Home Health Certification and Plan of Care

Order ID: 1150/13102

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
37194455	10/09/2025	From: 10/09/2025 To: 12/06/2025	17894	217058

6. Patient's Name and Address

Felix Harry
12517 Fellowship Ct,
Reisterstown, MD 21136-
410-917-2980

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 05/13/1952 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G20.A1	Parkinson's dis w/o dyskinesia w/o mention of fluctuations	10/09/25

13. ICD	Other Pertinent Diagnoses	Date
E11.9	Type 2 diabetes mellitus without complications	10/09/25
I10.	Essential (primary) hypertension	10/09/25
E78.5	Hyperlipidemia unspecified	10/09/25
M15.9	Polyosteoarthritis unspecified	10/09/25
M54.59	Other low back pain	10/09/25
G89.29	Other chronic pain	10/09/25
M85.80	Oth disrd of bone density and structure unspecified site	10/09/25
M47.815	Spondyls w/o myelopathy or radiculopathy thoracolum region	10/09/25
K59.09	Other constipation	10/09/25
E46.	Unspecified protein-calorie malnutrition	10/09/25
M62.89	Other specified disorders of muscle	10/09/25
R29.6	Repeated falls	10/09/25
R41.89	Oth symptoms and signs w cognitive functions and awareness	10/09/25
R13.12	Dysphagia oropharyngeal phase	10/09/25
Z79.82	Long term (current) use of aspirin	10/09/25
Z91.81	History of falling	10/09/25

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

Tylenol - Acetaminophen 500 MG, Give 2 tablet by mouth every 8 hours Give 2 tablet by mouth every 8 hours as needed for pain
Polyvinyl Alcohol take 1.4%, Instill 2 drop in both eyes both eyes three times a day Instill 2 drop in both eyes three times a day for Dry eyes
Melatonin - Melatonin 5 MG Give 1 tablet by mouth once a day Give 1 tablet by mouth every 24 hours as needed for Insomnia at bedtime
Aspirin 81Mg - Aspirin 81 MG Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for ppx
Carbidopa And Levodopa - Carbidopa: Levodopa 10 mg;100 mg 25-100 MG, Give 1 tablet by mouth twice a day give 1 tablet by mouth two times a day for Parkinson's disease
Glipizide - Glipizide 5 mg 5mg twice a day Type 2 diabetes
Senna - Senna 8.6 MG, Give 2 tablet by mouth once a day Give 2 tablet by mouth one time a day for bowel regimen May hold for loose stool.
Rosuvastatin Calcium - Rosuvastatin Calcium 20 MG Give 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for Cholesterol.
Folate - Ferrous Sulfate: Folic Acid 666mcg by mouth once a day Supplement

14. DME and Supplies:

bath bench, walker, cane

15. Safety Measures:

walker precautions, smoke detectors , restricted ROM, , diabetic precautions, ambulates with device, aspiration precautions, , activity supervision, hand rails

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Speech, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted

Independent at Home, Transfer bed/Chair, Exercises Prescribed, Walker, Cane, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 3. Often, 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: 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

family/caregiver will be responsible for managing treatment

Homebound status:

Due to diagnosis of Parkinson'S Disease Without Dyskinesia And Without Mention Of Motor 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 a 73-year-old male with a past medical history significant for Parkinson's disease, diabetes mellitus (DM), cognitive impairment, hyperlipidemia (HLD), chronic shoulder and back pain, and recurrent falls. He was recently hospitalized and discharged from a subacute rehabilitation facility on September 17 following multiple falls and elevated sodium levels. The patient currently resides in a multi-level single-family home with his wife, Sunshine Harry, and receives limited private caregiver assistance three times weekly, though financial constraints may soon limit this support. During the visit, the patient was alert and oriented 3, cooperative, and conversant, though he spoke slowly and softly. He appeared more expressive and forthcoming when interviewed privately, suggesting that his communication is more open without his wife present. The patient reported persistent lower back pain radiating to his legs, describing it as constant and partially relieved by Tylenol. He rated his discomfort as 5/10 and expressed frustration over ongoing pain, weakness, and swelling of both feet. Physical observation revealed bilateral lower extremity swelling with approximately +2 pitting edema and generalized muscle weakness, particularly in the right ankle dorsiflexors (2-/5). The patient ambulates with a two-wheel walker but uses it inconsistently and demonstrates unsteady gait. The Timed Up and Go (TUG) test was completed in 20 seconds, indicating a high fall risk. He requires minimal to contact guard assistance for sit-to-stand and toilet transfers, and intermittent assistance for stair negotiation. Bilateral upper extremity strength was noted at 4/5 on manual muscle testing. The patient's wife reported that his Parkinson's symptoms fluctuate daily, with intermittent nighttime wandering and confusion. The patient acknowledged that his prescribed carbidopa-levodopa medication makes him feel "in a daze" and "not like himself," leading to hesitancy toward medication adjustments or new prescriptions. His limited insight into his medication regimen contributes to adherence challenges. Additionally, he expressed concern about his appearance and perceived weight loss; however, his wife clarified that he has actually gained approximately nine pounds since discharge, attributing prior weight loss to poor appetite and dissatisfaction with nursing home meals. The patient also reported dissatisfaction with his previous podiatry care and has not followed up since leaving the facility. He expressed a need for orthopedic footwear, previously prescribed but not obtained due to transportation barriers. Psychosocially, the patient is highly dependent on his wife for medication

