Home Health Certification and Plan of Care

Order ID: 1150/11688

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
41312215	08/20/2025	From: 08/20/2025 To: 10/18/2025	16530	217058

6. Patient's Name and Address
Tony Johnson
29 1/2 COBBER LANE,
BALTIMORE, MD 21229-
443-306-7457

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 08/12/1956 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	08/20/25

13. ICD	Other Pertinent Diagnoses	Date
I50.42	Chronic combined systolic and diastolic hrt fail	08/20/25
N18.30	Chronic kidney disease stage 3 unspecified	08/20/25
F01.50	Vascular dementia unsp severity without beh/psych/mood/anx	08/20/25
I67.1	Cerebral aneurysm nonruptured	08/20/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/20/25
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	08/20/25
N13.8	Other obstructive and reflux uropathy	08/20/25
F10.21	Alcohol dependence in remission	08/20/25
K21.9	Gastro-esophageal reflux disease without esophagitis	08/20/25
E78.5	Hyperlipidemia unspecified	08/20/25
H53.2	Diplopia	08/20/25
F19.90	Other psychoactive substance use unspecified uncomplicated	08/20/25
G81.94	Hemiplegia unspecified affecting left nondominant side	08/20/25
M21.339	Wrist drop unspecified wrist	08/20/25
M10.9	Gout unspecified	08/20/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	08/20/25
Z91.81	History of falling	08/20/25

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

Aspirin 81Mg - Aspirin 81 mg, Take 81 mg Tablet by mouth once a day
Lipitor - Atorvastatin Calcium 60 mg, take 60 mg tablet by mouth at bedtime
Metoprolol Tartrate - Metoprolol Tartrate 25 mg, Take 25 mg tablet by mouth twice a day
Trileptal - Oxcarbazepine 150 mg, take 150 mg tablet by mouth twice a day
Risperdal - Risperidone 0.25 mg, Take 0.25 mg tablet by mouth at bedtime
Tylenol - Acetaminophen 325 mg, Take 2 tablets by mouth every 6 hours 325 mg tablet
Take 2 tablets by mouth every 6 hours as needed
for MILD Pain (or if patient requests it for
moderate or severe pain) or Fever (temp in PRN
comment) (for fever > 38.0 and notify
physician).
Flomax - Tamsulosin Hydrochloride 0.4 mg, take 0.4 mg capsule by mouth once a day
Doxepin Hydrochloride - Doxepin Hydrochloride 10 mg tab by mouth at bedtime
Pepcid - Famotidine 40 mg 40mg by mouth once a day GERD
Zoloft - Sertraline Hydrochloride eq 100 mg base 100mg by mouth once a day

14. DME and Supplies:
commode, grab bars, rolling walker, walker, bath bench

15. Safety Measures:
no bp left arm, walker precautions, medication safety, supervision at all times, standard precautions, bathroom safety, activity supervision, ambulates with assistance, ambulates with device

16. Nutrition:
low cholesterol, low sodium, fluid restriction

17. Allergies:
lisinopril baclofen latex

18.A. Functional Limitations
Ambulation, Endurance, left side hemiparesis

18.B. Activities Permitted
Walker, Up As Tolerated, left side hemiparesis

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: 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: good

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 Heart And Chronic Kidney Disease With Heart Failure And 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:

