Home Health Certification and Plan of Care

Order ID: 1150/12563

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
34841239	07/30/2025	From: 09/28/2025 To: 11/26/2025	14815	217058

6. Patient's Name and Address

Andrew Faith
311 Summer Squall Ct,
HAVRE DE GRACE, MD 21078-
410-963-5269

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 10/23/1943 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma	07/30/25

13. ICD	Other Pertinent Diagnoses	Date
R53.2	Functional quadriplegia	07/30/25
M61.58	Other ossification of muscle other site	07/30/25
I10.	Essential (primary) hypertension	07/30/25
J44.9	Chronic obstructive pulmonary disease unspecified	07/30/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/30/25
M25.511	Pain in right shoulder	07/30/25
G89.29	Other chronic pain	07/30/25
K59.00	Constipation unspecified	07/30/25
E78.5	Hyperlipidemia unspecified	07/30/25
E03.9	Hypothyroidism unspecified	07/30/25
D64.9	Anemia unspecified	07/30/25
F32.A	Depression unspecified	07/30/25
Z79.82	Long term (current) use of aspirin	07/30/25
Z95.5	Presence of coronary angioplasty implant and graft	07/30/25

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

Acetaminophen - Acetaminophen 325 MG, Give 2 Tablets by mouth every 8 hours Give 2 tablet by mouth every 8 Hours as needed for Elevated Temperature > 100.4, NOT TO EXCEED 3000 MG APAP/24HR PERIOD
Albuterol Sulfate - Albuterol Sulfate 2.5 MG/3 ML 0.063% 1 Vial Inhale inhalant every 6 hours 1 vial inhale orally via nebulizer every 6 hours as needed for wheezing document lung sounds, pulse, pulse OX and respirations before and after treatment. Record the length of the treatment in minutes. Put all this in an administration note
Asa 81 Mg - Aspirin 81 MG, Take 1 Tablet by mouth once a day
Biscodyl - Bisacodyl: Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 10 MG, Take 1 Suppository rectal once a day Insert 1 Suppository rectally every 24 Hours as needed for Constipation, IF NO RESULT FROM MOM
Bumetanide - Bumetanide 1 MG, take 1 tablet by mouth once a day
Celebrex - Celecoxib 100 MG, take 1 Capsule by mouth twice a day Give 1 Capsule by mouth two times a day for R hip discomfort for 17 Days
Famotidine - Famotidine 20 MG, take 2 tablets by mouth once a day
Fleet Enema - Fleet Enema 7-19 GM/118 ML, Insert 1 applicatorful rectal once a day Insert 1 applicatorful rectally every 24 hours as needed for Constipation if Dulcolax suppository ineffective
Levothroxine - Levothyroxine Sodium 25 MCG, take 1 Tablet by mouth once a day
Magnesium Oxide - Simethicone 240 MG, take 1 tablet by mouth in the morning
Multi Vitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 MCG, take 1 Tablet by mouth in the morning
Lidocaine - Lidocaine 4% External Patch, apply to the back of neck or hip topical at bedtime
Milk Of Magnesia - Simethicone 400 MG/5 ML, Give 30 ML Oral Suspension by mouth once a day As needed for constipation if NO BM in 3 days per bowel protocol
Rosuvastatin Calcium - Rosuvastatin Calcium 20 MG, take 1 tablet by mouth once a day
Sennosides - Senna 8.6 MG, take 2 tablets by mouth at bedtime
Sertraline Hcl - Sertraline Hydrochloride 25 MG, take 1 Tablet by mouth once a day
Vitamin B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 500 MCG, take 3 tablets by mouth in the morning
Midodrine Hydrochloride - Midodrine Hydrochloride 5 MG, Take 1 Tablet by mouth twice a day for hypotension

14. DME and Supplies:

hospital bed, commode, rolling walker, wheelchair

15. Safety Measures:

remove environmental barriers, ambulates with device, ambulates with assistance,

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

povidone iodine

18.A. Functional Limitations

Ambulation, Bowel/Bladder Incontinence, Endurance

18.B. Activities Permitted

Transfer bed/Chair, Wheelchair, Up As Tolerated, Exercises Prescribed, Walker

19. Mental & Pyschosocial Status: COGNITION: 2. Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance)., 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

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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 09/25/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Joseph Angelo
208 Plumtree Rd
Bel Air, MD 21015
PHONE: 410-588-5681 FAX: 14105885682 NPI: 1740351147

