Home Health Certification and Plan of Care

Order ID: 1150/13356

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6HY4FU3CH03	10/22/2025	From: 10/22/2025 To: 12/19/2025	18571	217058

6. Patient's Name and Address
George King
8278 New Cut Road,
Severn, MD 21144-
410-987-1483

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 05/29/1944 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G20.A1	Parkinson's dis w/o dyskinesia w/o mention of fluctuations	10/22/25

13. ICD	Other Pertinent Diagnoses	Date
S81.012D	Laceration without foreign body left knee subs encntr	10/22/25
S51.812D	Laceration without foreign body of left forearm subs encntr	10/22/25
L89.812	Pressure ulcer of head stage 2	10/22/25
E11.621	Type 2 diabetes mellitus with foot ulcer	10/22/25
L97.521	Non-prs chronic ulcer oth prt l foot limited to brkdwn skin	10/22/25
G31.84	Mild cognitive impairment of uncertain or unknown etiology	10/22/25
I10.	Essential (primary) hypertension	10/22/25
I48.91	Unspecified atrial fibrillation	10/22/25
E11.9	Type 2 diabetes mellitus without complications	10/22/25
M48.061	Spinal stenosis lumbar region without neurogenic claud	10/22/25
E78.49	Other hyperlipidemia	10/22/25
E66.9	Obesity unspecified	10/22/25
Z68.35	Body mass index [BMI] 35.0-35.9 adult	10/22/25
Z85.6	Personal history of leukemia	10/22/25
Z79.01	Long term (current) use of anticoagulants	10/22/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	10/22/25
Z79.82	Long term (current) use of aspirin	10/22/25

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

Sinemet - Carbidopa: Levodopa 25-100 mg per tablet, Take 1 tablet by mouth three times a day
Eliquis - Apixaban 5 mg tablet, Take 2 tablets by mouth twice a day (10 mg total)
Lasix - Furosemide 40 MG tablet, Take 1 tablet by mouth once a day (40 mg total)
Melatonin - Melatonin 3 mg capsule, Take 3 mg by mouth at bedtime
Glucophage - Metformin Hydrochloride 500 MG tablet, Take 2 tablets by mouth twice a day (1,000 mg total)
Aspirin - Aspirin 81 MG tablet, Take 1 tablet by mouth once a day (81 mg total) daily Indications: prevention of transient ischemic attack
Lipitor - Atorvastatin Calcium 40 MG tablet, Take 1 tablet by mouth at bedtime (40 mg total) nightly Disp: 30 tablet,

14. DME and Supplies:
wheelchair, rolling walker, hand held shower, bath bench, walker, commode, 4 wheeled walker, cane

15. Safety Measures:
transfer with assist, supervision at all times, medical alert/lifeline, hand rails, fall precautions, diabetic precautions, wheelchair precautions, standard precautions, emergency phone number prominently displayed, bleeding precautions, walker precautions, smoke detectors , medication safety, bathroom safety, avoid temperature extremes, ambulates with device, ambulates with assistance

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
neomycin bacitracin poly

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Cane, Walker, Exercises Prescribed, Wheelchair, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Parkinson's disease without dyskinesia without mention of fluctuations, 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 an 80-year-old male referred for home physical therapy by his nurse practitioner, Caitlin Sorci. The start of care and admission assessment were completed, and all necessary consents were obtained. The patient, diagnosed with Parkinson's disease approximately five years ago, recently stopped walking due to a forefoot sore and has since experienced increasing difficulty with transfers. He now has new orthotics and medical clearance to resume gait training. The patient lives in a single-level home with two steps and requires assistance from a caregiver and a walker for short-distance ambulation. He has experienced two to three falls over the past two months and four to five in the past year. Due to his Parkinson's disease and high fall risk, he is unable to leave home safely without human assistance. Medication reconciliation, home safety assessment, and patient education were completed. The patient presents with decreased endurance, lower extremity weakness, impaired balance, unsteady gait, limited functional mobility, and decreased safety awareness, all contributing to a high risk for falls. Education was provided to the patient and caregiver on edema management, wound infection signs, home safety, and fall prevention strategies. Training was given on safe transfers, walker use, and proper gait mechanics, with the patient requiring minimal to standby assistance. Functional assessments (Tinetti and TUG) were performed, and the patient was advised to ambulate with a walker at all times. A walking program was initiated to promote circulation and prevent deconditioning. The physical therapy plan of care was reviewed and agreed upon with the patient and caregiver, with treatment scheduled to begin on 10/22/25 at a frequency of two times per week for three weeks, then once weekly for six weeks. The nurse practitioner was notified of the completed admission.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 10/22/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 10/15/2025
 Clinical Condition Requiring Home Care per Certifying Physician: PT evaluate and treat DX: Parkinson's disease without dyskinesia without mention of fluctuations
 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: <o:p></o:p> Physician: Sorci, Caitlin

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 10/22/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Caitlin Sorci
5210 Eastern Avenue
Baltimore, MD 21224
PHONE: 443-849-3184 FAX: 14103672743 NPI: 1497455802

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 : 10/15/2025

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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SN Careplans

SN Goals

PT Careplans

PT WK1: 2 (10/22/25-10/25/25) ,WK2: 2 (10/26/25-11/01/25) ,WK3: 2 (11/02/25-11/08/25) ,WK4: 1 (11/09/25-11/15/25) ,WK5: 1 (11/16/25-11/22/25) ,WK6: 1 (11/23/25-11/29/25) ,WK7: 1 (11/30/25-12/06/25) ,WK8: 1 (12/07/25-12/13/25) ,WK9: 1 (12/14/25-12/19/25)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 50 > 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, 8. Currently reports exhaustion, 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 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: GG0130G1 - Lower Body Dressing, 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, GG0130H1 - Don/Doff Footwear, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1033 - Exhaustion, swelling in the arms/legs, M1400 - Dyspnea, limited strength, muscle weakness, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., equipment training: Walker, cane, w/c, work simplification/energy conservation, dynamic standing balance exercises, gait training on uneven surfaces, gait training/stair training, transfers training, assist with fall prevention

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, * 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Oral Hygiene - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Don/Doff Footwear - 03.

PT Goals

PATIENT-STATED GOAL: I want to be self reliant

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
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Oral Hygiene - 05. Setup or clean-up assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 03. Partial/moderate assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Toilet Transfer - 05. Setup or clean-up assistance

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

Walk 10 ft on Uneven Surface - 04. Supervision or touching

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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

10/22/2025

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Partial/moderate assistance, Eating - 05. Setup or clean-up assistance, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, 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

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Eating - 05. Setup or clean-up assistance

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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/22/2025