Home Health Certification and Plan of Care

Order ID: 1150/13003

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
75282931	09/22/2025	From: 09/22/2025 To: 11/20/2025	17408	217058

6. Patient's Name and Address
Shaun Perkins
2 Tower Lane,
BALTIMORE, MD 21210-
717-841-5444

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 11/23/1976 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S82.891D	Oth fracture of r low leg subs for clos fx w routn heal	09/22/25

13. ICD	Other Pertinent Diagnoses	Date
S62.111D	Disp fx of triquetrum bone r wrs subs for fx w routn heal	09/22/25
Z79.82	Long term (current) use of aspirin	09/22/25

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

Acetaminophen - Acetaminophen 325mg by mouth every 4 hours take 650 mg by mouth every 4 hours as needed for pain
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg by mouth every 4 hours take 5 mg by mouth every 4 hours as needed for pain
Colace - Docusate Sodium 100mg by mouth twice a day take 100 mg by mouth 2 times per day as needed for constipation
Asa 81 Mg - Aspirin 81mg by mouth once a day chew and swallow 81 mg by mouth daily
Albuterol Inhaler - Albuterol 90mcg inhalant four times a day inhale 2 puffs by mouth 4 times a day
Metoprolol Succinate - Metoprolol Succinate 50 mg by mouth once a day 50 mg oral sr tab. take 1 tablet by mouth daily

14. DME and Supplies:
rolling walker, grab bars, Cam boot

15. Safety Measures:
standard precautions, remove environmental barriers, non-weight bearing RLE, medication safety, fall precautions, electrical safety measures, bleeding precautions, bathroom safety, anticoagulant precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
benadryl

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Walker, 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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Other fracture of right lower leg, subsequent encounter for closed 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.

Clinical Condition Requiring Homecare: The patient is a 46-year-old individual who sustained a right ankle fracture and right wrist (carpal) fracture after being struck from behind by a truck while riding a motorcycle on 8/30. They were admitted to Sinai Hospital, underwent an open reduction and internal fixation (ORIF) of the right ankle, and are currently non-weight bearing (NWB) on the right lower extremity. The right wrist is weight bearing as tolerated (WBAT) with a splint. Past medical history includes asthma and hypertension. The patient ambulates up to 30 feet indoors using a right platform walker with supervision and NWB on the right leg. Transfers to bed, toilet, and chair are completed with supervision, while bed mobility is independent. The therapist did not assess outdoor mobility, stairs, or car transfers. The patient qualifies as homebound due to the significant effort required to leave the home, supported by a Tinetti score of 11/28. Home therapy is recommended to improve strength and functional mobility, particularly as weight bearing on the right leg becomes permitted. The patient is currently independent with most activities of daily living (ADLs) and functional mobility, considering the non-weight bearing status of the right leg. However, the patient is unable to complete shower transfers due to wearing a CAM boot and instead performs sponge bathing. Kitchen tasks are limited due to restricted space and the use of a platform walker. Although the right hand is in a splint, the patient demonstrates full range of motion and is able to weight bear as tolerated on the wrist, with no current limitations noted.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 09/22/2025
Order<o:p></o:p> Physician Face-to-Face Date: 09/08/2025
Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat dx: Other fracture of right lower leg, subsequent encounter for closed fracture with routine healing
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 - PT Notes:
OT Eval Notes:<o:p></o:p> Physician: Eseonu Ewoh, Nkechinyerem

SN Careplans

SN Goals

PT Careplans

PT WK1: 2 (09/22/25-09/27/25) ,WK2: 2 (09/28/25-10/04/25) ,WK3: 2 (10/05/25-10/11/25) ,WK4: 1 (10/12/25-10/18/25) ,WK5: 1 (10/19/25-10/25/25) ,WK6: 1 (10/26/25-11/01/25) ,WK7: 1 (11/02/25-11/08/25)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, 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: 7. Currently taking 5 or more medications

PT Goals

PATIENT-STATED GOAL: Be able to walk by myself with my foot on the floor

GOALS
Toilet Transfer - 06. Independent

Car Transfer - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 09/22/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Nkechinyerem Eseonu Ewoh
7070 Samuel Morse Dr
Columbia, MD 21246
PHONE: FAX: NPI: 1114247541

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 : 09/08/2025

27. Attending Physician's Signature and Date Signed **10/10/2025** 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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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: GG0170P1 - Picking Up Object, 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, GG0170O1 - 12 Steps, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, dependent edema, M1400 - Dyspnea, limited strength, limited range of motion, limited endurance, swelling of affected area, Pain Interference with ADLs, balance deficit, Pain Effect on Sleep, #1 - Observable Surgical Wound - Other - Medial right ankle - , #2 - Observable Surgical Wound - Other - Later right ankle - , #3 - Observable Surgical Wound - Other - Later right ankle proximal -

PROCEDURES: Stretching to right ankle, Medication Review- : Medications reviewed with patient/caregiver. , Stretching to right wrist, incentive spirometer, home exercise program: Supine hip flexion, straight leg raise, hip abduction. Standing right knee flexion, hip abduction, hip extension. Sitting knee extension, ankle pumps, ankle rotation , trace alphabet, 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 06. Independent, Car Transfer - 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, 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 ft on Uneven Surface - 04. Supervision or touching

1 - Step (curb) - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

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

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Walk 10 Feet - 04. Supervision or touching assistance

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
* pain control
* therapeutic exercises to optimize range of motion of affected area
* diet and fluids to promote healing
* 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

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching 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

caregiver performs medical/rehabilitation treatments with adequate competence

OT Careplans

OT WK1: 1 (09/22/25-09/27/25) ,WK2: 1 (09/28/25-10/04/25)

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: safety during ADLs and IADLs, 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 - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, safety during ADLs and IADLs

OT Goals

PATIENT-STATED GOAL: Return to work

GOALS
Shower/Bathe Self - 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

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 - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

safety during ADLs and IADLs

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/22/2025