Home Health Certification and Plan of Care

Order ID: 1150/10708

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8GX0EX4GX25	07/14/2025	From: 07/14/2025 To: 09/11/2025	15142	217058

6. Patient's Name and Address

Jerry Casey
5825 Oklahoma Rd apt 316,
SYKESVILLE, MD 21784-
443-789-8303

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 08/01/1945 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.89	Encounter for other orthopedic aftercare	07/14/25

13. ICD	Other Pertinent Diagnoses	Date
M48.02	Spinal stenosis cervical region	07/14/25
M47.12	Other spondylosis with myelopathy cervical region	07/14/25
M47.22	Other spondylosis with radiculopathy cervical region	07/14/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	07/14/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/14/25
N18.30	Chronic kidney disease stage 3 unspecified	07/14/25
D63.1	Anemia in chronic kidney disease	07/14/25
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	07/14/25
I35.0	Nonrheumatic aortic (valve) stenosis	07/14/25
E78.5	Hyperlipidemia unspecified	07/14/25
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	07/14/25
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	07/14/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	07/14/25
Z87.891	Personal history of nicotine dependence	07/14/25
Z91.81	History of falling	07/14/25
Z96.652	Presence of left artificial knee joint	07/14/25
Z96.0	Presence of urogenital implants	07/14/25

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

probiotics 250 MG , Give 1 capsule by mouth once a day For stomach issues, per patient
Pravastatin Sodium - Pravastatin Sodium 40 MG , Give 1 tablet by mouth at bedtime
Acetaminophen - Acetaminophen 500 MG , Give 2 tablet by mouth twice a day For back and shoulder pain, per patient.
Donepezil Hydrochloride - Donepezil Hydrochloride 5 MG , Give 1 table by mouth at bedtime For memory, per spousr
Oxybutynin - Oxybutynin 5mg by mouth twice a day Bladder training per patient
Gabapentin - Gabapentin 300 mg 300 MG , Give 1 capsule by mouth twice a day Back and shoulder pain per patient
Metformin - Metformin Hydrochloride 500 MG Give 1 tablet by mouth once a day Pre diabetes per patient
B Complex - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav Give 1 tablet by mouth once a day chew before swallowing
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 125 MCG (5000 UT) , Give 1 capsule by mouth once a day Low vitamin D levels
Allegra - Fexofenadine Hydrochloride 180 mg by mouth once a day For seasonal allergies
Coq10 - Coenzyme Q10 60mg by mouth once a day

14. DME and Supplies:

large base quad cane, grab bars, cane, bath bench, 4 wheeled walker

15. Safety Measures:

standard precautions, walker precautions, medical alert/lifeline, medication safety, fall precautions, bathroom safety, ambulates with device

16. Nutrition:

regular

17. Allergies:

oxycontin

18.A. Functional Limitations

Ambulation, Hearing

18.B. Activities Permitted

Walker, 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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair, Living Will

