Home Health Certification and Plan of Care

Order ID: 1150/13099

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5JK1V75RA37	10/09/2025	From: 10/09/2025 To: 12/06/2025	5997	217058

6. Patient's Name and Address

Donald Morton
9329 Lyonswood Dr,
OWINGS MILLS, MD 21117-
410-363-0443

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 12/04/1948 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
K26.9	Duodenal ulcer unsp as acute or chronic w/o hemor or perf	10/09/25

13. ICD	Other Pertinent Diagnoses	Date
D51.9	Vitamin B12 deficiency anemia unspecified	10/09/25
K59.00	Constipation unspecified	10/09/25
E11.65	Type 2 diabetes mellitus with hyperglycemia	10/09/25
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	10/09/25
N13.8	Other obstructive and reflux uropathy	10/09/25
F20.9	Schizophrenia unspecified	10/09/25
I10.	Essential (primary) hypertension	10/09/25
E78.5	Hyperlipidemia unspecified	10/09/25
G47.30	Sleep apnea unspecified	10/09/25
E55.9	Vitamin D deficiency unspecified	10/09/25
R26.89	Other abnormalities of gait and mobility	10/09/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	10/09/25
Z87.440	Personal history of urinary (tract) infections	10/09/25
Z87.891	Personal history of nicotine dependence	10/09/25
Z79.82	Long term (current) use of aspirin	10/09/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	10/09/25

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

Aspirin - Aspirin 81 Oral 1 Tablet by mouth once a day
Vit D - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 MCG (1000 UT) 1 capsule by mouth once a day
Docusate Sodium - Docusate Sodium 100 MG 1 capsule by mouth once a day
Aquaphor Advanced Apply to B/L LEGS AND FEET topical once a day Apply to B/L LEGS AND FEET topically every day and evening shift for DRY SKIN WASH B/L LOWER EXTREMITES, PAT DRY AND APPLY AQUAPHOR
Albuterol Sulfate - Albuterol Sulfate 108 (90 Base) MCG/ACT 2 puff inhalant every 8 hours
Milk Of Magnesia - Simethicone 400 MG/5ML 30 ml by mouth by mouth every 8 hours
Tylenol - Acetaminophen 650 mg 325 MG 2 tablet by mouth every 4 hours
Torsemide - Torsemide 10 mg 1 tablet by mouth once a day Give 1 tablet by mouth one time a day every Mon, Thu for edema
Guaifenesin - Guaifenesin 600 MG 2 tablet by mouth twice a day For cough
Olanzapine - Olanzapine 2.5 mg 1 tablet by mouth once a day For schizophrenia
Carvedilol - Carvedilol 25 mg 1 tablet by mouth twice a day For HTN
Hydralazine And Hydrochlorothiazide - Hydralazine Hydrochloride: Hydrochlorothiazide 100 MG 1 tablet by mouth every 8 hours For HTN
Benztropine Mesylate - Benztropine Mesylate 0.5 mg 1 tablet by mouth at bedtime For schizophrenia
Finasteride - Finasteride 5 mg 1 tablet by mouth once a day Prostate
Baclofen - Baclofen 5 mg 1 tablet by mouth at bedtime For spasms
Amlodipine Besylate - Amlodipine Besylate eq 10 mg base 1 tablet by mouth once a day HTN
Terazosin Hydrochloride - Terazosin Hydrochloride eq 10 mg base 1 capsule by mouth at bedtime Urinary retention
Ketotifen Fumarate - Ketotifen Fumarate 1 drop drops twice a day Instill 1 drop in both eyes two times a day for dry eyes
Glipizide - Glipizide 5 mg 1 tablet by mouth twice a day DM
Metformin - Metformin Hydrochloride 1000mg by mouth twice a day DM

14. DME and Supplies:

wheelchair, walker, nebulizer, hospital bed, diabetic supplies, commode, cane

15. Safety Measures:

wheelchair precautions, walker precautions, standard precautions, smoke detectors , sharps precautions, medication safety, infectious material management, hand rails, fall precautions, diabetic precautions, bleeding precautions, bedrails up while in bed, bathroom safety, avoid temperature extremes, aspiration precautions, ambulates with device, ambulates with assistance

