Home Health Certification and Plan of Care

Order ID: 1150/12331

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
100019109	07/25/2025	From: 09/23/2025 To: 11/20/2025	15571	217058

6. Patient's Name and Address
David Watkins
227 Robwood Road,
DUNDALK, MD 21222-
443-694-4656

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 02/16/1950 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S22.43XD	Multiple fractures of ribs bi subs for fx w routn heal	07/25/25

13. ICD	Other Pertinent Diagnoses	Date
S43.004D	Unspecified dislocation of right shoulder joint subs encntr	07/25/25
E11.9	Type 2 diabetes mellitus without complications	07/25/25
I10.	Essential (primary) hypertension	07/25/25
J44.9	Chronic obstructive pulmonary disease unspecified	07/25/25
G47.00	Insomnia unspecified	07/25/25
Z91.81	History of falling	07/25/25
Z87.891	Personal history of nicotine dependence	07/25/25

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

Albuterol Inhaler - Albuterol 90mcg/actuation, INHALE TWO PUFFS inhalant three times a day
Norvasc - Amlodipine Besylate 10 mg, Take 1 tablet (10 mg total) by mouth once a day
Hydrochlorothiazide - Hydrochlorothiazide 12.5 MG, Take 1 tablet (12.5 mg total) by mouth once a day
Cozaar - Losartan Potassium 100 MG, TAKE ONE TABLET by mouth once a day
Magnesium Oxide - Simethicone 400 mg, Take Tablet by mouth as necessary
Protonix - Pantoprazole Sodium 40 mg, TAKE 1 TABLET by mouth once a day
Potassium Citrate - Potassium Citrate 99 mg, Take Capsule by mouth as necessary
Seroquel - Quetiapine Fumarate 100 MG, TAKE ONE TABLET by mouth at bedtime
Zoloft - Sertraline Hydrochloride 100 MG, Take 1.5 tablets (150 mg total) by mouth once a day
Anoro Ellipta - Umeclidinium Bromide: Vilanterol Trifenatate 62.5-25 mcg , INHALE 1 PUFF inhalant once a day

14. DME and Supplies:
rolling walker, cane

15. Safety Measures:
, ambulates with assistance, ambulates with device,

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Hearing, Ambulation, Endurance, RT shoulder dislocation

18.B. Activities Permitted
Transfer bed/Chair, Walker, Cane, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: wfl, HISTORY OF DEPRESSION:

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 Multiple Fractures Of Ribs, Bilateral, 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 a 75-year-old male who lives alone in a trailer home. He is legally blind, partially deaf, and presents with severe right shoulder pain while wearing a right arm sling, which was noted to be improperly applied. The patient has an unsteady gait but is not using the recommended assistive device; he was instructed to use a cane and remove clutter from walkways to reduce fall risk. He is status post motor vehicle accident while riding an e-bike, sustaining a mildly displaced left posterior first rib fracture, moderately displaced right posterior third to fifth rib fractures, and a type III right shoulder injury. During the visit, the patient ambulated without a device to open the door. He reported being without pain medication for several days but received confirmation from the pharmacy that a friend would pick up his prescription. Range of motion testing for the right upper extremity was declined due to pain; however, he removed his sling and extended his arm to indicate the pain location. The patient expressed fear of showering due to instability and discomfort, and was advised to purchase a shower chair to enhance safety. He is scheduled to see his orthopedic physician on Friday to determine the need for surgery. The patient has declined occupational therapy services at this time, preferring to continue with physical therapy only.
 Date of Order 09/18/2025 Orders Physician Face-to-Face Date: 07/18/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and treat due to Multiple Fractures Of Ribs, Bilateral, 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
 4 - Recertification Notes: The patient is s/p right shoulder grd111 dislocation, RTA, and falls. The patient is still present with pain and an unsteady gait. The patient is drowsy today, weak, and unsteady. The right rotator cuff muscles are weak. Moreover, the right scapular is winged. The right shoulder is improving as the patient reports less pain, and the scapular and rotator cuff muscles are improving in strength. The patient will benefit from more physical therapy, especially since he lives alone. Physician Florecki, Katherine

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 09/18/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Katherine Florecki
1800 Orleans St Ste 6107
Baltimore, MD 21287
PHONE: 4109552244 FAX: 14437691286 NPI: 1962803189

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 : 07/18/2025

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: 1150/12331

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
100019109	07/25/2025	From: 09/23/2025 To: 11/20/2025	15571	217058

6. Patient's Name and Address
David Watkins
227 Robwood Road,
DUNDALK, MD 21222-
443-694-4656

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

PT Careplans

PT WK1: 1 (09/23/25-09/27/25) ,WK2: 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: wfl

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 5. Decline in mental, emotional, or behavioral status 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:Do not resuscitate (DNR) orders

PROBLEMS IDENTIFIED ON ASSESSMENT: limited strength, limited range of motion, weak hand grips, balance deficit, lethargy

PROCEDURES: MEDICATION REVIEW`: The medication was reviewed with the patient, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Straight leg raising, Long arc , marching and heel raises 10x2, gait training on uneven surfaces, gait training/stair training, transfers training, teach/coordinate/arrange medication packaging and/or administration, 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, * 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, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, 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/C O2 alarms, 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, 09/24/2025 teach: how to manage sleep disorder including changes to daytime habits and bedtime routine, maintaining a journal to track sleep patterns, Target Date: 09/22/2025, 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 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`

PT Goals

PATIENT-STATED GOAL: to not have pain

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

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

Toilet Transfer - 06. Independent

Chair to Bed to Chair - 06. Independent

Car Transfer - 06. Independent

MEDICATION REVIEW`

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* 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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

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

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

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

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

Sit to Stand - 06. Independent

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

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

09/24/2025 goal: patient/caregiver recalls

* how to manage sleep disorder including changes to

Signature of Physician:

Date

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

Date
09/18/2025

Home Health Certification and Plan of Care

Order ID: 1150/12331

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
100019109	07/25/2025	From: 09/23/2025 To: 11/20/2025	15571	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
David Watkins 227 Robwood Road, DUNDALK, MD 21222- 443-694-4656	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

daytime habits and bedtime routine

* maintaining a journal to track sleep patterns

* recalls related medication(s) purpose, schedule,
Target Date: 09/22/2025

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/18/2025