Home Health Certification and Plan of Care

Order ID: 1150/13725

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1Q72TQ3NW92	11/04/2025	From: 11/04/2025 To: 01/02/2026	17258	217058

6. Patient's Name and Address

William Tuite
916 Longview Ave,
Pasadena, MD 21122-
443-734-2860

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 07/03/1952 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.89	Encounter for other orthopedic aftercare	11/04/25

13. ICD	Other Pertinent Diagnoses	Date
M25.551	Pain in right hip	11/04/25
I10.	Essential (primary) hypertension	11/04/25
J44.9	Chronic obstructive pulmonary disease unspecified	11/04/25
R91.1	Solitary pulmonary nodule	11/04/25
K21.9	Gastro-esophageal reflux disease without esophagitis	11/04/25
Z91.81	History of falling	11/04/25
Z79.82	Long term (current) use of aspirin	11/04/25
Z87.891	Personal history of nicotine dependence	11/04/25

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

Amlodipine Besylate - Amlodipine Besylate 2.5 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HTN
Doxazosin Mesylate - Doxazosin Mesylate 4 MG , : Give 1 tablet by mouth once a day : Give 1 tablet by mouth one time a day for HTN
Voriconazole - Voriconazole 200 MG , Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for Pulmonary Aspergillus for 14 Days
Trelegy Ellipta Inhalation Aerosol Powder Breath Activated 200-62.5-25 MCG/ACT 200-62.5-25 MCG/ACT , 1 puff inhale (Powder Breath) inhalant once a day 1 puff inhale orally one time a day for COPD
Thera Oral Tablet Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Supplement
Senna - Senna 8.6 MG , Give 2 tablet by mouth twice a day Give 2 tablet by mouth two times a day for Constipation Hold if having more than 2 BM per day
Lactulose - Lactulose 10 GM/15ML, Give 30 ml (Solution) by mouth twice a day Give 30 ml by mouth two times a day for Chronic Constipation Hold if having more than 2 BM per day
Fluticasone Propionate - Fluticasone Propionate 50 MCG/ACT , 2 spray in nostril (Nasal Suspension) nasal once a day 2 spray in nostril one time a day for Nasal Congestion
Fluoxetine Hydrochloride - Fluoxetine Hydrochloride 20 MG , Give 1 capsule by mouth once a day Give 1 capsule by mouth one time a day for Depression
Finasteride - Finasteride 5 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for BPH
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) MG , : Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Supplement for Anemia Take 1 tablet by mouth daily.
Duloxetine Hydrochloride - Duloxetine Hydrochloride 30 MG , Give 1 capsule by mouth once a day Give 1 capsule by mouth one time a day for Depression
Aspirin 325Mg - Aspirin 325 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for DVT Prophylaxis
Cetirizine Hydrochloride - Cetirizine Hydrochloride 10 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Allergies
Acetaminophen - Acetaminophen 500 MG , Give 2 tablet by mouth three times a day Give 2 tablet by mouth three times a day for Pain
Omeprazole - Omeprazole 20MG , Give 1 capsule by mouth in the morning Give 1 capsule by mouth in the morning for GERD
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 MG , Give 0.5 tablet by mouth every 6 hours Give 0.5 tablet by mouth every 6 hours as needed for Pain
Albuterol Sulfate - Albuterol Sulfate (2.5 MG/3ML) , 3 ml inhale (Nebulization Solution) inhalant every 4 hours 3 ml inhale orally every 4 hours as needed for COPD
Albuterol Sulfate - Albuterol Sulfate 108 (90 Base) MCG/ACT , 2 puff inhale inhalant every 6 hours 2 puff inhale orally every 6 hours as needed for Wheezing
Oxygen - Oxygen 2L inhalant continuous

14. DME and Supplies:

small base cane, bath bench, walker, nebulizer, grab bars, commode, oxygen supplies

15. Safety Measures:

walker precautions, , , avoid temperature extremes, , hip precautions, bathroom safety, ambulates with device,

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

chantix sulfa antibiotics

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation, , Endurance

18.B. Activities Permitted

Up As Tolerated, Cane, Walker

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 11/04/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Sarah Sullilvan
7580 Buckingham Blvd
Hanover, MD 21076
PHONE: 4102552700 FAX: 14102556303 NPI: 1407856727

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 : 10/23/2025

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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19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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
family/caregiver will be responsible for managing treatment

