

HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 115021604

Patient Details				
Patient's HI Claim No. 3KU1AM8PE37	Start of Care Date 08/23/2026	Certification Period 08/23/2026 - 10/21/2026	Medical Record No. 29330	Provider No. 217058
Patient's Name and Address Michael Devoe 1101 Middleway Road Apt 2B MIDDLE RIVER, MD 21220		Gender Male	Date of Birth 12/13/1955	Phone Number 443-397-7637
		Email		Primary Language English
Clinical Profile				
Provider's Name HomeCentris Healthcare LLC		Address 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117		Phone Number 410-321-8448
NPI 1487113239				Fax Number 410-559-3002
Clinical Condition Requiring Homecare: Patient was recently hospitalized for COPD with chronic hypercapnic respiratory failure and severe malnutrition. Past medical history includes heart failure, hyperlipidemia, chronic lower back pain, CKD stage IIIA, and a history of prostate cancer. Patient reports he has not smoked since his last hospitalization and is currently using a nicotine patch. He is on continuous oxygen at 2 L/min, with the ability to increase to 3 L/min with activity. Skilled nursing frequency is 2W2, 1W7, and PT/OT evaluations have been ordered. Patient resides alone, with family available to assist as needed. Patient is alert and oriented 3 and denies pain but reports shortness of breath with minimal exertion and a productive cough. He is currently taking azithromycin. Lung sounds are diminished throughout, with audible expiratory wheezing noted. Patient reports a fair appetite and last bowel movement was today. Bilateral upper-extremity bruising and decreased endurance were noted. Patient uses a walker in the home. SN reviewed all medications, provided instruction on safe and proper oxygen use, and initiated COPD disease-management education. Patient was receptive to all instructions provided. <o:p></o:p> Date of Order<o:p></o:p> 08/23/2026<o:p></o:p> Physician Face-to-Face Date: 08/14/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Chronic obstructive pulmonary disease unspecified<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: Baffoe-Bonnie, Edna		Physician Statement on Homebound Status: Due to diagnosis of Chronic obstructive pulmonary disease unspecified, 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		
ICD-10 CM Principal Diagnosis: J44.9. Chronic obstructive pulmonary disease unspecified				
Other Pertinent Diagnoses				