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 10/09/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Arnelle Mcneal
9512 Harford Rd
Baltimore, MD 21234
PHONE: 4108820600 FAX: 14108822133 NPI: 1801928783

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 : 09/16/2025

27. Attending Physician's Signature and Date Signed **10/16/2025**: 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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management, care coordination, and daily activities. Financial limitations and transportation insecurity remain significant barriers to consistent medical follow-up and access to prescribed equipment. The skilled nurse performed a comprehensive medication review, verifying all current prescriptions, including indications, dosages, frequency, and potential side effects. The patient and his wife were educated on pain management, fall prevention, medication adherence, and skin and edema care, with both verbalizing understanding. The importance of regular medical follow-up, particularly with his primary provider and podiatrist, was emphasized, as was the need for communication with the provider regarding potential alternatives to his current Parkinson's and pain medications to improve comfort and adherence. The patient will continue to receive skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> for ongoing monitoring of medication effectiveness, pain control, and safety education. Physical and occupational therapy services will be maintained to address gait instability, lower-extremity weakness, and fall prevention, as well as to promote independence in activities of daily living. A home exercise program (HEP) focusing on seated therapeutic exercises was reviewed and demonstrated, with the patient verbalizing understanding. He was encouraged to use his walker consistently during ambulation and to perform his prescribed exercises daily to improve strength and endurance. Podiatry follow-up was recommended for continued management of lower-extremity edema and evaluation for orthopedic shoes, and the nurse will provide the family with community resources for medical transport and senior assistance programs to address transportation barriers. Ongoing interdisciplinary collaboration will support the patient's recovery, promote safety in the home, and optimize his overall quality of life and functional independence.
 Date of Order 10/09/2025 Orders Physician Face-to-Face Date: 09/16/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Parkinson'S Disease Without Dyskinesia And Without Mention Of Motor Fluctuations 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 Mcneal, Arnelle

SN Careplans

SN WK1: 1 (10/09/2025 - 10/11/2025), WK2: 2 (10/12/25 - 10/18/25), WK3: 1 (10/19/2025 - 10/25/2025), WK4: 1 (10/26/25 - 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: 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; 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M2020 - Oral Med Management, A1250 - Lack of Necessary Transportation, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, meal preparation, D0700 - Social Isolation, weak pulses in feet, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, swelling in the arms/legs, constipation, diarrhea, limited strength, limited endurance, swelling of affected area, limited range of motion, muscle weakness, poor muscle tone, weak hand grips, withdrawal from conversations, balance deficit, pain radiating to arms/legs, difficulty sleeping, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, lethargy, impaired speech, bad breath, drooling, swell/redness surround. skin

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, swallowing exercises, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange long-term socialization activities, coordinate/arrange transportation services

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 optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, 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, * how to keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, 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,

SN Goals

PATIENT-STATED GOAL: "i need easy transportation and solutions for my health issues"

GOALS
patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls related medication(s) purpose, schedule

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
* 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
* diet
* weight-bearing exercises to promote bone healing and strengthening
* fluids to prevent constipation
* home safety
* pain control
* 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/caregiver recalls
* lifestyle modifications
* low-residue dietary guidelines
* alternative medicine options for ulcerative colitis
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* dietary guidelines for managing nutritional deficit
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* pain control

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/09/2025

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schedule, * dietary guidelines for managing nutritional deficit, related medication(s) purpose, schedule, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, 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, * pain control therapeutic exercises for muscle strengthening and flexibility diet and fluids to optimize and 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, * strategies to increase socialization, related medication(s) purpose, schedule, patient's transportation needs are met, 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

* therapeutic exercises for muscle strengthening and flexibility
* diet and fluids to optimize and prevent constipation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing and prevent constipation

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
* 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
* 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
* 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/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

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: 7 (10/09/2025 - 10/11/2025), WK2: 1 (10/12/2025 - 10/18/2025), WK3: 1 (10/19/2025 - 10/25/2025), WK4: 1 (10/26/2025 - 11/01/2025)

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: Dynamic standing balance , Medication Review- Medications reviewed with patient/caregiver., 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 -

PT Goals

PATIENT-STATED GOAL: To improve balance and endurance

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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06. Independent, Therapeutic exercise , Medication Review- Patient/caregiver, related purpose and schedule of medications.

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

Therapeutic exercise

Medication Review- Patient/caregiver recalls related purpose and schedule of medications.

OT Careplans

OT WK1: 1 (10/08/2025 - 10/11/2025), WK3: 1 (10/19/25 - 10/25/25), WK4: 1 (10/26/25 - 11/01/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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

PROCEDURES: ADLs , Patient/caregiver recalls related purpose and schedule of medications: Reviewed medications , 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, * 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 - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, 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

OT Goals

PATIENT-STATED GOAL: Patient wants to get stronger

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

Oral Hygiene - 05. Setup or clean-up assistance

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

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

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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