Home Health Certification and Plan of Care

Order ID: 1150/11781

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	Principal Diagnosis	Date
F03.B11	Unspecified dementia moderate with agitation	08/14/25

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	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

14. DME and Supplies:
None of the above

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

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Hearing

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

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.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 08/14/2025<o:p></o:p> Orders<o:p></o:p> Physician Face-to-Face Date: 08/10/2025<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and treat due to Unspecified Dementia Moderate With Agitation<o:p></o:p> Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p> <o:p> </o:p> 1 - SOC - PT Notes:<o:p></o:p> OT Eval Notes:<o:p></o:p> Physician: Das, 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 : 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 WK1: 1 (08/14/25-08/16/25) ,WK2: 1 (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 (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: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/CO2 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
* 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 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 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

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/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
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

Sit to Stand - 06. Independent

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

Signature of Physician:

Date

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

Date
08/14/2025

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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

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

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Shower/Bathe Self - 03. Partial/moderate assistance

Eating - 06. Independent

Signature of Physician:

Date

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

Date
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