

Home Health Certification and Plan of Care				Order ID: 1150/13162	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
48295389100		10/13/2025		From: 10/13/2025 To: 12/10/2025	
4. Medical Record No.		5. Provider No.			
18307		217058			
6. Patient's Name and Address Richard McDonald 12021 Old Long Calm Road, KINGSVILLE, MD 21087- 443-602-2964			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 01/02/1967			9. Sex Male		
10. Medications: Dose/Frequency/Route (N)ew (C)hanged Diclofenac Sodium - Diclofenac Sodium 75 by mouth once a day For pain Pregabalin - Pregabalin 100 mg by mouth three times a day Nerve pain Hydromorphone Hydrochloride - Hydromorphone Hydrochloride 2 mg 1 tab by mouth every 6 hours As needed for pain					
11. ICD Principal Diagnosis M54.16 Radiculopathy lumbar region			Date 10/13/25		
13. ICD Other Pertinent Diagnoses M48.02 Spinal stenosis cervical region G62.9 Polyneuropathy unspecified M22.41 Chondromalacia patellae right knee M22.42 Chondromalacia patellae left knee D83.9 Common variable immunodeficiency unspecified M50.30 Other cervical disc degeneration unsp cervical region D64.9 Anemia unspecified K44.9 Diaphragmatic hernia without obstruction or gangrene E66.01 Morbid (severe) obesity due to excess calories			Date 10/13/25 10/13/25 10/13/25 10/13/25 10/13/25 10/13/25 10/13/25 10/13/25 10/13/25		
14. DME and Supplies: None of the above,			15. Safety Measures: activity supervision,		
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET			17. Allergies: no known allergies		
18.A. Functional Limitations Ambulation			18.B. Activities Permitted 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: 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 patient will be responsible for managing treatment		
Homebound status: Due to diagnosis of Radiculopathy Lumbar Region, 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: <div>The patient is a 58-year-old male who recently experienced an acute episode of severe back pain resulting in significant impairment of functional mobility. During the acute phase, the patient was unable to ambulate for approximately ten days while hospitalized. He is currently in the subacute stage of recovery and reports that he has not taken any pain medication for the past 24 hours, with complete absence of pain since the previous day. The patient now ambulates with an upright posture and demonstrates no apparent gait or coordination deficits. Mild soreness in the back and leg, as well as tingling sensations in the toes, were noted. Education was provided on back pain management strategies, including demonstration and instruction in specific therapeutic exercises such as flaming exercises, planking, piriformis stretching, double leg raises, and Sartorius muscle stretching. Cryotherapy was also introduced as part of his pain management regimen. The patient verbalized understanding of the exercises and their purpose. Overall, pain is well-controlled, and the patient is progressing toward improved mobility and function. He plans to relocate to Baltimore within one to two weeks. The plan of care includes continued adherence to the prescribed home exercise program, maintenance of proper posture and body mechanics, and monitoring for any recurrence or worsening of symptoms. Follow-up with a healthcare provider after relocation is recommended to ensure continuity of care and ongoing rehabilitation.</div><div> </div><div> </div><div>Date of Order</div><div>10/13/2025</div><div>Orders</div><div>Physician Face-to-Face Date: 10/06/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat ot-eval & treat due to Radiculopathy Lumbar Region</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>OT Eval Notes:</div><div> </div><div>Physician</div><div>Varghese, Sherin</div></div>					
SN Careplans			SN Goals		
PT Careplans			PT Goals		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles SN RN on 10/13/2025				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 : 10/06/2025		
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. PAGE 1 of 2		

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PT WK1: 1 (10/13/25-10/18/25) ,WK2: 1 (10/19/25-10/25/25) ,WK3: 1 (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: 0. No assistance needed - patient is independent or does not have needs in this area HOSPITALIZATION RISKS: 10. None of the above 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: GG0170D1 - Sit to Stand, 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, GG0170E1 - Chair to Bed to Chair, GG0170F1 - Toilet Transfer, M2020 - Oral Med Management, M1400 - Dyspnea, muscle spasms, Pain Effect on Sleep, Pain Interference with ADLs PROCEDURES: Medication Review: The medication was reviewed with the patient , cough/deep breathing exercises, 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, * 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, 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 - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 _ Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent			PATIENT-STATED GOAL: Wants to get back to active life;Back exercises GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent 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 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 self-administers medications as prescribed * recalls related medication(s) purpose, schedule Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 06. Independent Walk 50 ft with 2 Turns - 06. Independent Walk 150 Feet - 06. Independent Walk 10 ft on Uneven Surface - 06. Independent 1 _ Step (curb) - 06. Independent 4 Steps - 06. Independent 12 Steps - 06. Independent Picking Up Object - 06. Independent	
OT Careplans OT WK1: 1 (10/13/25-10/18/25) 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 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, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 06. Independent, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent			OT Goals PATIENT-STATED GOAL: Better than previous level 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 Oral Hygiene - 06. Independent Lower Body Dressing - 06. Independent Shower/Bathe Self - 06. Independent Toileting Hygiene - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent	

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	10/13/2025