Home Health Certification and Plan of Care

Order ID: 1150/13542

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3P75CJ6EK83	10/27/2025	From: 10/27/2025 To: 12/24/2025	18744	217058

6. Patient's Name and Address

Antoine Kittrell
1312 Guilford Ave Apt 123,
BALTIMORE, MD 21202-
443-680-9818

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 03/10/1968 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
M00.871	Arthritis due to other bacteria right ankle and foot	10/27/25

13. ICD	Other Pertinent Diagnoses	Date
I11.0	Hypertensive heart disease with heart failure	10/27/25
I50.9	Heart failure unspecified	10/27/25
J96.21	Acute and chronic respiratory failure with hypoxia	10/27/25
M25.472	Effusion left ankle	10/27/25
J44.9	Chronic obstructive pulmonary disease unspecified	10/27/25
B20.	Human immunodeficiency virus [HIV] disease	10/27/25
I48.92	Unspecified atrial flutter	10/27/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	10/27/25
H54.52A2	Low vision left eye category 2 normal vision right eye	10/27/25
F33.9	Major depressive disorder recurrent unspecified	10/27/25
F41.9	Anxiety disorder unspecified	10/27/25
E78.5	Hyperlipidemia unspecified	10/27/25
Z79.01	Long term (current) use of anticoagulants	10/27/25
Z99.81	Dependence on supplemental oxygen	10/27/25
Z99.89	Dependence on other enabling machines and devices	10/27/25

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

Oxygen - Oxygen 2 litres nasal cannula continuous
Albuterol Sulfate - Albuterol Sulfate 108 MCG/ACT (90 Base),Inhale 2 puff inhalant every 4 hours For "Sob," which likely refers to shortness of breath
Combivent Respimal Inhalation Aerosol Sokution 20- 100 MCG/ACT (Ipratropium-Albuterol) 20- 100 MCG/ACT, 1 inhalation inhale inhalant as necessary 1 inhalation
inhale orall every 6 hours as needed for SOB related
1o CHRONIC OBSTRUCTIVE PULMONARY
DISEASE, UNSPECIFIED (J44.9
ErythromycihOphthalmic Ointment5 MG/GM (Erythromycin (Ophth) 5 MG/GM, nstll1drop both eyes as necessary Instll1drop in both eyes every 6 hours for kerotopathy
Hydroxyzine Hydrochloride - Hydroxyzine Hydrochloride 25 MG, Give 1 tabie by mouth once a day Give 1 tabiet by mouthone timea day foranxiety
Melatonin - Melatonin 3 MG, Give 2 tablet by mouth at bedtime Give 2 tablet by mouth
bedtime for Insomria
Torsemide - Torsemide 20 mg Give4 tablet by mouth once a day Taken 4 tabs 1x daily for diuretic
Atorvastatin Calcium - Atorvastatin Calcium 5MG, Give 1 tablel by mouth at bedtime Give 1 tablel by mouth at bedtime for Hyperfipidemia
Dolutegravir, Lamivudine, And Tenofovir Disoproxil Fumarate - Dolutegravir:Lamivudine:Tenofovir Disoproxil Fumarate 50-300 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouthone time a day for HM
Xarelto - Rivaroxaban 20 MG,Give 1 tablet by mouth as necessary Give 1 tablet by mouth in the evening for HF give with food.
Anoro Ellipta - Umeclidinium Bromide: Vilanterol Trifenatate 62.5-25 MCG/ACT,Inhale 2 puff inhalant once a day 1x daily
Doxycycline Monohydrate Oral Capsule 100 MG (Doxycycline (Monohydrata)) 100 MG, Give1 capsule by mouth once a day Give1 capsuleby moulh one time a day related to ARTHRITIS DUE TO
OTHER BACTERIA, RIGHT ANKLE AND FOOT
Escitalopram Oxalate - Escitalopram Oxalate 20 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one
time a day for depression

