services to improve functional mobility, strength, and safe performance of activities of daily living.
 Date of Order 07/09/2026 Orders Physician Face-to-Face Date: 06/22/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's 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
 1 - SOC - SN Notes: soc PT Eval Notes:
 Physician Baffoe-Bonnie,

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 07/09/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Edna Baffoe-Bonnie
7900 Oak Point Ct
Pasadena, MD 21122
PHONE: 4438701237 FAX: 14432961684 NPI: 1982117388

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 : 06/22/2026

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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Edna

SN Careplans

SN WK1: 1 (07/09/26-07/11/26) ,WK2: 1 (07/12/26-07/18/26) ,WK3: 1 (07/19/26-07/25/26) ,WK4: 1 (07/26/26-08/01/26) ,WK5: 1 (08/02/26-08/08/26) ,WK6: 1 (08/09/26-08/15/26) ,WK7: 1 (08/16/26-08/22/26) ,WK8: 1 (08/23/26-08/29/26)

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: 7. Currently taking 5 or more medications, 9. Other risk(s) not listed in 1- 8

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:See MOLST for Code Status

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, D0700 - Social Isolation, M1400 - Dyspnea, muscle weakness, B1000 - Vision Deficit, discolored patches of skin

PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange resources for vision-impaired, coordinate/arrange long-term socialization activities

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 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, * strategies to increase socialization, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: To walk;To walk;To walk independently;to walk better

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

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

patient/caregiver recalls
* strategies to increase socialization
* 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

PT Careplans

PT WK2: 2 (07/12/26-07/18/26) ,WK3: 2 (07/19/26-07/25/26) ,WK4: 1 (07/26/26-08/01/26) ,WK5: 1 (08/02/26-08/08/26) ,WK6: 1 (08/09/26-08/15/26) ,WK7: 1 (08/16/26-08/22/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170I1 - Walk 10 Feet, GG0130F1 - Upper Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170D1 - Sit to Stand, GG0170P1 - Picking Up Object, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170M1 - 1 - Step (curb), GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170F1 - Toilet Transfer

PROCEDURES: Family training : With brother for standing, therex, transfers, Standing at walker: Stand as long as possible, wheelchair training, home exercise program: Supine quad sets, hip flexion, bridging, straight leg raise, hip abduction. Standing on left leg and performing exercises only with right leg including knee flexion, hip abduction, hip

PT Goals

PATIENT-STATED GOAL: To be able to walk with my new leg

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

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

Toilet Transfer - 05. Setup or clean-up assistance

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

1 - Step (curb) - 02. Substantial/maximal assistance

Car Transfer - 05. Setup or clean-up assistance

Signature of Physician:

Date

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

Date
07/09/2026

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extension. Sitting knee extension, right ankle pumps, equipment training, transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, 1 - Step (curb) - 02. Substantial/maximal assistance, Car Transfer - 05. Setup or clean-up assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Walk 150 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/09/2026