Home Health Certification and Plan of Care

Order ID: 1150/10141

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2T94H78TA98	06/30/2025	From: 06/30/2025 To: 08/28/2025	14387	217058

6. Patient's Name and Address

Wardell Stewart
1802 Eutaw Pl,
Baltimore, MD 21217-
410-728-3737

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 02/23/1965 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
M17.11	Unilateral primary osteoarthritis right knee	06/30/25

13. ICD	Other Pertinent Diagnoses	Date
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	06/30/25
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	06/30/25
F41.9	Anxiety disorder unspecified	06/30/25
F33.1	Major depressive disorder recurrent moderate	06/30/25
E78.5	Hyperlipidemia unspecified	06/30/25
Z79.01	Long term (current) use of anticoagulants	06/30/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	06/30/25
Z89.421	Acquired absence of other right toe(s)	06/30/25
Z91.81	History of falling	06/30/25
Z98.61	Coronary angioplasty status	06/30/25
Z87.440	Personal history of urinary (tract) infections	06/30/25

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

Acetaminophen - Acetaminophen 500 MG, Give 2 tablet by mouth every 6 hours pain level 1-5 *Use caution w/ APAP total daily dose greater than 3,000mg*
Multi-Vitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Give 1 tablet by mouth once a day
Sitagliptin Phosphate - Sitagliptin Phosphate 100 MG, Give 1 tablet by mouth once a day
Torsemide - Torsemide 40 MG , Give 1 tablet by mouth once a day
Trazodone Hydrochloride - Trazodone Hydrochloride 50 MG, Give 1 tablet by mouth at bedtime
Gabapentin - Gabapentin 900 MG, Give 1 tablet by mouth three times a day
Eliquis - Apixaban 5 MG Give 1 tablet by mouth twice a day
Ascorbic Acid - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 250 MG Give 1 tablet by mouth once a day
Atorvastatin - Atorvastatin Calcium 40 MG, Give 1 tablet by mouth at bedtime
Clopidogrel Bisulfate - Clopidogrel Bisulfate 75 MG, Give 1 tablet by mouth once a day
Famotidine - Famotidine 20 mg 20 MG Give 1 tablet by mouth twice a day
Januvia - Sitagliptin Phosphate eq 100 mg base 1 tab by mouth
Januvia - Sitagliptin Phosphate eq 100 mg base 1 tab by mouth
Loratadine - Loratadine 10 MG Give 1 tablet by mouth once a day
Jardiance - Empagliflozin 25 MG, Give 1 tablet by mouth once a day
Docusate Sodium - Docusate Sodium 100mg by mouth twice a day Prn constipation
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg 5 MG , Give 1 tablet by mouth every 4 hours Prn pain
Lidocaine - Lidocaine 4 %, Apply to right knee topically topical in the morning

14. DME and Supplies:

wheelchair, rolling walker, hospital bed, grab bars

15. Safety Measures:

standard precautions, restricted ROM, remove environmental barriers, fall precautions, diabetic precautions, bathroom safety, anticoagulant precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

tramadol

18.A. Functional Limitations

Contracture, Ambulation, Endurance, Pain

18.B. Activities Permitted

Walker, Wheelchair, Exercises Prescribed, 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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair, No Advance Directive

