

Home Health Certification and Plan of Care				Order ID: 1150/11389					
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
2HQ5V05QR54		08/14/2025		From: 08/14/2025 To: 10/12/2025		16414		217058	
6. Patient's Name and Address Curtis Wilson 3700 Benson Avenue, Halethorpe, MD 21227- 240-646-4926					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 08/01/1938 9.Sex Male					10. Medications: Dose/Frequency/Route (N)ew (C)hanged Quetiapine 50 Mg , Take 50 MG Tablet by mouth twice a day 50 Mg PO BID Levetiracetam - Levetiracetam 750 Mg , Take 750 Mg Tablet by mouth twice a day 750 Mg PO BID Atorvastatin - Atorvastatin Calcium 80 Mg , take 80 Mg Tablet by mouth at bedtime 80 Mg PO QHS Lisinopril - Lisinopril 40 Mg , take 40 Mg Tablet by mouth once a day 40 Mg PO QDAY Aspirin 81Mg - Aspirin 81 Mg , take 81 Mg Tablet by mouth once a day 81 Mg PO QDAY Amlodipine - Amlodipine Besylate 10 Mg , take 1 Tablet by mouth once a day 1 Tab PO QDAY				
11. ICD F03.B11		Principal Diagnosis Unspecified dementia moderate with agitation			Date 08/14/25		15. Safety Measures: transfer with assist, supervision at all times, hand rails, standard precautions, seizure precautions, smoke detectors , medication safety, , fall precautions, emergency phone number prominently displayed, diabetic precautions, bleeding precautions, avoid temperature extremes, ambulates with assistance		
13. ICD I12.9		Other Pertinent Diagnoses Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny			Date 08/14/25				
E11.22		Type 2 diabetes mellitus w diabetic chronic kidney disease			08/14/25				
N18.31		Chronic kidney disease stage 3a			08/14/25				
E78.5		Hyperlipidemia unspecified			08/14/25				
E87.6		Hypokalemia			08/14/25				
F17.220		Nicotine dependence chewing tobacco uncomplicated			08/14/25				
Z86.73		Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits			08/14/25		17. Allergies: no known allergies		
14. DME and Supplies: None of the above									
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET					18. B. Activities Permitted Up As Tolerated, Exercises Prescribed, Transfer bed/Chair				
18.A. Functional Limitations Hearing					19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, 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!4. Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects)!6. Delusional, hallucinatory, or paranoid behavior, 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 Unspecified Dementia Moderate With Agitation , 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 85-year-old male who was hospitalized 8/9/25-8/12/25 for an acute change in mental status with documented hypokalemia and hypernatremia and was discharged home to live with his daughter and two family members who are available to assist with care. His past medical history is significant for dementia, hypertension, diet-controlled diabetes mellitus, chronic kidney disease stage 3, a prior right posterior-parietal stroke treated with tPA (6/2020), and focal seizures. Prior level of function was independent with ADLs and ambulation without an assistive device indoors; current assessment reveals bilateral lower-extremity weakness, decreased functional mobility, unsteady gait, difficulty with transfers and negotiating steps (entry: 4 steps with rail; bedroom: 13 steps), impaired balance, poor safety awareness, and word-finding/language deficits requiring minimal-moderate verbal cueing for initiation and sequencing of tasks. He is forgetful with medications, hard of hearing, and has residual left foot discoloration/edema and paresthesia of the left finger. Given the mobility, balance and safety deficits in a multilevel home environment, skilled home physical therapy is recommended to begin 8/14/25 (proposed frequency: 1w1, then 2w3, then 1w3) to address strengthening, transfers, stair and gait safety, balance, endurance, and caregiver training; concurrent skilled nursing follow-up for medication reconciliation, cognition monitoring, and skin/wound surveillance is also advised.Date of Order08/14/2025OrdersPhysician Face-to-Face Date: 08/10/2025Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and treat due to Unspecified Dementia Moderate With AgitationHomebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home1 - SOC - PT Notes:OT Eval Notes:PhysicianDas, Manash				
SN Careplans					SN Goals				
PT Careplans					PT Goals				
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles SN RN on 08/14/2025					25. Date HHA Received Signed POT				
24. Physician's Name and Address Manash Das 7582 Annapolis Rd Landover Hills, MD 20784 PHONE: 2406773000 FAX: 12406770028 NPI: 1942467071					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 : 08/10/2025				
27. Attending Physician's Signature and Date Signed 08/22/2025 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. PAGE 1 of 3				

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PT WK1: 1 (08/14/25-08/16/25) ,WK2: 2 (08/17/25-08/23/25) ,WK3: 2 (08/24/25-08/30/25) ,WK4: 2 (08/31/25-09/06/25) ,WK5: 1 (09/07/25-09/13/25) ,WK6: 1 (09/14/25-09/20/25) ,WK7: 1 (09/21/25-09/27/25) 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: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 3. Multiple hospitalizations (2or 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:No Advance Directive 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, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170F1 - Toilet Transfer, GG0170K1 - Walk 150 Feet, M1700 - Cognition, M1745 - Behavioral Issues, M2020 - Oral Med Management, M1033 - Unintentional Weight Loss, swelling in the arms/legs, M1400 - Dyspnea, M1033 - Exhaustion, muscle weakness, limited strength, balance deficit, B0200 - Hearing Deficit PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver., coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor, home exercise program, dynamic standing balance exercises, gait training on uneven surfaces, gait training/stair training, transfers training, assist with fall prevention, coordinate/arrange home modifications for hearing impaired, i.e. alarms 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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, 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, * 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * strategies to increase caloric intake, 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/C O2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 _ Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent			PATIENT-STATED GOAL: To be independent and improve GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent patient/caregiver recalls * how to keep home safe for patient with dementia * coping strategies for the caregiver * recalls related medication(s) purpose, schedule patient/caregiver recalls * diabetic medication management * blood sugar testing * diabetic foot care * exercise * diabetic diet * 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 * 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 * 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 * 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 increase caloric intake * 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/caregiver recalls * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 06. Independent Walk 50 ft with 2 Turns - 06. Independent Walk 150 Feet - 06. Independent Walk 10 ft on Uneven Surface - 06. Independent 1 _ Step (curb) - 06. Independent	
Signature of Physician:			Date	
			PAGE 2 of 3	
Optional Name/Signature of Nurse/Therapist:			Date	
Electronically Signed by Messick, Charles SN RN			08/14/2025	

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		4 Steps - 06. Independent 12 Steps - 06. Independent Picking Up Object - 06. Independent		
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) ,WK8: 1 (10/05/25-10/11/25) 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: Medication review: Medications reviewed with patient/caregiver., cough/deep breathing exercises, equipment training, 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 - 03. Partial/moderate assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent		OT Goals PATIENT-STATED GOAL: Patient wants to improve GOALS 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 Shower/Bathe Self - 03. Partial/moderate assistance Toileting Hygiene - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent		

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