Home Health Certification and Plan of Care

Order ID: 1150/11127

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6E06GX0RQ51	08/04/2025	From: 08/04/2025 To: 10/02/2025	15659	217058

6. Patient's Name and Address
Gregory Smith
3204 Carlswood Cir,
WINDSOR MILL, MD 21244-
443-554-3787

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 06/05/1953 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma	08/04/25

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	08/04/25
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	08/04/25
E78.5	Hyperlipidemia unspecified	08/04/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	08/04/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/04/25
M10.9	Gout unspecified	08/04/25
F32.9	Major depressive disorder single episode unspecified	08/04/25
R51.9	Headache unspecified	08/04/25
Z79.02	Long term (current) use of antithrombotics/antiplatelets	08/04/25
Z79.01	Long term (current) use of anticoagulants	08/04/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/04/25

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

Glucose Oral Tablet Chewable 2 GM (Dextrose (Diabetic Use)) 2gm,. Give 1 tablet by mouth as necessary Give 1 tablet by mouth every 1 hours as needed for hypoglycemia glucose less than 60 or symptomatic hypoglycemia
Tums Oral Tablet Chewable 500 MG (Calcium Carbonate (Antacid)) Give 1 tablet by mouth every 8 hours Give 1 tablet by mouth every 8 hours as needed for Gas
Atorvastatin Calcium - Atorvastatin Calcium 80 MG, Give 1 tablet by mouth at bedtime For cholesterol
Atenolol - Atenolol 50 mg by mouth in the morning 50 MG (Atenolol) Give 1 tablet by mouth in the morning for Hypertension
Metformin Hcl - Metformin Hydrochloride 500 MG, Give 1 tablet by mouth twice a day To treat diabetes
Acetaminophen - Acetaminophen 500 MG Give 2 tablet by mouth every 8 hours Give 2 tablet by mouth every 8 hours for HA
Clopidogrel Bisulfate - Clopidogrel Bisulfate 75 MG, Give 1 tablet by mouth once a day
Eliquis - Apixaban 5 MG Give 1 tablet by mouth twice a day
Allopurinol - Allopurinol 300 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Gou
Gabapentin - Gabapentin 300mg, Give 1 capsule by mouth at bedtime For nerve pain
Vascepa - Icosapent Ethyl 1 gm-2 capsules by mouth twice a day
Nitroglycerin Patch - Nitroglycerin O.2mg/hr topical at bedtime As needed for chest pain
Hctz - Hydralazine Hydrochloride: Hydrochlorothiazide 25 mg, Take 1 tablet by mouth once a day For high blood pressure
Amlodipine - Amlodipine Besylate 10mg by mouth once a day
Hydroxyzine - Hydroxyzine Hydrochloride 10mg by mouth three times a day As needed for anxiety
Diclofenac 2 gram topical three times a day PRN for pain
Colchicine - Colchicine 0.6 1 tablet by mouth twice a day Only if having pain.

14. DME and Supplies:
walker, , diabetic supplies, bath bench, cane

15. Safety Measures:
walker precautions, medication safety, diabetic precautions, bathroom safety, anticoagulant precautions, ambulates with device

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
None of the above

18.B. Activities Permitted
Walker, Cane, Up As Tolerated

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: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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
patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Type 2 Diabetes Mellitus With Hypoglycemia Without Coma , 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 72-year-old male with a medical history significant for type 2 diabetes mellitus, peripheral vascular disease with peripheral neuropathy, hypertension, lumbar spinal stenosis, atherosclerotic aortic disease, hypothyroidism, and prior right anterior hip replacement, who was recently hospitalized for a hypoglycemic episode and subsequent stroke-like symptoms. He is alert and oriented (with occasional prompting), reports headache and leg pain rated 8/10, and ambulates with a cane at home and a rolling walker for community mobility. Examination reveals generalized deconditioning with motor deficits—reduced strength of the upper and lower extremities (greater on the right), decreased endurance and dynamic standing balance—and functional limitations with transfers (requiring increased time and an assistive device) and mobility; he completed a Timed Up and Go in 31 seconds, indicating high fall risk. A home exercise program and seated/standing therapeutic exercises were reviewed and the patient verbalized understanding. Given his safety concerns, impaired balance, and mobility deficits, skilled physical and occupational therapy are recommended to improve strength, balance, transfer safety, and overall functional independence. Date of Order 08/04/2025 Orders Physician Face-to-Face Date: 07/21/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease manangement pt-eval & treat ot-eval & treat due to Type 2 Diabetes Mellitus With Hypoglycemia Without Coma 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 Karmacharya, Kritina

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 08/04/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Kritina Karmacharya
3304 Guilford Ave Ste 550
Baltimore, MD 21218
PHONE: 4105546740 FAX: 14105546688 NPI: 1528731254

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 : 07/21/2025

27. Attending Physician's Signature and Date Signed **08/29/2025**: 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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SN WK1: 2 (08/04/25-08/09/25) ,WK2: 2 (08/10/25-08/16/25) ,WK3: 2 (08/17/25-08/23/25) ,WK4: 1 (08/24/25-08/30/25) ,WK5: 1 (08/31/25-09/06/25) ,WK6: 1 (09/07/25-09/13/25) ,WK7: 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, blood sugar < 60 > 300

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 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
Advance Directive:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, limited strength, Pain Effect on Sleep, sensitivity to sounds & light, headache, balance deficit

PROCEDURES: Medication review- medications reviewed with patient , cough/deep breathing exercises, glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration, teach/coordinate/arrange medication packaging and/or administration

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, * 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, * 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, * migraine/headache prevention including lifestyle changes home remedies dietary modifications to reduce or eliminate triggers alternative medicines such as acupuncture and biofeedback, related medication(s) purpose, schedule, * how to manage gout flare-ups including non-medical pain relief dietary modifications, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PATIENT-STATED GOAL: I want to feel better and move around more.;I want to feel better and move around more.

GOALS
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 manage gout flare-ups including non-medical pain relief
* dietary modifications
* 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
* migraine/headache prevention including lifestyle changes
* home remedies
* dietary modifications to reduce or eliminate triggers
* alternative medicines such as acupuncture and biofeedback
* 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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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 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

PT Careplans

PT WK1: 1 (08/04/25-08/09/25) ,WK2: 1 (08/10/25-08/16/25) ,WK3: 1 (08/17/25-08/23/25) ,WK4: 1 (08/24/25-08/30/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400, 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-Patient/caregiver recalls related purpose and schedule of medications., 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 - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assist, 1 - Step (curb) - 05. Setup or clean-up assistance, 4

PT Goals

PATIENT-STATED GOAL: To improvebalance, pain in left side and walk independently with walker/cane.

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assist

1 - Step (curb) - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Signature of Physician:

Date

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

Date
08/04/2025

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Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Medication Review- Patient/caregiver, related purpose and schedule of medications.

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

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

OT Careplans

OT WK1: 1 (08/04/25-08/09/25) ,WK3: 1 (08/17/25-08/23/25) ,WK4: 1 (08/24/25-08/30/25) ,WK5: 1 (08/31/25-09/06/25) ,WK6: 1 (09/07/25-09/13/25) ,WK7: 1 (09/14/25-09/20/25) ,WK8: 1 (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, cough/deep breathing exercises, work simplification/energy conservation, 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) purpose, schedule, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, 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 5/5 mmt to improve ADLs and transfers within 6 wks , Medication Review-

OT Goals

PATIENT-STATED GOAL: Patient wants to get stronger

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

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

Lower Body Dressing - 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 5/5 mmt to improve ADLs and transfers within 6 wks

Medication Review-

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/04/2025