Home Health Certification and Plan of Care

Order ID: 1150/11830

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1AQ7QT2MP62	08/29/2025	From: 08/29/2025 To: 10/27/2025	16861	217058

6. Patient's Name and Address

Sheldon Menker
24 Faraday Dr,
Timonium, MD 21093-
410-252-9450

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 05/25/1940 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
M84.451D	Pathological fracture right femur subs for fx w routn heal	08/29/25

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	08/29/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/29/25
K57.92	Dvtrcli of intest part unsp w/o perf or abscess w/o bleed	08/29/25
K26.4	Chronic or unspecified duodenal ulcer with hemorrhage	08/29/25
D50.0	Iron deficiency anemia secondary to blood loss (chronic)	08/29/25
K21.9	Gastro-esophageal reflux disease without esophagitis	08/29/25
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	08/29/25
R33.8	Other retention of urine	08/29/25
E78.49	Other hyperlipidemia	08/29/25
M15.8	Other polyosteoarthritis	08/29/25
Z79.02	Long term (current) use of antithrombotics/antiplatelets	08/29/25
Z85.828	Personal history of other malignant neoplasm of skin	08/29/25
Z87.891	Personal history of nicotine dependence	08/29/25

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

Metronidazole - Metronidazole 500 MG , Give 2 tablet by mouth twice a day Give 2 tablet by mouth two times a day for diverticulitis for 7 Days
Proctocort - Hydrocortisone Insert 1 application Cream rectal every 12 hours Insert 1 application rectally every 12 hours as needed for hemorrhoids
Protonix - Pantoprazole Sodium 40 MG , Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for GI bleed
Clopidogrel Bisulfate - Clopidogrel Bisulfate 75 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for CAD/DVT prophylaxis monitor for bleeding.
Thiamine Hydrochloride - Thiamine Hydrochloride 100 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for supplement
Cefpodoxime Proxetil - Cefpodoxime Proxetil 200 MG , Give 2 tablet by mouth twice a day Give 2 tablet by mouth two times a day for diverticulitis for 7 Days
Sodium Fluoride 5000 PPM Dental Gel 1.1% 1.1% , 1 application gel by mouth once a day 1 application dental one time a day for dental
Crestor - Rosuvastatin Calcium 20 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for lowers cholesterol
Ranolazine - Ranolazine 500 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Chronic angina
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Men 50+ , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for VIT Deficiency
Melatonin - Melatonin 3 MG , Give 2 tablet by mouth at bedtime Give 2 tablet by mouth as needed for Insomnia Give at bedtime
Acetaminophen - Acetaminophen 325 mg 325 MG , Give 2 tablet by mouth every 6 hours Give 2 tablet by mouth every 6 hours as needed for PAIN or TEMP > 100 Notify Physician/Advanced Practice provider. Do not exceed 3g/day
Nitroglycerin - Nitroglycerin 0.4 MG , Give 1 tablet by mouth as necessary Give 1 tablet sublingually every 5 minutes as needed for Chest Pain May give up to 3 doses if unresolved. Call MD and send to ER if unresolved. Check Pulse and BP before administration.
Ezetimibe - Ezetimibe 10 MG , Give 10 mg Tablet by mouth once a day Give 10 mg by mouth one time a day for hyperlipidemia
Vitamin B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 250 MCG , Give 250 mcg Tablet by mouth once a day Give 250 mcg by mouth one time a day for VIT Deficiency
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG, Give 1 capsule by mouth in the evening Give 1 capsule by mouth in the evening for enlarge prostate.
Bisacodyl Rectal Suppository 10 MG 10 MG , Insert 10 mg rectally rectal three times per week Insert 10 mg rectally every 48 hours as needed for Constipation Place 1 suppository rectally every 48 hours as needed.

14. DME and Supplies:

walker

15. Safety Measures:

walker precautions, medication safety, hip precautions, fall precautions, bleeding precautions, bathroom safety, ambulates with device

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

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

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

patient will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 08/29/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Sabyasachi Kar
515 Fairmount Ave
Towson, MD 21286
PHONE: 4104941322 FAX: 14104941670 NPI: 1669553798