The patient is a 69-year-old male with a complex past medical history including hypertension, congestive heart failure, chronic kidney disea vascular dementia, transient ischemic attack with prior cerebral aneurysm, benign prostatic hyperplasia, hyperlipidemia, history of alcohol dependence now in remission, psychoa use, left-sided hemiplegia, and recurrent falls. He was hospitalized one week ago after a fall, during which he was lethargic and unable to stand, though the specific cause of admi unclear. He currently resides with his significant other of 37 years, Noreen, who provides constant supervision and manages his medication regimen by filling a weekly pill box. Th requires assistance and cueing for memory, particularly with recall of recent events, and demonstrates poor safety awareness. He has no memory of his recent hospitalization. Ha during the night and sleep disturbances characterized by sleepwalking and talking have been reported. He also reports frequent daytime napping, and the nurse instructed both p caregiver to establish a set bedtime of 7 PM and minimize daytime naps. Education was also provided regarding the potential neuropsychiatric side effects of his prescribed medic may contribute to hallucinations. On assessment, the patient was alert and oriented 2 but required cueing for safety and task completion. He reports good appetite with no vomiting, or abdominal discomfort; last bowel movement was the night prior to the visit. No wounds were observed. Vital history includes recurrent falls, most recently one week another fall last night while attempting to sit in a chair. Ambulation is limited to short distances with a rolling walker; he requires contact guard assistance for sit-to-stand and toile needing verbal cues for limb placement. Lower extremity strength is decreased bilaterally, and mild low back pain is reported. Functional mobility is significantly impaired, with di transfers, step negotiation, and balance, placing him at high risk for recurrent falls and further decline. He is homebound due to his medical complexity, impaired safety awarenes effort required to leave the home. The patient lives in a multi-level home with eight steps to enter, thirteen steps to the second-floor bedroom and full bath, and a half-bath floor. Although he primarily sleeps in a recliner on the first level, he occasionally ascends to the second floor with difficulty. Occupational and physical therapy evaluations were c physical therapist noted deficits in strength, mobility, balance, safety awareness, and overall functional independence. A home PT program was initiated with therapeutic exercise extremity strengthening, transfer training, and balance activities, with the goal of restoring independence, reducing fall risk, and improving safety. PT frequency is scheduled as 1 starting 8/21/25 under the care of PT Susan Rowan. The plan of care includes continued skilled nursing for disease and medication management, reinforcement of fall-prev strategies, adherence to walker/rollator use during all ambulation, caregiver education, and close monitoring for hallucinations or neuropsychiatric medication side effects. The pa continue with skilled PT and OT interventions to optimize function, mobility, and safety in the home environment.
 Date of Order <sp style="font-size: 14px;">08/20/2025 Orders Physician Face-to-Face Da 08/15/2025 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-Clinical%20Condition%20Requiring%20Home%20Care%20per%20Certifying%20Physician">Clinical Condition Requiring Home Care per Certifying Physician</mh>: sn-dis management pt-eval & treat ot-eval & treat due to Hypertensive Heart And Chronic Kidney Disease With Heart Failure And Stage 1 Through Stage 4 Chronic Kidney Dise Unspecified Chronic Kidney Disease <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-styl CE-FMS-Homebound%20Status%20per%20Certifying%20Physician">Homebound Status per Certifying Physician</mh>: <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 08/20/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Kenneth Villar
7670 Quarterfield Road
Glen Burnie, MD 21061
PHONE: FAX: NPI: 1235314436

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 : 08/15/2025

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.

Home Health Certification and Plan of Care

Order ID: 1150/11688

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
41312215	08/20/2025	From: 08/20/2025 To: 10/18/2025	16530	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Tony Johnson 29 1/2 COBBER LANE, BALTIMORE, MD 21229- 443-306-7457	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

se stage 3,
ctive substance
ssion was
ıe patient
ıllucinations
atient and
cations, which
nausea,
ago, with
et transfers,
fficulty in
s, and taxing
ı on the first
ompleted. The
s including lower
w1, 2w3, 1w3
ention
tient will also
L4px;
an
ate:

ease
ease, Or
le-8

Signature of Physician:	Date
	PAGE 2 of 6
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/20/2025

Home Health Certification and Plan of Care

Order ID: 1150/11688

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
41312215	08/20/2025	From: 08/20/2025 To: 10/18/2025	16530	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Tony Johnson 29 1/2 COBBER LANE, BALTIMORE, MD 21229- 443-306-7457	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

CE-FMS-patient%20requires%20another%20person%20or%20medical%20equipment%20such%20as%20crutches,%20a%20walker,%20or%20a%20wheelchair%20to%20leave%
requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</mh> <span style="white-space: pre; font-size: 1
white-space: normal;">
 1 - SOC - SN Notes: <div
style="font-size: 14px;">PT Eval Notes: OT Eval Notes: <span style="font-size:
14px;">Physician Villar, Kenneth

SN Careplans

SN WK1: 1 (08/20/25-08/23/25) ,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)