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

family/caregiver will be responsible for managing treatment
family/caregiver will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status: After undergoing Cervical Spinal Fusion, 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 a 79-year-old male admitted to home health services following cervical spinal fusion (C4–C6 posterior decompression and fusion) performed on June 2, 2025, secondary to a fall in January 2025. His medical history is significant for aortic stenosis, hypertension, hyperlipidemia, benign prostatic hyperplasia (BPH), chronic kidney disease stage III, diabetes mellitus (pre-diabetes), anemia of chronic disease, osteoarthritis, left knee replacement, and a previous cervical spinal fusion 20 years ago. Prior to the recent procedure, the patient had been experiencing progressive bilateral lower extremity weakness, right upper extremity pain and weakness, falls, and difficulty ambulating. Upon assessment, the patient was alert and oriented ×3–4 with occasional need for date prompts. His vital signs were obtained, lungs were clear to auscultation, bowel sounds were active, peripheral pulses were palpable in all extremities, and his skin was warm, dry, and intact, with small bruising noted on the right leg. He currently uses a cervical collar, which must be worn at all times during movement, and follows spine precautions including no bending, lifting, or twisting. The patient resides in a two-bedroom apartment with his wife, who is actively involved in his care and was present throughout the visit. The patient ambulated independently indoors using a rollator, with contact guard assistance noted. He continues to demonstrate limitations in right shoulder range of motion and strength, reduced right ankle dorsiflexion due to foot drop, impaired endurance, and decreased dynamic standing balance. Timed Up and Go (TUG) test was completed in 18 seconds, indicating a high risk for falls. He requires assistance with dressing and bathing and uses adaptive equipment, including a commode chair in the walk-in shower. He also utilizes an electric wheelchair for long distances. A home exercise program (HEP) was reviewed with the patient, emphasizing seated therapeutic exercises. The patient has access to an independent living facility (ILF) gym and has been educated on the proper use of equipment such as free weights, a recumbent bike, elliptical machine, and treadmill, which may be used in coordination with home therapy. Cognitive impairments are present, and he uses a memory/cognition book for support. Based on the current assessment, the patient would benefit from continued skilled therapy services to address strength, endurance, mobility, and safety, and to facilitate return to prior level of function. Date of Order 07/14/2025 Orders Physician Face-to-Face Date: 07/07/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease process pt-eval & treat ot-eval & treat due to Cervical Spinal Fusion 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: OT Eval Notes: PT Eval Notes: Physician Mcevoy, Michael

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 07/14/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Michael McEvoy
1380 Progress Way
Eldersburg, MD 21784
PHONE: 4107952233 FAX: 14107953538 NPI: 1669558219

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 : 07/07/2025

27. Attending Physician's Signature and Date Signed **08/20/2025**: 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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SN WK1: 1 (07/14/25-07/19/25) ,WK2: 1 (07/20/25-07/26/25)

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: 1. Non-agency caregiver(s) currently 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, 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

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, limited range of motion, limited strength, pain radiating to arms/legs, balance deficit, B0200 - Hearing Deficit, bruising/discoloration

PROCEDURES: Medication Review- Medications reviewed with patient/caregiver., cough/deep breathing exercises, incentive spirometer

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 promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent constipation, 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 hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

PATIENT-STATED GOAL: I want to gain my strength back and walk better.

GOALS
patient/caregiver recalls
* how to promote optimized mobility with strength
* balance
* dexterity
* range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing
* prevent constipation
* 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
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* 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

PT Careplans

PT WK2: 1 (07/20/25-07/26/25) ,WK3: 2 (07/27/25-08/02/25) ,WK4: 2 (08/03/25-08/09/25) ,WK5: 1 (08/10/25-08/16/25) ,WK6: 1 (08/17/25-08/23/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: Therapeutic exercise , Dynamic standing balance , Medication Review- Patient/caregiver recalls related purpose and schedule of medications., gait training on uneven surfaces, gait training/stair training, transfers training

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, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assista, Toilet Transfer - 06. Independent, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assis, Walk 150 Feet - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 1 - Step (curb) - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Medication Review-

PT Goals

PATIENT-STATED GOAL: To improve balance and endurance.

GOALS
Toilet Transfer - 06. Independent

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 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

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assista

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assis

Car Transfer - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching

1 - Step (curb) - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

OT Careplans

OT Goals

Signature of Physician:

Date

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

Date
07/14/2025

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PROBLEMS IDENTIFIED ON ASSESSMENT: 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: ADLS , Medication Review- : Medications reviewed with patient/caregiver., work simplification/energy conservation, transfers training, assist with mobility, therapeutic exercises

TEACH PATIENT/CAREGIVER: Oral Hygiene - 06. Independent, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Patient will demonstrate improved bilateral upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks , Patient/caregiver, related purpose and schedule of medications, Medication Review-

PATIENT-STATED GOAL: Patient wants to get stronger and walk better

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

Oral Hygiene - 06. Independent

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Patient will demonstrate improved bilateral upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks

Patient/caregiver recalls related purpose and schedule of medications

Toileting Hygiene - 06. Independent

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	07/14/2025