ICD-10 CM	Description	Medications
J96.21	Acute and chronic respiratory failure with hypoxia	Spiriva Handihaler - Tiotropium Bromide Monohydrate 2.5mcg/act inhalant once a day copd NITROGLYCERIN 0.4 mg/hr 0.4 MG / 1 Tablet sublingual as necessary every 5 minutes for Chest Pain x 3 doses; 5 min in between each tab. if no relief call MD. Albuterol Sulfate - Albuterol Sulfate Inhalation Nebulization Solution 2.5 MG/3ML 0.083% / Inhale 2.5 ml by mouth every 6 hours as needed via nebulizer for COPD Symbicort - Budesonide: Formoterol Fumarate Dihydrate 0.16 mg/inh;0.0045 mg/inh 2 puffs inhalant twice a day COPD "BREYNA" O2 - Oxygen 2L nasal cannula continuous Alprazolam - Alprazolam 0.5 mg 0.5MG; 1 TAB by mouth three times a day AS NEEDED FOR ANXIETY FUROSEMIDE 40 mg 40MG/ 1 Tablet by mouth once a day for CHF AS NEEDED FOR FLUID OVERLOAD Sennosides - Senna 8.6 mg/tablet / Give 2 tablet by mouth twice a day for Bowel Regimen Caffeine 200 MG / 1 Tablet by mouth twice a day for Supplement ACETAMINOPHEN 500 MG / 1 Tablet by mouth in the morning for Pain Do Not exceed more than 3 grams per day from all sources Gabapentin - Gabapentin 100 MG / 1 Tablet by mouth twice a day for Neuropathy pain Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG / 1 Capsule by mouth in the evening for Urinary Retention Acetaminophen And Codeine Phosphate - Acetaminophen: Codeine Phosphate 300-30 MG / 1 Tablet by mouth as necessary every 8 hours for Pain Atorvastatin Calcium - Atorvastatin Calcium 80 MG / 1 Tablet by mouth at bedtime for HLD Metoprolol Succinate - Metoprolol Succinate 100MG / 1 Tablet by mouth once a day for HTN Hold for SBP <110 or HR <50 Vitamin D - Ergocalciferol 50 MCG (2000 UT) / 1 Tablet by mouth once a day for Supplement ASPIRIN 81 MG / 1 Tablet by mouth once a day for CAD AZITHROMYCIN 250 mg 250 MG / 1 Tablet by mouth once a day every Mon, Wed, Fri for Hypercarbic resp failure Flonase Sensimist Allergy Relief - Fluticasone Furoate 0 Nasal Suspension 27.5 MCG/SPRAY / 1 spray in each nostril Nasal once a day for nasal congestion, allergy in each nostril ALCON TEARS 1 GTT both eyes in the morning EYE DROPS Calcium Carbonate Antacid Chewable 500 MG / 1 Tablet by mouth in the morning for Indigestion
J96.02	Acute respiratory failure with hypercapnia	
I50.32	Chronic diastolic (congestive) heart failure	
N18.31	Chronic kidney disease stage 3a	
D63.1	Anemia in chronic kidney disease	
E43.	Unspecified severe protein-calorie malnutrition	
I25.5	Ischemic cardiomyopathy	
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	
E78.5	Hyperlipidemia unspecified	
M54.50	Low back pain unspecified	
G89.29	Other chronic pain	
R33.9	Retention of urine unspecified	
Z79.82	Long term (current) use of aspirin	
Z85.46	Personal history of malignant neoplasm of prostate	
Z99.81	Dependence on supplemental oxygen	

