Home Health Certification and Plan of Care

Order ID: 1150/13564

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2cf7jn0wk41	09/06/2025	From: 11/04/2025 To: 01/03/2026	17117	217058

6. Patient's Name and Address

Richard Christmas
9 Greenbury Ct Apt A,
GWYNN OAK, MD 21207-
410-227-0773

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 04/11/1952 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S92.321D	Disp fx of 2nd metatarsal bone r ft 7thD	09/06/25

13. ICD	Other Pertinent Diagnoses	Date
F43.21	Adjustment disorder with depressed mood	09/06/25
I11.0	Hypertensive heart disease with heart failure	09/06/25
I50.32	Chronic diastolic (congestive) heart failure	09/06/25
E11.9	Type 2 diabetes mellitus without complications	09/06/25
I27.20	Pulmonary hypertension unspecified	09/06/25
I42.8	Other cardiomyopathies	09/06/25
E78.5	Hyperlipidemia unspecified	09/06/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	09/06/25
J96.11	Chronic respiratory failure with hypoxia	09/06/25
M17.11	Unilateral primary osteoarthritis right knee	09/06/25
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	09/06/25
J44.89	Other specified chronic obstructive pulmonary disease	09/06/25
K21.9	Gastro-esophageal reflux disease without esophagitis	09/06/25
E66.89	Other obesity not elsewhe	09/06/25
Z68.37	Body mass index [BMI] 37.0-37.9 adult	09/06/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	09/06/25
Z99.81	Dependence on supplemental oxygen	09/06/25
Z85.46	Personal history of malignant neoplasm of prostate	09/06/25
Z91.81	History of falling	09/06/25
Z95.810	Presence of automatic (implantable) cardiac defibrillator	09/06/25

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

Alfuzosin Hydrochloride - Alfuzosin Hydrochloride 10 mg tablet,Take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day. For Benign Prostatic Hyperplasia (BPH).
Cyanocobalamin - Cyanocobalamin 1000 MCG,Give 1 tablet by mouth once a day Give 1 tablet by mouth For SUPPLEMENT
Magnesium - Simethicone 250 MG,Give 1 tablet by mouth once a day Give 1 tablet by mouth For SUPPLEMENT
Metformin Hcl - Metformin Hydrochloride 500 MG,Take 1 tablet by mouth twice a day One tablet to be taken by mouth two times a day for Diabetes Mellitus (DM)
Metoprolol Succinate - Metoprolol Succinate 50 MG,Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day. Hold administration if Heart Rate (HR) is less than 60 beats per minute.
Omega-3 - Cod Liver Oil 1000 MG,Give 1 capsule by mouth once a day Give 1 capsule by mouth One time a day for SUPPLEMENT
Relugolix Oral Tablet 120 MG 120 MG,Take 1 tablet by mouth once a day in the afternoon
Acetaminophen - Acetaminophen 500 MG,take 2 tablets by mouth every 6 hours Do not exceed 4 grams (4GM) per day.
Vitamin E - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 400 UNIT(180 MG),Take 1 capsule by mouth in the morning
Oxygen - Oxygen 4 lpm nasal cannula continuous Due to chronic respiratory failure
Sennosides-Docusate Sodium 8.6-50 MG,Take 1 tablet by mouth twice a day As needed for constipation.
Orgovyx 120mg by mouth once a day
Spironolactone - Spironolactone 50 MG,Take 1 tablet by mouth once a day For HTN (Hypertension) and/or CHF (Congestive Heart Failure)
Asa - Aspirin 81mg by mouth once a day Heart health
Torsemide - Torsemide 20 MG,Give 3 tablets by mouth once a day For HTN (Hypertension) and CHF (Congestive Heart Failure)

14. DME and Supplies:

wheelchair, rolling walker, commode, bath bench

15. Safety Measures:

O2 precautions, standard precautions, remove environmental barriers, medication safety, fall precautions, bathroom safety, ambulates with assistance, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation

18.B. Activities Permitted

Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 2. Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance)., ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: WNL, HISTORY OF DEPRESSION:

