Home Health Certification and Plan of Care

Order ID: 1150/12209

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1H93NM8UY07	09/14/2025	From: 09/14/2025 To: 11/12/2025	17360	217058

6. Patient's Name and Address

Richard Weinroth
2954 Route 97,
GLENWOOD, MD 21738-
410-489-4999

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 11/29/1940 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I48.0	Paroxysmal atrial fibrillation	09/14/25

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	09/14/25
C85.9A	Non-Hodgkin lymphoma uns	09/14/25
U07.1	COVID-19	09/14/25
K59.00	Constipation unspecified	09/14/25
R73.03	Prediabetes	09/14/25
Z79.01	Long term (current) use of anticoagulants	09/14/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	09/14/25
Z87.891	Personal history of nicotine dependence	09/14/25
Z87.01	Personal history of pneumonia (recurrent)	09/14/25

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

Diltiazem Hydrochloride - Diltiazem Hydrochloride 240 MG , Give 1 capsule by mouth once a day Give 1 capsule by mouth one time a day for HTN Hold for SBP<110 or HR<60
Cholecalciferol Oral Tablet 125 MCG (5000 UT) (Cholecalciferol) 125 MCG (5000 UT) , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for supplement
Mirtazapine - Mirtazapine 7.5 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Depression
Warfarin Sodium - Warfarin Sodium 2.5 MG , Give 1 tablet by mouth three times per week Give 1 tablet by mouth in the evening every Mon, Wed, Fri for A-Fib
Warfarin Sodium - Warfarin Sodium 5 MG , Give 1 tablet by mouth four times per week Give 1 tablet by mouth one time a day every Tue, Thu, Sat, Sun for A-Fib
Multiple Vitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for supplement
Ascorbic Acid Oral Tablet 500 MG (Ascorbic Acid) 500 MG , Give 2 tablet by mouth once a day Give 2 tablet by mouth one time a day for supplement 1000+250=1250 total
Ascorbic Acid Oral Tablet 250 MG (Ascorbic Acid) 250 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for supplement 1000+250=1250 total
Zinc Oral Supplement 50mg by mouth once a day Supplement

14. DME and Supplies:

walker, cane

15. Safety Measures:

cardiac precautions, bathroom safety, standard precautions, bleeding precautions, fall precautions, walker precautions, medication safety, anticoagulant precautions

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

brazil nuts pork

18.A. Functional Limitations

None of the above

18.B. Activities Permitted

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: 0. Never, 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

Homebound status: Due to diagnosis of Paroxysmal Atrial Fibrillation , 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 84-year-old male with a past medical history of hypertension, paroxysmal atrial fibrillation managed with Coumadin, cerebrovascular accident, non-Hodgkin's lymphoma in remission, and a recent hospitalization for COVID-19. He was admitted to home health services following a subacute rehabilitation stay related to back pain and generalized weakness. He is referred for skilled nursing medication management and PT/OT evaluation. On admission, he was alert and oriented x4, reporting arthritis pain in the right wrist and shortness of breath with exertional tasks such as stripping bed linens and ambulating long distances. He denied chest pain, dizziness, or lightheadedness. He ambulates independently with a steady gait, uses a cane for long distances, and reports being issued a walker from the LTNC facility but chooses not to use it. On physical therapy evaluation, the patient demonstrated complete independence with all mobility and ADLs and continues to drive in the community. His Timed Up and Go (TUG) test was completed in 8 seconds, indicating no significant fall risk. He reports plans to return to work as an accountant in the coming week. Despite his independence, he presents with residual weakness, exertional shortness of breath, and right wrist discomfort. Outpatient physical therapy was recommended to address resistance strength training, improve endurance, and enhance dynamic standing balance to optimize functional capacity and safety. A standing therapeutic exercise home program was provided and reviewed, with the patient verbalizing understanding. Plan of care includes skilled nursing for medication management and monitoring, reinforcement of education on safe activity progression, and coordination with outpatient PT services for continued strengthening and conditioning. The patient and family were agreeable with the plan, and all questions were addressed.
 Date of Order 09/14/2025 Orders Physician Face-to-Face Date: 09/08/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Paroxysmal Atrial Fibrillation Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 09/14/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Scott Maurer
2465 Route 97
Glenwood, MD 21738
PHONE: 4104899550 FAX: 14104895527 NPI: 1861554974

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 : 09/08/2025

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.

Home Health Certification and Plan of Care

Order ID: 1150/12209

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1H93NM8UY07	09/14/2025	From: 09/14/2025 To: 11/12/2025	17360	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Richard Weinroth 2954 Route 97, GLENWOOD, MD 21738- 410-489-4999	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

home
 1 - SOC - SN Notes: soc PT Eval Notes: Physician Maurer, Scott

SN Careplans

SN WK1: 3 (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: 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, bruising/discoloration

PROCEDURES: Medication Review: Review medications with patient every visit, cough/deep breathing exercises, incentive spirometer

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, * strict compliance with physician orders for anticoagulant administration avoiding activities that create unnecessary risk for injury monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables, * 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

SN Goals

PATIENT-STATED GOAL: I want to drive to synagogue on Saturdays and to work twice a week

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
* 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

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
* strict compliance with physician orders for anticoagulant administration
* avoiding activities that create unnecessary risk for injury
* monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising
* for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables

PT Careplans

PT WK1: 1 (09/14/25-09/20/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170G1 - Car Transfer, GG0130A1 - Eating, 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, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles SN RN

Date

09/14/2025