

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	
2cf7jn0wk41		09/06/2025		From: 09/06/2025 To: 11/03/2025	
4. Medical Record No.		5. Provider No.			
17117		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Richard Christmas 9 Greenbury Ct Apt A, GWYNN OAK, MD 21207- 410-227-0773			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			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD		Principal Diagnosis					Date		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: Dexpantenol: 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					
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							

14. DME and Supplies:		15. Safety Measures:	
wheelchair, walker, oxygen supplies		diabetic precautions, wheelchair precautions, walker precautions, standard precautions, O2 precautions, medication safety, fall precautions, cardiac precautions, ambulates with device, ambulates with assistance	
16. Nutrition:		17. Allergies:	
cardiac diet, diabetic		no known allergies	
18.A. Functional Limitations		18.B. Activities Permitted	
Dyspnea With Minimal Exertion, Ambulation, Endurance		Walker, Wheelchair, Up As Tolerated	
19. Mental & COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 1. Psychosocial Status: Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes			
20. Prognosis: fair			
22. A Rehabilitation Potential:		22.B.Discharge Plans	
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.		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:		25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles SN RN on 09/06/2025			
24. Physician's Name and Address		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.	
Fei Zhao 900 S. Caton Ave Baltimore, MD 21201 PHONE: 410-661-4670 FAX: 14106614671 NPI: 1073036562		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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GWYNN OAK, MD 21207-			Owings Mills, MD 21117-8284		
410-227-0773			410-321-8448		
			1487113239		
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)			PATIENT-STATED GOAL: To be able to walk without help		
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			GOALS		
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			Chair to Bed to Chair - 06. Independent		
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/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 Goals		
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)			PATIENT-STATED GOAL: Patient wants to get better and stronger		
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			GOALS		
PROCEDURES: ADLs, Functional ambulation , Patient/caregiver recalls related purpose and schedule of medications: Medication review , cough/deep breathing exercises, transfers training, therapeutic exercises			patient/caregiver recalls		
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			* 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
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/06/2025