Home Health Certification and Plan of Care

Order ID: 1150/11599

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
64163433	08/22/2025	From: 08/22/2025 To: 10/20/2025	16686	217058

6. Patient's Name and Address
James Thompson
5401 Highridge Street,
Baltimore, MD 21227-
443-301-3467

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 02/03/1941 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
A41.9	Sepsis unspecified organism	08/22/25

13. ICD	Other Pertinent Diagnoses	Date
N39.0	Urinary tract infection site not specified	08/22/25
I10.	Essential (primary) hypertension	08/22/25
M19.90	Unspecified osteoarthritis unspecified site	08/22/25
E78.5	Hyperlipidemia unspecified	08/22/25
K21.9	Gastro-esophageal reflux disease without esophagitis	08/22/25
Z91.81	History of falling	08/22/25

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

Atorvastatin - Atorvastatin Calcium 20 mg , take 20 mg tablet by mouth at bedtime Take 20 mg tablet Qhs
Depakote - Divalproex Sodium 500 mg , take 500 mg Tablet by mouth twice a day Take 500 mg Tablet BID
Gabapentin - Gabapentin 200 mg , take 200 mg tablet by mouth twice a day Take 200 mg tablet BID
Pantoprazole - Pantoprazole Sodium 40 mg , take 40 mg tablet by mouth in the morning take 40 mg tablet Qam
Bactrim - Sulfamethoxazole: Trimethoprim 800-160 by mouth twice a day Take 1 tab by mouth twice daily

14. DME and Supplies:
wheelchair, small base cane, rolling walker, hand held shower, bath bench, walker, grab bars, commode, cane, 4 wheeled walker

15. Safety Measures:
supervision at all times, transfer with assist, hand rails, fall precautions, avoid temperature extremes, ambulates with device, standard precautions, emergency phone number prominently displayed, ambulates with assistance, walker precautions, smoke detectors , medication safety, bathroom safety

16. Nutrition:
low sodium

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Dyspnea With Minimal Exertion, Hearing

18.B. Activities Permitted
Cane, Up As Tolerated, Walker, Exercises Prescribed, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., 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: 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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Sepsis Unspecified Organism , 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 an 84-year-old male with a past medical history significant for hypertension, hyperlipidemia, gastroesophageal reflux disease (GERD), recurrent urinary tract infections (UTIs), alcohol use, spermatocytic tumor, prostate enlargement status post transurethral resection of the prostate (TURP), and kidney stones. He was admitted to St. Agnes Hospital on 8/20/25 following a fall in his bathroom that occurred one week prior, which was associated with weakness and gait instability during urination. During hospitalization, he was treated for a UTI and has since been discharged to his son James' home, where he and his spouse reside in the basement level. The home environment includes five steps at the entrance and thirteen steps leading to the basement, where a full bathroom is accessible. The patient typically ambulates without an assistive device but has access to a quad cane, rollator, and walker, which he reports are primarily used by his spouse. He reports multiple falls, including two within the past two months and additional falls over the past year, though he is unable to recall the exact number. He demonstrates decreased strength in both lower extremities, impaired balance, unsteady gait, shortness of breath with exertion, decreased functional mobility, difficulty with transfers and stair negotiation, poor safety awareness, and an overall increased risk for falls. His daughter, Lori, was present during the evaluation and reported that the patient had also been diagnosed with MRSA during his recent admission and continues to experience generalized weakness. She confirmed that the patient no longer takes Flomax, which was verified with his primary provider. Additional history includes long-standing left shoulder and bilateral knee pain, with recent back, shoulder, and neck strain treated with steroids, which he was unable to tolerate due to concurrent UTI medications. He has an upcoming rheumatology appointment in two weeks. The patient also reports chronic shortness of breath with minimal exertion and episodes of anxiety. He is hard of hearing, exhibits tremors in both hands, and remains cooperative, friendly, and highly motivated, though he has a tendency to overexert himself with activities such as mowing the lawn against medical advice. The patient's daughter and granddaughter were present during the evaluation, with the daughter emphasizing the need for the patient to utilize the upstairs bathroom as the basement is primarily used by his spouse. A medication reconciliation was performed, with all medications present in the home except for Flomax, which was discontinued. Patient education was provided to the patient and caregiver, and a home health handbook was reviewed. Both the patient and caregiver are in agreement with the plan of care. The patient has been referred for skilled physical therapy to address deficits in strength, functional mobility, transfers, stair negotiation, ambulation safety, and balance, with the goal of reducing fall risk and restoring independence. Without skilled PT intervention, he remains at high risk for further falls, functional decline, and potential loss of independence. The physical therapy plan of care will begin on 8/22/25 with a frequency of 1 visit the first week, 2 visits weekly for 3 weeks, followed by 1 visit weekly for 3 weeks. An occupational therapy evaluation has also been scheduled for later today. Skilled nursing follow-up will continue as planned.
 Date of Order 08/22/2025 Orders Physician Face-to-Face Date: 08/18/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and treat due to Sepsis Unspecified Organism 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 - PT Notes: OT Eval Notes: Physician Lee, Shirley

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 08/22/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Shirley Lee
7141 Security Blvd
Baltimore, MD 21244
PHONE: (443) 663-6000 FAX: 14436636295 NPI: 1730398819

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 : 08/18/2025

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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PT Careplans

PT WK1: 1 (08/22/25-08/23/25) ,WK2: 2 (08/24/25-08/30/25) ,WK3: 2 (08/31/25-09/06/25) ,WK4: 2 (09/07/25-09/13/25) ,WK5: 1 (09/14/25-09/20/25) ,WK6: 1 (09/21/25-09/27/25) ,WK7: 1 (09/28/25-10/04/25)

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

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 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; 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170F1 - Toilet Transfer, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M1033 - Exhaustion, M1400 - Dyspnea, M1600 - UTI, muscle weakness, limited endurance, balance deficit

PROCEDURES: Medication Review-: Medications reviewed with patient/caregiver., cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program, gait training on uneven surfaces, gait training/stair training, transfers training, assist with fall prevention, teach/coordinate/arrange medication packaging and/or administration

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 including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, 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, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: I want to be able to get down on my knees without pain.

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

patient/caregiver recalls
* how to help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* 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
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* 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
* 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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/22/2025

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OT Careplans

OT WK2: 1 (08/24/25-08/30/25) ,WK3: 1 (08/31/25-09/06/25) ,WK4: 1 (09/07/25-09/13/25) ,WK5: 1 (09/14/25-09/20/25) ,WK6: 1 (09/21/25-09/27/25) ,WK7: 1 (09/28/25-10/04/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: Medication Review-: Medications reviewed with patient/caregiver., cough/deep breathing exercises, work simplification/energy conservation

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, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Therapeutic exercise , Medication Review- , Balance training , anxiety relieving techniques

OT Goals

PATIENT-STATED GOAL: Patient wants to get improve strength

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Medication Review-

Therapeutic exercise

Balance training

anxiety relieving techniques

Signature of Physician:

Date

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

Date
08/22/2025