Homebound status: After undergoing Open Reduction And Internal Fixation, 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 medical history significant for hypertension, chronic obstructive pulmonary disease (COPD), hypoxia, pulmonary nodule, gastroesophageal reflux disease (GERD), and a history of prostate issues. He is a former smoker who reports currently working on smoking cessation. The patient sustained a right hip fracture following a fall on 8/30/25 and subsequently underwent open reduction and internal fixation (ORIF) on 8/31/25. Following acute hospitalization, he completed a two-month rehabilitation stay before being discharged home. He now resides with his son and daughter-in-law, who serve as his primary caregivers, in a single-level home with two small steps at the entrance and bedroom and bathroom located on the same floor. At the time of assessment, the patient was alert and oriented x4 and denied chest pain, palpitations, or dizziness. He remains oxygen-dependent at 3.5 L/min via nasal cannula. Lung sounds were diminished but clear of adventitious sounds. Bowel sounds were normoactive with a last bowel movement reported the previous day. The patient voids with complications and wears adult briefs for incontinence management. Pedal pulses were palpable bilaterally with no noted edema. The right hip incision appeared healed; however, mild swelling and pain were reported at the surgical site. The patient expressed that he had run out of pain medications and was scheduled for follow-up with his physician this week for evaluation and medication refills. Functionally, the patient is weight-bearing as tolerated (WBAT) on the right lower extremity. He ambulates using a rolling walker but demonstrates unsteady gait, decreased strength in bilateral lower extremities, and limited endurance. He required standby assistance for ambulation and minimal assistance for basic activities of daily living (BADLs), while moderate assistance was needed for instrumental activities of daily living (IADLs). During the visit, two near-falls were observed, indicating poor balance and safety awareness. The patient and caregivers received education regarding medication administration, pain management strategies, disease processes, and fall prevention, including home safety and the use of assistive devices. Instruction was also provided on <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-standard%20precautions">standard precautions</mh> and the importance of oxygen safety and adherence. The patient and caregivers demonstrated good understanding and engagement in education provided. The plan of care includes skilled nursing for ongoing assessment and monitoring of respiratory status, medication management, and incision healing, along with skilled physical therapy to address deficits in strength, mobility, balance, and transfer safety. Home physical therapy is scheduled to begin 11/6/25 with a frequency of 1w1, 2w2 (Mon/Wed), and 1w5 (Wed). The overall goal is to promote safe ambulation, improve functional independence, and reduce fall risk to prevent rehospitalization and restore the patient to his prior level of function.
 Date of Order 11/04/2025 Orders Physician Face-to-Face Date: 10/23/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Open Reduction And Internal Fixation 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 Sullilvan, Sarah

SN Careplans

SN WK1: 1 (11/04/25-11/08/25) ,WK2: 2 (11/09/25-11/15/25) ,WK3: 2 (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)

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: 1. Non-agency caregiver(s) currently 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, M1400 - Dyspnea, abn cholesterol > 200 mg/dL, abnormal blood pressure, M1033 - Exhaustion, heartburn/indigestion, constipation, urine retention, increased urine output, limited endurance, muscle weakness, limited strength, limited range of motion, swelling of affected area, balance deficit, difficulty sleeping, B1000 - Vision Deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, loss of appetite

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep

SN Goals

PATIENT-STATED GOAL: I want to stop falling

GOALS
patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* 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
* how to take the patient's blood pressure
* record the reading
* 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

Signature of Physician:

Date

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

Date
11/04/2025

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breathing exercises, incentive spirometer, coordinate/arrange resources for vision-impaired

TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, 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, * 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, * 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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to manage symptoms of nicotine withdrawal and nicotine cravings, related medication(s) purpose, schedule, * low-fat diet lifestyle modifications to manage esophageal condition, 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, caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* low-fat diet
* lifestyle modifications to manage esophageal condition
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage symptoms of nicotine withdrawal and nicotine cravings
* recalls related medication(s) purpose, schedule

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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient is adequately supervised

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (11/04/25-11/08/25) ,WK2: 2 (11/09/25-11/15/25) ,WK3: 2 (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)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: cough/deep breathing exercises, home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., therapeutic modalities: Apply ice to R hip x 20 minutes with necessary barrier and skin assessments q 5 minutes., dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., gait training on uneven surfaces, gait training/stair training, transfers training, assist with fall prevention

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, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 06. Independent, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: I just want to be able to walk again and to be doing what I used to be doing.

GOALS
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

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Car Transfer - 04. Supervision or touching assistance

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

OT Careplans

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

11/04/2025

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PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, 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: Medication review , cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation

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 - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Therapeutic exercise , Medication review , Balance training , Balance training , Improve functional endurance

PATIENT-STATED GOAL: to get stronger with therapy

GOALS
Shower/Bathe Self - 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

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 - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Medication review

Therapeutic exercise

Balance training

Balance training

Improve functional endurance

Signature of Physician:

Date

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

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