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, 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M1720 - Anxiety, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, swelling in the arms/legs, abn cholesterol > 200 mg/dL, abnormal blood pressure, decreased urine output (GU), frequent urination (GU), muscle weakness, limited strength, limited endurance, daytime fatigue (NR), weak hand grips (NR), balance deficit, difficulty sleeping

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver., cough/deep breathing exercises, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, monitor intake & output, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * how to take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * 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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * low cholesterol dietary guidelines, related medication(s) purpose, schedule, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, 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, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * how to control drug withdrawal symptoms how to get support overcome cravings, 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, * how to incorporate lifestyle modifications to optimize genito-urinary condition including diet exercise home remedies, 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, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: to stop falling

GOALS
patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize genito-urinary condition including diet
* exercise
* home remedies
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low cholesterol dietary guidelines
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to control drug withdrawal symptoms
* how to get support
* overcome cravings
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* 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
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes

Signature of Physician:	Date
	PAGE 3 of 6
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/20/2025

Home Health Certification and Plan of Care

Order ID: 1150/11688

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
41312215	08/20/2025	From: 08/20/2025 To: 10/18/2025	16530	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Tony Johnson 29 1/2 COBBER LANE, BALTIMORE, MD 21229- 443-306-7457	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

20home">patient
4px;
/><span

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles SN RN

Date

08/20/2025

Home Health Certification and Plan of Care

Order ID: 1150/11688

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
41312215	08/20/2025	From: 08/20/2025 To: 10/18/2025	16530	217058

6. Patient's Name and Address
Tony Johnson
29 1/2 COBBER LANE,
BALTIMORE, MD 21229-
443-306-7457

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

* diet
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* 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 is adequately supervised

meal preparation is available to patient for all meals

caregiver performs medical/rehabilitation treatments with adequate competence

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 WK1: 1 (08/20/25-08/23/25) ,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)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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: Medication Review- : Medications reviewed with patient/caregiver., heat application, home exercise program, dynamic standing balance exercises, gait training on uneven surfaces, gait training/stair training, transfers training, assist with fall prevention, assist with home exercise program

TEACH PATIENT/CAREGIVER: * 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 - 03. Partial/moderate assistance, Chair to Bed to Chair - 03. Partial/moderate assistance, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 03. Partial/moderate assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 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, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Medication Review-

PT Goals

PATIENT-STATED GOAL: To be able to walk, and to get up and down my steps

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

Toilet Transfer - 05. Setup or clean-up 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

Medication Review

Sit to Stand - 03. Partial/moderate assistance

Chair to Bed to Chair - 03. Partial/moderate assistance

Car Transfer - 03. Partial/moderate assistance

Walk 10 Feet - 04. Supervision or touching assistance

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

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

OT Careplans

OT WK1: 1 (08/20/25-08/23/25) ,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)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, 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, Patient/caregiver recalls related purpose and schedule of medications: Medication Review , cough/deep breathing exercises, transfers training, therapeutic exercises

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 - 05. Setup or clean-up assistance, 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 - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Medication reviewed with patient/caregiver , Patient will demonstrate improved right upper extremity

OT Goals

PATIENT-STATED GOAL: Patient wants to get stronger in the left upper extremity

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

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

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

Toileting Hygiene - 05. Setup or clean-up assistance

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

Signature of Physician:

Date

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

Date
08/20/2025

Home Health Certification and Plan of Care

Order ID: 1150/11688

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
41312215	08/20/2025	From: 08/20/2025 To: 10/18/2025	16530	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Tony Johnson 29 1/2 COBBER LANE, BALTIMORE, MD 21229- 443-306-7457	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

muscle strength from 3+/5 mmt to 4/5 mmt and left upper extremity muscle strength from 3/5 to 4-/5 mmt to improve ADLs and transfers within 6 wks	Patient will demonstrate improved right upper extremity muscle strength from 3+/5 mmt to 4/5 mmt and left upper extremity muscle strength from 3/5 to 4-/5 mmt to improve ADLs and transfers within 6 wks Medication reviewed with patient/caregiver Oral Hygiene - 05. Setup or clean-up assistance Eating - 06. Independent

Signature of Physician:	Date
	PAGE 6 of 6
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/20/2025