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
add discharge plan

Homebound status: Due to diagnosis of Unilateral Primary Osteoarthritis Right Knee , 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 59-year-old female with a significant medical history, including peripheral vascular disease (PVD), osteoarthritis of the right knee, diabetes mellitus, hypertension, neuropathy, anxiety, depression, urinary tract infections, and multiple falls. She was hospitalized on 10/24/24 for complications related to PVD and underwent bypass surgery followed by amputation of two right toes. She was admitted to Future Care from 11/26/24 to 6/16/25 and currently resides in an assisted living facility with ramp access and elevator availability. The patient ambulates indoors with contact guard assistance for approximately 15 feet, demonstrating absent right knee extension and walking primarily on the toes of her right foot with reduced step length. She propels her wheelchair using her feet and right arm but experiences significant difficulty and prefers moving backward when possible, achieving about 50 feet. Bed-to-chair transfers require close supervision with a stand-pivot technique, and toilet transfers require moderate assistance with the aid of grab bars. Bed mobility is achieved with supervision. The patient has limited strength in the left shoulder, a right knee flexion contracture measuring -25 degrees, and decreased range of motion in the right ankle. She is considered homebound due to the considerable effort required to leave the home, supported by a Tinetti score of 9/28, indicating high fall risk. The patient would benefit from skilled home therapy services aimed at increasing strength, improving joint range of motion, and enhancing overall functional mobility. Given her difficulty propelling a standard wheelchair forward using bilateral upper extremities, a power wheelchair may be necessary for safe and effective mobility. A consultation with Dr. Pope is planned to discuss potential left shoulder surgery versus transitioning to a power wheelchair for improved independence and safety. Date of Order 06/30/2025 Orders Physician Face-to-Face Date: 05/23/2025 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat ot-eval & treat due to Unilateral Primary Osteoarthritis Right Knee 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: Physician Pope, Jennifer

SN Careplans | SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 06/30/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Jennifer Pope
1319 Woodbridge Station Way Ste 101
Edgewood, MD 21040
PHONE: 4102580093 FAX: 14432199839 NPI: 1285972935

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 : 05/23/2025

27. Attending Physician's Signature and Date Signed **08/05/2025** 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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PT Careplans

PT WK1: 2 (06/30/25-07/05/25) ,WK2: 2 (07/06/25-07/12/25) ,WK3: 2 (07/13/25-07/19/25) ,WK4: 1 (07/20/25-07/26/25) ,WK5: 1 (07/27/25-08/02/25) ,WK6: 1 (08/03/25-08/09/25) ,WK7: 1 (08/10/25-08/16/25) ,WK8: 1 (08/17/25-08/23/25) ,WK9: 1 (08/24/25-08/25/25)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 8

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), 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

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: GG0170F1 - Toilet Transfer, 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, GG0170D1 - Sit to Stand, D0160 - Depression, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, limited range of motion, limited strength, limited endurance, Pain Effect on Sleep, balance deficit, extremity burn/tingle/numb, Pain Interference with ADLs, obesity

PROCEDURES: Bed mobility training , Wheelchair skills and possible order power wheelchair , train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Sitting knee extension, ankle pumps, gait training/stair training, transfers training, Equipment training, Notes: work simplification/energy conservation, Notes: ,

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, * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assista, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 03. Partial/moderate assistance, Walk 50 ft with 2 Turns - 03. Partial/moderate assistance, Walk 10 ft on Uneven Surface - 03. Partial/moderate assista, 1 - Step (curb) - 03. Partial/moderate assistance, Picking Up Object - 03. Partial/moderate assistance

PT Goals

PATIENT-STATED GOAL: To be able to move around normally in a power wheelchair

GOALS
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
* 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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* 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
* 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

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

caregiver performs medical/rehabilitation treatments with adequate competence

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 03. Partial/moderate assistance

Walk 10 ft on Uneven Surface - 03. Partial/moderate assista

1 - Step (curb) - 03. Partial/moderate assistance

Picking Up Object - 03. Partial/moderate assistance

Sit to Stand - 04. Supervision or touching assistance

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

Walk 10 Feet - 03. Partial/moderate assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles SN RN

Date

06/30/2025

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OT Careplans	OT Goals
OT WK1: 1 (06/27/25-06/28/25) goal: Oral Hygiene - 05. Setup or clean-up assistance, Target Date: 08/28/2025, Upper Body Dressing - 05. Setup or clean-up assistance, Target Date: 08/28/2025, Lower Body Dressing - 03. Partial/moderate assistance, Target Date: 08/28/2025, Shower/Bathe Self - 04. Supervision or touching assistance, Target Date: 08/28/2025, Toileting Hygiene - 05. Setup or clean-up assistance, Target Date: 08/28/2025, Don/Doff Footwear - 03. Partial/moderate assistance, Target Date: 08/28/2025, Eating - 06. Independent, Target Date: 08/28/2025,	

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	06/30/2025