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 Displaced fracture of second metatarsal bone, right foot, subsequent encounter for 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 73-year-old male who recently completed a recertification following skilled physical therapy services for rehabilitation after a right ankle fracture. Therapy has focused on improving strength, balance, and safety during mobility. Since the start of care, he has made steady progress toward his goals, now performing transfers with supervision rather than contact guard assistance. Initially reliant on a wheelchair for most mobility, he is now able to ambulate short distances within his apartment and to medical appointments using a rolling walker. His primary limitation remains dyspnea on exertion, requiring supplemental oxygen after brief ambulation. Although notable progress has been achieved, he is not yet able to negotiate stairs, which is necessary for safely accessing medical appointments and community activities. Continued skilled physical therapy is recommended to further increase strength, balance, and functional independence to support return to his prior level of function. The patient also continues to benefit from occupational therapy to enhance independence in activities of daily living. He lives with his wife in an apartment and uses both a wheelchair and rolling walker for mobility. He requires setup assistance for upper body dressing and standby assistance for lower body dressing and sit-to-stand transfers. The patient currently performs bathing at the sink due to a fear of falling in the tub and continues to demonstrate bilateral upper extremity weakness. Ongoing occupational therapy will focus on improving upper extremity strength, confidence with self-care, and safety during daily routines to promote greater independence and reduce caregiver burden. <o:p> </o:p> Date of Order<o:p></o:p> 10/30/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 08/26/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Displaced Fracture Of Second Metatarsal Bone, Right Foot, Subsequent Encounter For Fracture With Routine Healing
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker,

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 10/30/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Waiel Samara
3304 Guilford Ave #550
Baltimore, MD 21218
PHONE: 410-554-6740 FAX: 14105546688 NPI: 1427012707

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 : 08/26/2025

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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or a wheelchair to leave home<o:p></o:p>
 4 - Recertification PT Notes: due to right ankle fracture<o:p></o:p> Physician: Samara, Waiel

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (11/04/25-11/08/25) ,WK2: 1 (11/09/25-11/15/25) ,WK3: 1 (11/16/25-11/22/25) ,WK4: 1 (11/23/25-11/29/25) ,WK5: 1 (11/30/25-12/06/25) ,WK6: 1 (12/07/25-12/13/25) ,WK7: 1 (12/14/25-12/20/25) ,WK8: 1 (12/21/25-12/27/25)

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: WNL

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 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; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

; 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: swelling in the arms/legs, M1033 - Exhaustion, limited range of motion

PROCEDURES: Medication Review- : medications reviewed with patient/caregiver, Weight bearing status: Weight bearing as tolerated RLE, performing ROM, strengthening,

PT Goals

PATIENT-STATED GOAL: To be able to walk without help

GOALS
Chair to Bed to Chair - 06. Independent

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Car Transfer - 06. Independent

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

Walk 10 Feet - 03. Partial/moderate assistance

Walk 50 ft with 2 Turns - 03. Partial/moderate assistance

Walk 150 Feet - 03. Partial/moderate assistance

1 - Step (curb) - 03. Partial/moderate assistance

Picking Up Object - 03. Partial/moderate 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

Sit to Stand - 06. Independent

Toilet Transfer - 05. Setup or clean-up assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/30/2025

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conditioning and swelling control, cough/deep breathing exercises, strengthening 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 06. Independent, Walk 10 Feet - 03. Partial/moderate assistance, Walk 50 ft with 2 Turns - 03. Partial/moderate assistance, Walk 150 Feet - 03. Partial/moderate assistance, 1 - Step (curb) - 03. Partial/moderate assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 03. Partial/moderate assistance

OT Careplans

OT WK1: 1 (11/04/25-11/08/25) ,WK2: 1 (11/09/25-11/15/25) ,WK3: 1 (11/16/25-11/22/25) ,WK4: 1 (11/23/25-11/29/25) ,WK5: 1 (11/30/25-12/06/25) ,WK6: 1 (12/07/25-12/13/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: ADLs, Functional ambulation , Patient/caregiver recalls related purpose and schedule of medications: Medication review , cough/deep breathing exercises, transfers training, therapeutic exercises

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, Oral Hygiene - 06. Independent, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Patient will demonstrate improved bilateral upper extremity muscle strength from 4-/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

OT Goals

PATIENT-STATED GOAL: Patient wants to get better and stronger

GOALS
Shower/Bathe Self - 04. Supervision or touching assistance

Patient will demonstrate improved bilateral upper extremity muscle strength from 4-/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

Eating - 06. Independent

Lower Body Dressing - 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

Oral Hygiene - 06. Independent

Don/Doff Footwear - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
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