Home Health Certification and Plan of Care

Order ID: 1150/12854

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
18245603	09/25/2025	From: 09/25/2025 To: 11/22/2025	17768	217058

6. Patient's Name and Address
Joseph Jolibois
31 N Symington Ave,
CATONSVILLE, MD 21228-
240-581-2948

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 08/19/1959 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.89	Encounter for other orthopedic aftercare	09/25/25

13. ICD	Other Pertinent Diagnoses	Date
M43.22	Fusion of spine cervical region	09/25/25
M48.02	Spinal stenosis cervical region	09/25/25
M47.816	Spondylosis w/o myelopathy or radiculopathy lumbar region	09/25/25
M50.03	Cervical disc disorder w myelopathy cervicothoracic region	09/25/25
I10.	Essential (primary) hypertension	09/25/25
Z98.1	Arthrodesis status	09/25/25

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

Senna-Docusate Sodium Oral Tablet 8.6-50 MG (Sennosides-Docusate Sodium) 8.6-50 MG , Give 2 tablet by mouth twice a day Give 2 tablet by mouth two times a day for bowel regimen hold for loose stools
Amlodipine Besylate - Amlodipine Besylate 5 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HTN Hold for syStolic BP OF <120
Acetaminophen - Acetaminophen 325 MG , Give 2 tablet by mouth every 6 hours Give 2 tablet by mouth every 6 hours as needed for Mild Pain (1-3/10)
Tramadol Hcl - Tramadol Hydrochloride 50 MG , Give 1 tablet by mouth every 6 hours Give 1 tablet by mouth every 6 hours as needed for pain
Methocarbamol - Methocarbamol 500 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth every 24 hours as needed for muscle spasms
Atridox - Doxycycline Hyclate 100mg by mouth every 12 hours Antibiotic for opening in incision
Take for 10 days

14. DME and Supplies:
cane, walker

15. Safety Measures:
infectious material management, , walker precautions, restricted ROM, no lifting, no reaching, , , bathroom safety, ambulates with device

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

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

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

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

Homebound status: Due to diagnosis of Encounter For Other Orthopedic Aftercare, 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 66-year-old male with a past medical history significant for cervical spine disc prolapse with cervical canal and foraminal stenosis complicated by myelomalacia. He underwent elective cervical spine surgery on August 29, 2025, which included C3-T1 posterior cervical arthrodesis with grafting and instrumentation, as well as C3-C7 laminectomy and C2 and T1 laminectomies. The patient had a brief postoperative stay in a skilled nursing facility and is now admitted to home health services for ongoing follow-up and incision care. His medical history is also notable for prior cervical fusion and lumbar spondylosis. Prior to surgery, the patient utilized a single-point cane and rolling walker for mobility as his symptoms progressively worsened. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert and oriented 4 and denied pain. Examination of the posterior cervical incision revealed a 0.5 cm 0.5 cm open area with a tunneling wound; however, the opening was too small to allow measurement of tunneling depth using a cotton-tipped applicator. The surrounding skin appeared intact with no signs of active infection. The patient's spouse provides 24-hour caregiving assistance. Functionally, he presents with postoperative cervical myelopathy resulting in bilateral upper extremity weakness and radiculopathy. Trace muscle activation was observed in both shoulders and elbows. The patient demonstrated active flexion and extension of both wrists; however, resistance testing was deferred. Bilateral hand grip strength was functional but diminished compared to baseline. Lower extremity strength was grossly 4/5. The patient was able to perform sit-to-stand transfers and standing activities with supervision and increased time, and ambulated using a rolling walker with contact guard to minimal assistance. Stair and outdoor mobility were not assessed during this session. Education was provided on the use of a transport chair for safe community mobility, as well as instruction and demonstration of a seated home exercise program (HEP) targeting upper and lower extremity strength and range of motion. The patient verbalized and demonstrated understanding of all instructions. The plan of care includes continued skilled nursing for wound <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> and incision care, along with skilled physical and occupational therapy to address ongoing deficits in strength, range of motion, and mobility. Interventions will focus on improving upper extremity function, promoting safe ambulation, reducing caregiver burden, and supporting the patient's gradual return to his prior level of function.
 Date of Order 09/25/2025 Orders Physician Face-to-Face Date: 09/15/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Encounter For Other Orthopedic Aftercare 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:
 Physician Rana, Mohammad

SN Careplans

SN Goals

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
Mohammad Rana
1447 York Rd
Lutherville, MD 21093
PHONE: FAX: NPI: 1134278773

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 : 09/15/2025

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.

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SN WK1: 1 (09/25/25-09/27/25) ,WK2: 2 (09/28/25-10/04/25) ,WK3: 2 (10/05/25-10/11/25) ,WK4: 1 (10/12/25-10/18/25)

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: 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, abnormal blood pressure (CR), M1400 - Dyspnea, delayed capillary refill, lung sounds not clear, dependent edema, constipation, limited range of motion, limited strength, Pain Effect on Sleep, balance deficit, weak hand grips, Pain Interference with ADLs, discolored patches of skin, open sores/lesions, #1 - Observable Surgical Wound - Posterior Left Neck -

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: open to air monitor signs and symptoms of infection

TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing 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

PATIENT-STATED GOAL: I want to be independent again

GOALS
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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to promote optimized mobility with strength
* balance
* dexterity
* range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing
* prevent constipation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* 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 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

PT Careplans

PT WK2: 1 (09/28/25-10/04/25) ,WK3: 1 (10/05/25-10/11/25) ,WK4: 1 (10/12/25-10/18/25) ,WK5: 1 (10/19/25-10/25/25) ,WK6: 1 (10/26/25-11/01/25) ,WK7: 1 (11/02/25-11/08/25) ,WK8: 1 (11/09/25-11/15/25) ,WK9: 1 (11/16/25-11/22/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, 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- Medications reviewed with patient/caregiver., gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * 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 - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 04. Supervision or touching assistance, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, 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- Patient/caregiver, related purpose and schedule of medications.

PT Goals

PATIENT-STATED GOAL: Improve endurance and independence with mobility.

GOALS
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 - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 04. Supervision or touching assistance

Car Transfer - 04. Supervision or touching assistance

Walk 10 Feet - 04. Supervision or touching assistance

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

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

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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4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

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

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