16. Nutrition:

diabetic, low sodium, low cholesterol

17. Allergies:

lisinopril

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Walker, Wheelchair, Cane, 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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Duodenal ulcer unspecified as acute or chronic without hemorrhage or perforation, 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: <p class="MsoNoSpacing">The patient is a 76-year-old male with a complex medical history including traumatic brain injury (TBI), hypertension, type 2 diabetes mellitus, schizophrenia, hyperlipidemia, benign prostatic hyperplasia (BPH), and obstructive uropathy. He presented to the hospital following multiple falls, dark stools, vomiting, and flu-like symptoms, and was diagnosed with a gastrointestinal bleed requiring 10 units of blood. Additional recent diagnoses include urinary tract infection (UTI) and acute kidney injury (AKI). Prior to his most recent hospitalization one month ago, he was ambulatory at home with a rolling walker (RW) and used a stair lift to access the second floor of his residence. Durable medical equipment (DME) at home includes a hospital bed, raised toilet seat, and multiple wheelchairs. The patient now presents as non-ambulatory due to generalized weakness and requires assistive support for mobility and bed mobility tasks. The patient is alert and oriented to person, place, and time, though with intermittent confusion and mild dysphagia. He denies headaches, chills, or chest pain, and demonstrates clear lung sounds, normoactive bowel sounds, and no edema. He voids with some complications and uses adult diapers. A skin tear was noted on the right lower leg. During therapy sessions, he required maximum cues and moderate assistance for sit-to-stand and supine-to-sitting transfers, with noted difficulty maintaining midline posture and limited bilateral upper and lower extremity strength. Static balance remains impaired. The home exercise program (HEP) was reviewed with the patient's sister, who is the primary caregiver and verbalized understanding. Patient and caregiver were educated on activities of daily living

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 10/09/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Shoshana Weiner
1447 York Rd
Lutherville, MD 21093
PHONE: 4106057000 FAX: 14106057912 NPI: 1003133299

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 : 09/30/2025

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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(ADLs), medication effects, and signs of infection. The patient would benefit from ongoing skilled therapy services to improve functional mobility, strength, and safety for a return to prior level of function (PLOF).<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 10/09/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 09/30/2025
 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat DX: Duodenal ulcer unspecified as acute or chronic without hemorrhage or perforation
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
 1 - SOC - SN Notes:
 PT Eval Notes:
 OT Eval Notes:<o:p></o:p> Physician: Weiner, Shoshana

SN Careplans

SN WK1: 1 (10/09/25-10/11/25)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

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, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M1400 - Dyspnea, abn cholesterol > 200 mg/dL, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, heartburn/indigestion, constipation, decreased urine output, M1600 - UTI, limited strength, limited range of motion, limited endurance, muscle weakness, B1000 - Vision Deficit, balance deficit, tooth pain/decay/sensitivity, bruising/discoloration, #1 - Laceration - Anterior Right Below Knee - leave open to air id drainage cover with dry gauze

PROCEDURES: Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: Laceration below right knee leave open to air if drainage cover with dry gauze, glucose testing via monitor, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration

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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * low cholesterol dietary guidelines, 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 manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, * dietary guidelines lifestyle modifications to manage gastric condition, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: I want to walk with my walker

GOALS
patient/caregiver recalls
* dietary guidelines
* lifestyle modifications to manage gastric condition
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low cholesterol dietary guidelines
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing and prevent constipation

patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* 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

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
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles SN RN

Date

10/09/2025

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PT WK2: 1 (10/12/25-10/18/25) ,WK3: 1 (10/19/25-10/25/25) ,WK4: 1 (10/26/25-11/01/25) ,WK5: 1 (11/02/25-11/08/25) ,WK6: 1 (11/09/25-11/15/25) ,WK7: 1 (11/16/25-11/22/25) ,WK8: 1 (11/23/25-11/29/25) ,WK9: 1 (11/30/25-12/06/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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

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: * 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, Chair to Bed to Chair - 03. Partial/moderate assistance, Toilet Transfer - 04. Supervision or touching assistance, Car Transfer - 03. Partial/moderate assistance, 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, Medication Review- Patient/caregiver, related purpose and schedule of medications.

PATIENT-STATED GOAL: To walk with RW and return to use of stair lift with assistance

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

Chair to Bed to Chair - 03. Partial/moderate assistance

Toilet Transfer - 04. Supervision or touching assistance

Car Transfer - 03. Partial/moderate assistance

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

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

OT Careplans

OT WK2: 1 (10/12/25-10/18/25) ,WK3: 1 (10/19/25-10/25/25) ,WK4: 1 (10/26/25-11/01/25) ,WK5: 1 (11/02/25-11/08/25) ,WK6: 1 (11/09/25-11/15/25) ,WK7: 1 (11/16/25-11/22/25) ,WK8: 1 (11/23/25-11/29/25) ,WK9: 1 (11/30/25-12/06/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, 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

PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation

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, 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

OT Goals

PATIENT-STATED GOAL: Sit up more and do activities

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
* 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

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

HHA Careplans

HHA WK1: 1 (10/09/25-10/11/25)

PROCEDURES: assist with bathing, assist with toilet transferring, assist with toileting hygiene, assist with transferring, assist with mobility, assist with feeding/eating, assist with seizure precautions prn, assist with infection control, assist with fall prevention, assist with assistive devices prn, assist with O2 safety, assist with lower body dressing, assist with upper body dressing

HHA Goals

Signature of Physician:

Date

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

Date
10/09/2025