Home Health Certification and Plan of Care

Order ID: 1150/12038

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2cf7jn0wk41	09/06/2025	From: 09/06/2025 To: 11/03/2025	17117	217058

6. Patient's Name and Address
Richard Christmas
9 Greenbury Ct Apt A,
GWYNN OAK, MD 21207-
410-227-0773

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 04/11/1952 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S92.321D	Disp fx of 2nd metatarsal bone r ft 7thD	09/06/25

13. ICD	Other Pertinent Diagnoses	Date
F43.21	Adjustment disorder with depressed mood	09/06/25
I11.0	Hypertensive heart disease with heart failure	09/06/25
I50.32	Chronic diastolic (congestive) heart failure	09/06/25
E11.9	Type 2 diabetes mellitus without complications	09/06/25
I27.20	Pulmonary hypertension unspecified	09/06/25
I42.8	Other cardiomyopathies	09/06/25
E78.5	Hyperlipidemia unspecified	09/06/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	09/06/25
J96.11	Chronic respiratory failure with hypoxia	09/06/25
M17.11	Unilateral primary osteoarthritis right knee	09/06/25
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	09/06/25
J44.89	Other specified chronic obstructive pulmonary disease	09/06/25
K21.9	Gastro-esophageal reflux disease without esophagitis	09/06/25
E66.89	Other obesity not elsewhe	09/06/25
Z68.37	Body mass index [BMI] 37.0-37.9 adult	09/06/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	09/06/25
Z99.81	Dependence on supplemental oxygen	09/06/25
Z85.46	Personal history of malignant neoplasm of prostate	09/06/25
Z91.81	History of falling	09/06/25
Z95.810	Presence of automatic (implantable) cardiac defibrillator	09/06/25

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

Alfuzosin Hydrochloride - Alfuzosin Hydrochloride 10 mg tablet,Take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day. For Benign Prostatic Hyperplasia (BPH).
Cyanocobalamin - Cyanocobalamin 1000 MCG,Give 1 tablet by mouth once a day Give 1 tablet by mouth For SUPPLEMENT
Sodium Phosphates In Plastic Container - Sodium Phosphate, Dibasic, Heptahydrate: Sodium Phosphate, Monobasic Anhydrous 7-19 GM/118ML, Insert 1 dose rectal once a day Insert 1 dose rectally every 24 hours As needed for bowel regimen
Gabapentin - Gabapentin 300 MG per,Take 1 capsule by mouth every 8 hours Take 1 capsule by mouth every 8 hours for NEUROPATHY
Magnesium - Simethicone 250 MG,Give 1 tablet by mouth once a day Give 1 tablet by mouth For SUPPLEMENT
Metformin Hcl - Metformin Hydrochloride 500 MG,Take 1 tablet by mouth twice a day One tablet to be taken by mouth two times a day for Diabetes Mellitus (DM)
Metoprolol Succinate - Metoprolol Succinate 50 MG,Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day. Hold administration if Heart Rate (HR) is less than 60 beats per minute.
Miralax - Polyethylene Glycol 3350 17 GM/scoop,Take 1 scoop powder by mouth once a day Take 1 scoop by mouth, once daily for bowel regimen Mix with water.
Omega-3 - Cod Liver Oil 1000 MG,Give 1 capsule by mouth once a day Give 1 capsule by mouth One time a day for SUPPLEMENT
Relugolix Oral Tablet 120 MG 120 MG,Take 1 tablet by mouth once a day in the afternoon
Sennosides-Docusate Sodium 8.6-50 MG,Take 1 tablet by mouth twice a day
Spironolactone - Spironolactone 25 MG,Take 1 tablet by mouth once a day For HTN (Hypertension) and/or CHF (Congestive Heart Failure)
Torsemide - Torsemide 20 MG,Give 2 tablets by mouth once a day For HTN (Hypertension) and CHF (Congestive Heart Failure)
Acetaminophen - Acetaminophen 500 MG,take 2 tablets by mouth every 6 hours Do not exceed 4 grams (4GM) per day.
Vitamin E - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 400 UNIT(180 MG),Take 1 capsule by mouth in the morning
Oxygen - Oxygen 4 lpm nasal cannula continuous Due to chronic respiratory failure

14. DME and Supplies:
wheelchair, walker, oxygen supplies

15. Safety Measures:
diabetic precautions, wheelchair precautions, walker precautions, standard precautions, O2 precautions, medication safety, fall precautions, cardiac precautions, ambulates with device, ambulates with assistance

16. Nutrition:
cardiac diet, diabetic

17. Allergies:
no known allergies

18.A. Functional Limitations
Dyspnea With Minimal Exertion, Ambulation, Endurance

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

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Displaced Fracture Of Second Metatarsal Bone, Right Foot, 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.

