Home Health Certification and Plan of Care

Order ID: 1150/13171

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
40601308600	10/14/2025	From: 10/14/2025 To: 12/12/2025	11454	217058

6. Patient's Name and Address
John Henkel
409 Virginia Ave APT306,
TOWSON, MD 21286-
410-733-9687

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 07/28/1953

9.Sex Male

11. ICD	Principal Diagnosis	Date
I48.0	Paroxysmal atrial fibrillation	10/14/25

13. ICD	Other Pertinent Diagnoses	Date
M48.00	Spinal stenosis site unspecified	10/14/25
G89.29	Other chronic pain	10/14/25
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	10/14/25
I10.	Essential (primary) hypertension	10/14/25
D64.9	Anemia unspecified	10/14/25
E78.00	Pure hypercholesterolemia unspecified	10/14/25
D80.1	Nonfamilial hypogammaglobulinemia	10/14/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	10/14/25
F31.9	Bipolar disorder unspecified	10/14/25
F43.10	Post-traumatic stress disorder unspecified	10/14/25
M19.90	Unspecified osteoarthritis unspecified site	10/14/25
M06.9	Rheumatoid arthritis unspecified	10/14/25
E55.9	Vitamin D deficiency unspecified	10/14/25
F17.210	Nicotine dependence cigarettes uncomplicated	10/14/25
E66.9	Obesity unspecified	10/14/25
Z68.39	Body mass index [BMI] 39.0-39.9 adult	10/14/25
Z79.01	Long term (current) use of anticoagulants	10/14/25

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

Tylenol - Acetaminophen 1,000 mg , take (1,000 mg) tablet by mouth every 6 hours PRN
cholecalciferol (VITAMIN D) 1,000 Units 1,000 Units , take (1,000 Units) capsule by mouth once a day 1 time daily
Cyanocobalamin - Cyanocobalamin 1 mL, Injection intravenous once a day Cyanocobalamin 1000 MCG/ML KIT
every 30 days, Once every 30 days
Flonase - Fluticasone Propionate 50 MCG/ACT nasal spray , 1-2 sprays, Each Nare nasal twice a day PRN
Folic Acid - Folic Acid 1 mg , take (1 mg,) tablet by mouth once a day 1 time daily
Neurontin - Gabapentin 800 mg , take (800 mg) tablet by mouth twice a day 800 mg, Oral, 2 times daily, Pt confirms dose as 800
mg twice a day
Hydrocortisone - Hydrocortisone 25 mg, Rectally rectal twice a day PRN
Hydrocortisone - Hydrocortisone 2.5 % cream , 1 Application topical three times a day PRN
Lidoderm - Lidocaine 5 % patch , 2 patches transdermal once a day 1 time daily
Latuda - Lurasidone Hydrochloride 80 mg , take (80 mg) tablet by mouth at bedtime 80 mg, Oral, nightly, Pt confirms dose as 80 mg daily
Lamisil At - Terbinafine Hydrochloride 1 % cream , 1 Application topical three times a day PRN
Desyrel - Trazodone Hydrochloride 200 mg , take (200 mg) tablet by mouth at bedtime nightly
Lipitor - Atorvastatin Calcium 10 mg , take (10 mg,) tablet by mouth at bedtime nightly
Pradaxa - Dabigatran Etexilate Mesylate 150 mg , take (150 mg) capsule by mouth as necessary
multivitamin (OCUVITE) TABS take 2 tablets by mouth once a day 1 time daily
Zoloft - Sertraline Hydrochloride 200 mg , take (200 mg) tablet by mouth once a day 1 time daily
Loratadine - Loratadine 10 mg 1 by mouth in the evening
Aripiprazole - Aripiprazole 20MG by mouth once a day
BUPREMORPHIN PATCH 15MCG - once a week
Amiodarone - Amiodarone Hydrochloride 200 MGX2 by mouth twice a day HEART
Cozaar - Losartan Potassium 50 mg 1 TAB by mouth once a day BLOOD PRESSURE

14. DME and Supplies:
wheelchair, walker, diabetic supplies, rolling walker

15. Safety Measures:
supervision at all times, bathroom safety, activity supervision, ambulates with assistance, ambulates with device,