Prognosis fair	Mental and Psychosocial 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: Yes
Functional Limitations Endurance, Ambulation	Activities Permitted Exercises Prescribed, Walker, Up As Tolerated
DME & Supplies oxygen supplies, walker	Safety Measures standard precautions, fall precautions, bleeding precautions, walker precautions, O2 precautions, medication safety, ambulates with assistance, activity supervision
Nutrition cardiac diet	Allergies Doxycycline - Rash
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Advance Directives Yes	Caregiver Status 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance; 1. Non-agency caregiver(s) currently provide assistance
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.	DISCHARGE PLAN: patient will be responsible for managing treatment
Orders for Discipline and Treatment: 1 - SOC - SN	
SN CAREPLAN SN frequency WK1: 1 (08/23/26-08/29/26),WK2: 2 (08/30/26-09/05/26),WK3: 1 (09/06/26-09/12/26),WK4: 1 (09/13/26-09/19/26),WK5: 1 (09/20/26-09/26/26),WK6: 1 (09/27/26-10/03/26),WK7: 1 (10/04/26-10/10/26),WK8: 1 (10/11/26-10/17/26),WK9: 1 (10/18/26-10/21/26) 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: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 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, 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:Yes 08/24/2026 Problems : M1033 - Exhaustion Pain Interference with ADLs M1400 - Dyspnea M2020 - Oral Med Management coughing wheezing	SN NARRATIVE PATIENT RECENTLY HOSPITALIZED FOR COPD WITH CHRONIC HYPERCAPNIC, RESPIRATORY FAILURE AND SEVERE MALNUTRITION. PMH INCLUDES HF, HYPERLIPIDEMIA, CHRONIC LOWER BACK PAIN, CKD STAGE IIIA AND HX OF PROSTATE CA. PT REPORTS HE HAS NOT SMOKED SINCE LAST HOSPITALIZATION. PT IS WEARING A NICOTINE PATCH. PT IS ON 2LO2 CONTINUOUS AND CAN INCREASE TO 3L WITH ACTIVITY. SN FREQ 2W21W7; PT/OT EVAL ORDERED. PATIENT RESIDES ALONE BUT FAMILY ASSIST PT AS NEEDED. PATIENT IS ALERT AND ORIENTED X3, DENIES PAIN, REPORTS SOB WITH MINIMAL EXERTION, PT REPORTS PRODUCTIVE COUGH , PT IS ON AZITHROMYCIN , LUNG SOUNDS ARE DIMINISHED THROUGHOUT, AUDIBLE EXPIRATORY WHEEZING NOTED, REPORTS FAIR APPETITE, LBM TODAY, BUE BRUISING NOTED, DECREASED ENDURANCE NOTED, WALKER IN THE HOME SN REVIEWED ALL MEDICATIONS, INSTRUCTED ON SAFE O2 AND PROPER O2 USE, INITIATED TEACHING R/T COPD, PT RECEPTIVE TO ALL INSTRUCTIONS. ----- PATIENT RECENTLY HOSPITALIZED FOR COPD WITH CHRONIC HYPERCAPNIC, RESPIRATORY FAILURE AND SEVERE MALNUTRITION. PMH INCLUDES HF, HYPERLIPIDEMIA, CHRONIC LOWER BACK PAIN, CKD STAGE IIIA AND HX OF PROSTATE CA. PT REPORTS HE HAS NOT SMOKED SINCE LAST HOSPITALIZATION. PT IS WEARING A NICOTINE PATCH. PT IS ON 2LO2 CONTINUOUS AND CAN INCREASE TO 3L WITH ACTIVITY. SN FREQ 2W21W7; PT/OT EVAL ORDERED. PATIENT RESIDES ALONE BUT FAMILY ASSIST PT AS NEEDED. PATIENT IS ALERT AND ORIENTED X3, DENIES PAIN, REPORTS SOB WITH MINIMAL EXERTION, PT REPORTS PRODUCTIVE COUGH , PT IS ON AZITHROMYCIN , LUNG SOUNDS ARE DIMINISHED THROUGHOUT, AUDIBLE EXPIRATORY WHEEZING NOTED, REPORTS FAIR APPETITE, LBM TODAY, BUE BRUISING NOTED, DECREASED ENDURANCE NOTED, WALKER IN THE HOME SN REVIEWED ALL MEDICATIONS, INSTRUCTED ON SAFE O2 AND PROPER O2 USE, INITIATED TEACHING R/T COPD, PT RECEPTIVE TO ALL INSTRUCTIONS. SN GOALS PATIENT-STATED GOAL: I JUST NEED MY BREATHING TO GET BETTER GOALS patient/caregiver recalls * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain * teach relaxation skills and diversional activities * 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 * 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 * strategies to minimize fatigue and exhaustion including work simplification * energy conservation

lung sounds not clear abnormal sputum production balance deficit muscle weakness limited strength limited endurance bruising/dyscoloration meal preparation M2102c - Med Admin D0160 - Depression M2102d - Caregiver Performs Treatment PROCEDURES: cough/deep breathing exercises, incentive spirometer, 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, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, 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, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence	* lifestyle changes * diet * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule meal preparation is available to patient for all meals caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence
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Signature and Date of Verbal SOC Where Applicable: Electronically signed by: Charles Messick RN on 08/23/2026	
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. This patient is under my care, and I have authorized the services on this plan of care and I or another physician will periodically review this plan. I attest that a valid face-to-face encounter occurred (or will occur) within timeframe requirements and it is related to the primary reason the patient requires home health services. F2F date: 08/14/2026	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.
Certifying Physician or Allowed Practitioner Name and Address Edna Baffoe-Bonnie 7900 Oak Point Ct Pasadena, MD 21122 NPI 1982117388	Phone Number 4438701237 Fax Number 14432961684
Physician's Signature and Date Signed X Edna Baffoe-Bonnie, MD 08/14/2026: Date of physician last face-to-face	
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