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 09/06/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Fei Zhao
900 S. Caton Ave
Baltimore, MD 21201
PHONE: 410-661-4670 FAX: 14106614671 NPI: 1073036562

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 : 08/26/2025

27. Attending Physician's Signature and Date Signed **09/16/2025**: 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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Clinical Condition Requiring Homecare:

The patient is a 73-year-old male recently discharged from the hospital and subacute rehabilitation following a fall that resulted in a right ankle fracture requiring surgical repair. His past medical history is significant for congestive heart failure with an ICD in place, hypertension, diabetes mellitus, hyperlipidemia, obstructive sleep apnea requiring 4L oxygen via nasal cannula, benign prostatic hyperplasia, and prostate cancer. Prior to hospitalization, he ambulated with a single-point cane and was modified independent, though he had a history of falls. Currently, he uses a rolling walker and wheelchair for mobility and wears a CAM boot to the right lower extremity with partial weight-bearing clearance. The patient presents with bilateral lower extremity weakness (3-/5 MMT), requires contact guard assistance for transfers and short-distance ambulation with a rolling walker, and demonstrates 4-/5 strength in the upper extremities. He requires assistance with upper and lower body dressing, as well as toilet transfers, with verbal cueing needed for proper limb placement. His mobility is further limited by shortness of breath. The patient denies incontinence and his skin is intact. He resides in a basement apartment with his wife, who assists with ADLs, IADLs, meal preparation, shopping, and errands. A home safety assessment was completed. Skilled nursing reviewed medications and provided education on monitoring blood glucose, diet, and safe mobility. Skilled PT and OT services were recommended to address strength, balance, safety, and functional independence with a goal of returning the patient to his prior level of function.
 Date of Order 09/06/2025 Orders Physician Face-to-Face Date: 08/26/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Displaced Fracture Of Second Metatarsal Bone, Right Foot, 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: soc PT Eval Notes: OT Eval Notes: Physician Zhao, Fei

SN Careplans

SN WK1: 1 (09/06/25-09/06/25) ,WK2: 2 (09/07/25-09/13/25) ,WK3: 1 (09/14/25-09/20/25) ,WK4: 1 (09/21/25-09/27/25) ,WK5: 1 (09/28/25-10/04/25)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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
Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, M1400 - Dyspnea, weak pulses in feet, dependent edema, abnormal BS < 70/140 > mg/dL, poor muscle tone, muscle weakness, limited endurance, limited strength, tooth pain/decay/sensitivity

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises

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, * 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 minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, 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, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: I want to walk

GOALS
patient/caregiver recalls
* pain control
* therapeutic exercises to optimize range of motion of affected area
* diet and fluids to promote healing
* 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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic 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
* 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
* how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting
* diarrhea
* appetite loss
* hair loss
* fatigue
* insomnia
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* 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

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles SN RN

Date

09/06/2025

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PT WK2: 2 (09/07/25-09/13/25) ,WK3: 2 (09/14/25-09/20/25) ,WK4: 2 (09/21/25-09/27/25) ,WK5: 2 (09/28/25-10/04/25) ,WK6: 1 (10/05/25-10/11/25) ,WK7: 2 (10/12/25-10/18/25) ,WK8: 2 (10/19/25-10/25/25) ,WK9: 2 (10/26/25-11/01/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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: Medication Review- : medications reviewed with patient/caregiver, cough/deep breathing exercises, strengthening exercises, gait training on uneven surfaces, gait training/stair training, transfers training

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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 06. Independent, Walk 10 Feet - 03. Partial/moderate assistance, Walk 50 ft with 2 Turns - 03. Partial/moderate assistance, Walk 150 Feet - 03. Partial/moderate assistance, 1 - Step (curb) - 03. Partial/moderate assistance, Picking Up Object - 03. Partial/moderate assistance

PATIENT-STATED GOAL: To be able to walk without help

GOALS
Chair to Bed to Chair - 06. Independent

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

Sit to Stand - 06. Independent

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 06. Independent

Walk 10 Feet - 03. Partial/moderate assistance

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

Walk 150 Feet - 03. Partial/moderate assistance

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

Picking Up Object - 03. Partial/moderate assistance

OT Careplans

OT WK2: 1 (09/07/25-09/13/25) ,WK3: 1 (09/14/25-09/20/25) ,WK4: 1 (09/21/25-09/27/25) ,WK5: 1 (09/28/25-10/04/25) ,WK6: 1 (10/05/25-10/11/25) ,WK7: 1 (10/12/25-10/18/25) ,WK8: 1 (10/19/25-10/25/25) ,WK9: 1 (10/26/25-11/01/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, 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, Functional ambulation , 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, Oral Hygiene - 06. Independent, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Patient will demonstrate improved bilateral upper extremity muscle strength from 4-/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

OT Goals

PATIENT-STATED GOAL: Patient wants to get better and stronger

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 - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/06/2025