16. Nutrition:
cardiac diet!diabetic

17. Allergies:
ppd sulfa mold metoprolol

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Wheelchair, Transfer bed/Chair, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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 Paroxysmal Atrial Fibrillation, 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 10/14/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Sherin Varghese
2931 Greenspring Drive
Timonium, MD 21093
PHONE: FAX: NPI: 1952471153

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 : 10/11/2025

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
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Clinical Condition Requiring Homecare:

<div>The patient is a 71-year-old male with a significant past medical history of type 2 diabetes mellitus (DM2), bipolar disorder, and spinal stenosis with thoracic and lumbar vertebral fusion. He reports experiencing acute and severe back pain accompanied by neuropathic symptoms, which he attributes to possible failure of the spinal hardware (rods and screws) supporting his fused spine. The pain is described as intense, exacerbated by movement, and contributes to a recumbent posture. The patient currently resides alone in a third-floor apartment, which presents environmental challenges given his mobility limitations and pain severity. He receives limited home health aide (HHA) services through the Veterans Medical System for assistance with daily needs. Given the patient's complex medical and functional status, continued skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> and monitoring are warranted to evaluate pain control, mobility safety, and potential neurological changes. Education should focus on safe movement strategies, pain management techniques, and recognizing signs of worsening hardware failure or nerve involvement. Coordination with the primary care provider and spine specialist is recommended for further evaluation and possible imaging. The plan includes ongoing skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> for <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, reinforcement of education, and collaboration with physical and occupational therapy to optimize functional independence and safety in the home.</div><div>
</div><div> </div><div>Date of Order</div><div>10/14/2025</div><div>Orders</div><div>Physician Face-to-Face Date: 10/11/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat due to Paroxysmal Atrial Fibrillation</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div>
</div><div> </div><div>1 - SOC - PT Notes: soc</div><div>Physician</div><div>Varghese, Sherin</div>

SN Careplans

SN Goals

PT Careplans

PT WK1: 2 (10/14/25-10/18/25) ,WK2: 2 (10/19/25-10/25/25) ,WK3: 2 (10/26/25-11/01/25) ,WK4: 1 (11/02/25-11/08/25) ,WK5: 1 (11/09/25-11/15/25) ,WK6: 1 (11/16/25-11/22/25) ,WK7: 1 (11/23/25-11/29/25)

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: 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, 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;
Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all

PT Goals

PATIENT-STATED GOAL: To have controlled pain and ambulate straight

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

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
* 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 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 help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette

Signature of Physician:	Date
Optional Name/Signature of Nurse/Therapist: Electronically Signed by Messick, Charles SN RN	Date 10/14/2025

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1. Patient s HI claim No. 40601308600	2. Start Of Care Date 10/14/2025	3. Certification Period From: 10/14/2025 To: 12/12/2025	4. Medical Record No. 11454	5. Provider No. 217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
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new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

; 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: GG0130B1 - Oral Hygiene, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating, GG0170E1 - Chair to Bed to Chair, D0160 - Depression, M2020 - Oral Med Management, A1250 - Lack of Necessary Transportation, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, muscle spasms, limited endurance, muscle weakness, limited strength, Pain Effect on Sleep, Pain Interference with ADLs, pain radiating to arms/legs, balance deficit, obesity

PROCEDURES: Medication Review: The medication was reviewed with the patient , cough/deep breathing exercises, home exercise program: long arc , mention, hip abd/add, heel raises --10x2 reps, equipment training, gait training on uneven surfaces, gait training/stair training, transfers training, coordinate/arrange transportation services

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 relaxation skills and diversional activities, 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, * 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, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, 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 journal of food and fluid intake healthy meal plan tips exercise program nutritional knowledge, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, 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

* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep journal of food and fluid intake
* healthy meal plan tips
* exercise program
* nutritional knowledge
* 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
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

patient's transportation needs are met

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

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

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

Signature of Physician:	Date PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist: Electronically Signed by Messick, Charles SN RN	Date 10/14/2025