14. DME and Supplies:

walker, cane, oxygen supplies

15. Safety Measures:

cardiac precautions, bathroom safety, , , , ambulates with device, , hand rails

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

cipro

18.A. Functional Limitations

Legally Blind, Dyspnea With Minimal Exertion, Ambulation

18.B. Activities Permitted

Cane, Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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

patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Arthritis Due To Other Bacteria Right Ankle And Foot, 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 57-year-old male, alert and oriented 4, with a medical history significant for right knee arthritis, hypertension, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), HIV, atrial flutter, depression, anxiety, and left-eye blindness with blurry vision in the right eye. He reports wearing a contact lens in his right eye to assist with vision. The patient was recently hospitalized for shortness of breath related to CHF and later developed septic arthritis of the right ankle, which required surgical debridement and subsequent inpatient rehabilitation. He has since been discharged home and reports no current pain, wound drainage, erythema, or edema at the surgical site. Examination revealed a well-healed right ankle incision with no signs of active infection. Vital signs are stable, and the patient appears comfortable and in no acute distress. The patient currently ambulates 30 feet indoors using a rolling walker with supervision and is able to perform five steps with a handrail using a step-to pattern under supervision. Bed mobility is achieved with supervision, often by crawling into bed. He completes transfers to and from bed, chair, and toilet with supervision and demonstrates independence in upper and lower body dressing. Bathing is performed at the sink with modified independence, consistent with his pre-hospitalization routine. The patient reported plans to acquire a cane and install a grab bar near the tub for safety. He lives alone in an apartment that requires ascending eight steps for entry and receives 31 hours per week of home health aide support through Home Centrist, which he finds beneficial. Functional <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> using the Tinetti Balance and Gait Test yielded a score of 14/28, indicating a high risk for falls. The patient is considered homebound due to the significant effort required to leave his home with an assistive device. He demonstrates adequate understanding and management of his

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 10/27/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Jonathan Rich
301 Saint Paul Place
Baltimore, MD 21202
PHONE: 4103329680 FAX: 14103329669 NPI: 1871590844

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 : 10/03/2025

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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medications and shows motivation toward improving his mobility and independence. Muscle strength is within normal limits at 5/5 on manual muscle testing. Given the patient's decreased endurance, functional limitations, and recent history of right ankle septic arthritis, skilled home physical therapy is recommended to improve lower extremity strength, balance, gait safety, and overall functional mobility to restore independence and reduce fall risk. Occupational therapy services are not indicated at this time, as the patient demonstrates independence with activities of daily living and no additional functional deficits requiring skilled OT intervention. The plan of care includes continued home physical therapy focusing on progressive ambulation, transfer training, and home safety education to support recovery and promote independent function within the home environment.
 Date of Order 10/27/2025 Orders Physician Face-to-Face Date: 10/03/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Arthritis Due To Other Bacteria Right Ankle And Foot Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Rich, Jonathan

SN Careplans

SN WK1: 1 (10/27/25-11/01/25)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, D0160 - Depression, M2020 - Oral Med Management, meal preparation, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, limited range of motion, limited strength, limited endurance, B1000 - Vision Deficit, itchy skin, bruising/discoloration

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * how to support the immune system including personal hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette diet fluid intake, related medication(s) purpose, schedule * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medication(s) purpose, schedule, * how to optimize joint mobility 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, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: To walk without an assistive device

GOALS
patient/caregiver recalls
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* 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
* 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 optimize joint mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* pain control
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to support the immune system including personal hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* diet
* fluid intake
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient/caregiver recalls

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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* 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

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (10/27/25-11/01/25) ,WK2: 2 (11/02/25-11/08/25) ,WK3: 1 (11/09/25-11/15/25) ,WK4: 1 (11/16/25-11/22/25) ,WK5: 1 (11/23/25-11/29/25) ,WK6: 1 (11/30/25-12/06/25) ,WK7: 1 (12/07/25-12/13/25) ,WK8: 1 (12/14/25-12/20/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400 Dyspnea, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps , Bed mobility training , 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, 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

PT Goals

PATIENT-STATED GOAL: To walk without device on all surfaces for functional distance

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

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 (10/27/25-11/01/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

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 - 03. Partial/moderate assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: Eval only

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

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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

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Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Shower/Bathe Self - 03. Partial/moderate assistance

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date
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