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 : 08/19/2025

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Sheldon Menker 24 Faraday Dr, Timonium, MD 21093- 410-252-9450	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Homebound status: Due to diagnosis of Pathological Fracture Of The Right Femur During A Subsequent Encounter For Fracture With Routine Healing, 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 with a past medical history significant for coronary artery disease with prior cardiac stent placement, hypertension, degenerative joint disease, pancreatitis, cholelithiasis, gastroesophageal reflux disease, and skin cancer. He was recently hospitalized for three weeks followed by a one-week stay at a skilled nursing facility and has now been admitted to home health services for continued rehabilitation following a right anterior hip replacement. On assessment, his vital signs were stable, and he denied shortness of breath, chest pain, dizziness, or lightheadedness. He reports generalized weakness, malaise, and easy fatigability. His skin is extremely fragile with multiple ecchymoses and old scabbed wounds; however, he denies any recent falls. The right hip incision is covered with a dressing, which showed small amounts of old drainage without signs of acute infection. The patient lives alone in a multilevel townhouse with his dog and receives assistance from neighbors and friends for meal preparation, transportation, household chores, and dog walking. He has rolling walkers on each level of his home and currently ambulates short distances with a rolling walker independently but requires increased time and effort due to poor endurance, weakness, and limited dynamic balance. Transfers from sitting to standing are performed with contact guard assistance, particularly for toileting and tub transfers, with the need for verbal cues for proper limb placement. He was instructed not to pull on towel racks for support during transfers due to fall risk. The patient also demonstrates bilateral upper extremity weakness and limited shoulder strength, which further impacts his ability to perform activities of daily living. He requires standby assistance for bathing and dressing tasks and contact guard assistance for toileting and functional transfers. On functional testing, the Timed Up and Go (TUG) was completed in 14 seconds, indicating a high fall risk. He demonstrates weakness of the right lower extremity with left lower extremity strength within functional limits. Endurance and activity tolerance remain significantly limited. A home exercise program was initiated, including seated and standing therapeutic exercises to address lower extremity strengthening, balance training, and endurance building. Education was provided on safe mobility, energy conservation, and fall prevention strategies, with the patient verbalizing understanding. The patient will benefit from continued skilled therapy services to address deficits in strength, balance, endurance, and functional mobility with the goal of promoting safety, independence, and a return to his prior level of functioning. Ongoing monitoring of the surgical site, medication adherence, and skin integrity will remain part of the plan of care, with collaboration among the interdisciplinary team to support optimal recovery.
 Date of Order 08/29/2025 Orders Physician Face-to-Face Date: 08/19/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Pathological Fracture Of The Right Femur During A Subsequent Encounter For Fracture With Routine Healing 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: PT Eval Notes: OT Eval Notes: Physician Kar, Sabyasachi

SN Careplans

SN WK1: 1 (08/29/25-08/30/25) ,WK2: 1 (08/31/25-09/06/25) ,WK3: 1 (09/07/25-09/13/25) ,WK4: 1 (09/14/25-09/20/25)

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: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 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; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SpO_2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM,

SN Goals

PATIENT-STATED GOAL: I want to feel better.

GOALS
patient/caregiver recalls
* diet
* weight-bearing exercises to promote bone healing and strengthening
* fluids to prevent constipation
* home safety
* pain control
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* dietary guidelines
* lifestyle modifications to manage gastric condition
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low-fat diet
* lifestyle modifications to manage esophageal condition
* recalls related medication(s) purpose, schedule

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
* 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
* how to achieve wound healing including cleaning and dressing wound
* position changes

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/29/2025

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meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:Do not resuscitate (DNR) orders

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, heartburn/indigestion, swelling of affected area, limited endurance, limited range of motion, limited strength, balance deficit, loss of appetite, pallor, #1 - Observable Surgical Wound - Anterior Right Hip -

PROCEDURES: cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, apply compression bandage, physician-ordered wound care, wound vacuum, home exercise program

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, 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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * dietary guidelines lifestyle modifications to manage gastric condition, related medication(s) purpose, schedule, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, 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, * 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

* skin care
* diet modification
* record wound measurements
* 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
* 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
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

PT Careplans

PT WK2: 2 (08/31/25-09/06/25) ,WK3: 2 (09/07/25-09/13/25) ,WK4: 2 (09/14/25-09/20/25) ,WK5: 2 (09/21/25-09/27/25) ,WK6: 2 (09/28/25-10/04/25) ,WK7: 2 (10/05/25-10/11/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, 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- Medications reviewed with patient/caregiver., gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: 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, Medication Review- Patient/caregiver, related purpose and schedule of medications.

PT Goals

PATIENT-STATED GOAL: To walk independently

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Car Transfer - 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

Medication Review- Patient/caregiver recalls related purpose and schedule of medications.

Sit to Stand - 06. Independent

Walk 10 Feet - 06. Independent

OT Careplans

OT WK2: 1 (08/31/25-09/06/25) ,WK3: 2 (09/07/25-09/13/25) ,WK4: 2 (09/14/25-09/20/25) ,WK5: 2 (09/21/25-09/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, 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, * 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)

OT Goals

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

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

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

Oral Hygiene - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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purpose, schedule, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 06. Independent, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Patient will demonstrate improved Right upper extremity muscle strength from 4-/5 mmt to 4+/5 mmt and 3/5 mmt to 4-/5 mmt to improve ADLs and transfers within 6 wks

Lower Body Dressing - 06. Independent

Shower/Bathe Self - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

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

Signature of Physician:	Date
	PAGE 4 of 4
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