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 : 07/11/2025

27. Attending Physician's Signature and Date Signed **09/30/2025**: 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 First Patient Is An 81-Year-Old Male Who Is Bedbound And Fully Dependent In All Activities Of Daily Living Following A Recent Hospitalization For Pneumonia. He Now Presents With Right-Sided Hemiparesis And Slurred Speech, Raising Concerns For A Possible Cerebrovascular Event. His Past Medical History Includes Type 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-Diabetes">Diabetes</mh> Mellitus. He Lives In A Single-Family Home Where His Son Has Moved In To Provide Caregiving Support. The Patient Has Developed A Right Elbow Contracture, Likely Due To Prolonged Improper Positioning, And Has A Stage 1 Pressure Injury On The Gluteal Region. Ongoing Care Should Focus On Proper Positioning, Skin Integrity, And Rehabilitation To Address Functional Decline. The Second Patient Is An 86-Year-Old Caucasian Female Recently Discharged From Hospitalization Due To Pneumonia. Prior To Admission, She Lived Independently In A Two-Story Home And Was Fully Independent With Self-Care, Instrumental Activities Of Daily Living Iadls, Transfers, And Ambulation. Post-Hospitalization, She Now Presents With Decreased Standing Balance, Limited Standing Tolerance, Reduced Bilateral Upper Extremity Strength, And Poor Activity Tolerance, Resulting In Diminished Independence In Self-Care, Transfers, And Ambulation. Skilled Occupational Therapy Services Are Recommended To Address These Functional Deficits And Support The Patient'S Return To Her Prior Level Of Independence.
 Date of Order 09/25/2025 Orders Physician Face-To-Face Date: 07/11/2025 Clinical Condition Requiring Home Care Per Certifying Physician: Pt-Eval & Treat Ot-Eval & Treat ; Sn Evaluation For Skin Assessment, Hha Assist With Adl'S Due To Type 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-Diabetes">Diabetes</mh> 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
 4 - Recertification Notes: The patient is recertified to improve his strength and balance and to become independent in functional mobility. The patient is still present with general weakness, but has made steady progress in transfer and ambulation. Physician Angelo, Joseph

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (09/28/2025 - 10/04/2025), WK2: 2 (10/05/2025 - 10/11/2025), WK3: 2 (10/12/2025 - 10/18/2025), WK4: 2 (10/19/2025 - 10/25/2025), WK5: 2 (10/26/2025 - 10/31/2025)

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), 2. Unintentional weight loss of a total of 10 pounds or more 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

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: muscle spasms

PROCEDURES: Medication Review: The medication was reviewed with the caregiver and patient , cough/deep breathing exercises, incentive spirometer, glucose testing via monitor, bladder training, home exercise program: Assisted slr, le abd/add, sitting re-education , long arc and standing re-education with walker., gait training on uneven surfaces, gait training/stair training, transfers training

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 modification to manage blood condition including dietary changes bleeding precautions, 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

PT Goals

PATIENT-STATED GOAL: The caregiver wants the pateint to get stronger and walk again

GOALS
Chair to Bed to Chair - 06. Independent

Picking Up Object - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching

Walk 150 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assis

Walk 10 Feet - 04. Supervision or touching assistance

Car Transfer - 06. Independent

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

Toilet Transfer - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

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
* strategies to minimize fatigue and exhaustion including work simplification

Signature of Physician:

Date

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

Date
09/25/2025

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relaxation skills and diversional activities, related medication(s) purpose, schedule, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, 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, * strategies to increase caloric intake, related medication(s) purpose, schedule, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * pain control therapeutic exercises for muscle strengthening and flexibility diet and fluids to optimize and prevent constipation, 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, 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 - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assis, Walk 150 Feet - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Medication review

* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* pain control
* therapeutic exercises for muscle strengthening and flexibility
* diet and fluids to optimize and prevent constipation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications
* low-residue dietary guidelines
* alternative medicine options for ulcerative colitis
* 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
* 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

Medication review

OT Careplans

OT WK2: 1 (10/05/2025 - 10/11/2025), WK3: 1 (10/12/2025 - 10/18/2025), WK4: 1 (10/19/2025 - 10/25/2025), WK5: 1 (10/26/2025 - 10/31/2025)

PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation, transfers training, assist with bathing, assist with transferring, assist with lower body dressing, assist with upper body dressing, 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 - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self -

OT Goals

PATIENT-STATED GOAL: I want to walk better

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

Oral Hygiene - 05. Setup or clean-up assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/25/2025

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05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent

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

Eating - 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

Signature of Physician:	Date
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