

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	
2cf7jn0wk41		09/06/2025		From: 11/04/2025 To: 01/03/2026	
				4. Medical Record No.	
				17117	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Richard Christmas				HomeCentris Healthcare LLC	
9 Greenbury Ct Apt A,				10 Crossroads Drive, Suite 102	
GWYNN OAK, MD 21207-				Owings Mills, MD 21117-8284	
410-227-0773				410-321-8448	
				1487113239	
8. DOB				9.Sex	
04/11/1952				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	
14. DME and Supplies:				15. Safety Measures:	
wheelchair, rolling walker, commode, bath bench				O2 precautions, standard precautions, remove environmental barriers, medication safety, fall precautions, bathroom safety, ambulates with assistance, activity supervision	
16. Nutrition:				17. Allergies:	
Z. NO PHYSICIAN-ORDERED DIET				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
Dyspnea With Minimal Exertion, Ambulation				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:				22.B.Discharge Plans	
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.				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:		<p class="MsoNoSpacing">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.</p> <p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">10/30/2025 Order<o:p></o:p></p> <p class="MsoNoSpacing">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:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 10/30/2025					
24. Physician's Name and Address				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.	
Waiel Samara				F2F date : 08/26/2025	
3304 Guilford Ave #550					
Baltimore, MD 21218					
PHONE: 410-554-6740 FAX: 14105546688 NPI: 1427012707					
27. Attending Physician's Signature and Date Signed				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.	
11/06/2025 Date of physician last face-to-face				PAGE 1 of 3	

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or a wheelchair to leave home<o:p></o:p></p> <p class="MsoNoSpacing"> 4 - Recertification PT Notes: due to right ankle fracture<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Samara, Waiel</p>						
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		
				PAGE 2 of 3		
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 Goals		
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)			PATIENT-STATED GOAL: Patient wants to get better and stronger		
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			GOALS		
PROCEDURES: ADLs, Functional ambulation , Patient/caregiver recalls related purpose and schedule of medications: Medication review , cough/deep breathing exercises, transfers training, therapeutic exercises			Shower/Bathe Self - 04. Supervision or touching assistance		
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			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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