

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/15/2025

Home Health Certification and Plan of Care				Order ID: 1150/13410	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
591007049		10/15/2025		From: 10/15/2025 To: 12/12/2025	
				4. Medical Record No.	
				18327	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Brian Pearson			HomeCentris Healthcare LLC		
3525 Lineboro Rd,			10 Crossroads Drive, Suite 102		
MANCHESTER, MD 21102-			Owings Mills, MD 21117-8284		
443-418-3455			410-321-8448		
			1487113239		
with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety pain control, 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, meal preparation is available to patient for all meals, meal preparation is available to patient for all meals			* 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 keep home safe for patient with dementia * coping strategies for the caregiver * recalls related medication(s) purpose, schedule patient/caregiver recalls * urinary incontinence management including bladder training * Kegel exercises * skin 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 meal preparation is available to patient for all meals meal preparation is available to patient for all meals 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		
PT Careplans			PT Goals		
PT WK1: 11 (10/15/25-10/18/25)			PATIENT-STATED GOAL: Evaluation only		
PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, GG0170F1 - Toilet Transfer, GG0170A1 - Roll left & Right, GG0170B1 - Sit to Lying, GG0170C1 - Lying to sitting/bed, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet			GOALS 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		
PROCEDURES: wheelchair training, transfers training			Roll left & Right - 06. Independent		
TEACH PATIENT/CAREGIVER: * 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, Roll left & Right - 06. Independent, Sit to Lying - 06. Independent, Lying to sitting/bed - 06. Independent, Toilet Transfer - 03. Partial/moderate assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent			Sit to Lying - 06. Independent		
			Lying to sitting/bed - 06. Independent		
			Toilet Transfer - 03. Partial/moderate assistance		
			Wheel 50 ft w 2 Turns - 06. Independent		
			Wheel 150 feet - 06. Independent		

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