

Home Health Certification and Plan of Care				Order ID: 1150/11799		
1. Patient s HI claim No.		2. Start Of Care Date	3. Certification Period		4. Medical Record No.	5. Provider No.
36243938		08/25/2025	From: 08/25/2025 To: 10/23/2025		16458	217058
6. Patient's Name and Address William Tyler 3214 Carlswood Circle, WINDSOR MILL, MD 21244- 443-596-1550			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 01/19/1950 9.Sex Male			10. Medications: Dose/Frequency/Route (N)ew (C)hanged Pravachol - Pravastatin Sodium 40 mg , take (40 mg) tablet by mouth at bedtime Pioglitazone - Pioglitazone Hydrochloride 30 mg by mouth in the morning HTN Coreg - Carvedilol 12.5 mg 1 Tablet by mouth twice a day Metformin - Metformin Hydrochloride 850 mg tablet by mouth twice a day DM Cozaar - Losartan Potassium 100 mg , take (100 mg) Tablet by mouth once a day Colace - Docusate Sodium 100 mg, Take (100 mg) Capsule by mouth twice a day			
11. ICD I95.1		Principal Diagnosis Orthostatic hypotension	Date 08/25/25			
13. ICD I10. E11.9 E78.5		Other Pertinent Diagnoses Essential (primary) hypertension Type 2 diabetes mellitus without complications Hyperlipidemia unspecified	Date 08/25/25 08/25/25 08/25/25			
14. DME and Supplies: cane, rolling walker			15. Safety Measures: medication safety, fall precautions, ambulates with device, standard precautions			
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET			17. Allergies: no known allergies			
18.A. Functional Limitations Ambulation, Endurance			18.B. Activities Permitted Cane, Up As Tolerated, Transfer bed/Chair, Exercises Prescribed			
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: 0. Never, 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 Orthostatic hypotension, 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 75-year-old male with a medical history of hypertension, hyperlipidemia, and type 2 diabetes mellitus. He was recently hospitalized due to a syncopal episode and was found to have orthostatic hypotension. He lives in a multilevel townhome with his daughter, son-in-law, and grandchildren. The daughter works during the day, while the son-in-law is available at home during the daytime. The home has bathroom access on both levels, with the patient's bedroom located on the second floor. He is alert and oriented 4. Mobility-wise, the patient ambulates independently indoors without an assistive device and uses a single-point cane with distant supervision for outdoor surfaces. He requires supervision when negotiating curbs but performs transfers and sit-to-stands independently.</o:p></o:p></p> <p class="MsoNoSpacing">The Timed Up and Go (TUG) test was completed in 10 seconds, indicating a low fall risk. Minor right-sided weakness was noted in shoulder abduction/flexion, grip strength, and hip flexion. A home exercise program (HEP) was reviewed with the patient, focusing on seated therapeutic exercises, sit-to-stands, and ambulation. The patient was educated on mobility options, including transportation resources, and the primary care provider (PCP) was notified regarding a referral for outpatient physical therapy and mobility transit application. The patient is expected to benefit from continued skilled therapy services to address strength deficits, promote safe mobility, and maintain independence within the home and community.</o:p></o:p></p> <p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">08/25/2025 Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 08/12/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat DX Orthostatic hypotension 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></p> <p class="MsoNoSpacing"> 1 - SOC - PT Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Nkwanyuo, Joseph</p>						
SN Careplans			SN Goals			
PT Careplans PT WK1: 1 (08/25/25-08/30/25) 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), 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, 9. Other risk(s) not listed in 1- 8 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			PT Goals PATIENT-STATED GOAL: To improve endurance and strength GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 05. Setup or clean-up 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			
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 08/25/2025					25. Date HHA Received Signed POT	
24. Physician's Name and Address Joseph Nkwanyuo 8930 Liberty Road Randallstown, MD 21133 PHONE: 4102657742 FAX: 14102983964 NPI: 1194805036			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 : 08/12/2025			
27. Attending Physician's Signature and Date Signed 10/03/2025 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. PAGE 1 of 2			

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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: GG0130H1 - Don/Doff Footwear, 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, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, abnormal blood pressure (CR), M1400 - Dyspnea, M1600 - UTI, limited endurance PROCEDURES: Therapeutic exercise , Dynamic standing balance , Medication Review- Medications reviewed with patient/caregiver., gait training on uneven surfaces, gait training/stair training, transfers training, coordinate/arrange transportation services 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 06. Independent, 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 - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance		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's transportation needs are met Lower Body Dressing - 06. Independent Shower/Bathe Self - 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 Feet - 05. Setup or clean-up assistance Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance Walk 150 Feet - 05. Setup or clean-up assistance 4 Steps - 05. Setup or clean-up assistance 12 Steps - 05. Setup or clean-up assistance Picking Up Object - 05. Setup or clean-up assistance		

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/25/2025