Home Health Certification and Plan of Care

Order ID: 1150/13619

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
100028918	11/03/2025	From: 11/03/2025 To: 01/01/2026	18995	217058

6. Patient's Name and Address
James Woodard
2802 Baker Street,
BALTIMORE, MD 21216-
443-925-6406

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 03/13/1930 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	11/03/25

13. ICD	Other Pertinent Diagnoses	Date
I50.32	Chronic diastolic (congestive) heart failure	11/03/25
N18.30	Chronic kidney disease stage 3 unspecified	11/03/25
K21.9	Gastro-esophageal reflux disease without esophagitis	11/03/25
Z79.01	Long term (current) use of anticoagulants	11/03/25
Z86.718	Personal history of other venous thrombosis and embolism	11/03/25
Z85.46	Personal history of malignant neoplasm of prostate	11/03/25
Z87.891	Personal history of nicotine dependence	11/03/25
Z90.49	Acquired absence of other specified parts of digestive tract	11/03/25

10. Medications: Dose/Frequency/Route (N)ew (C)hanged
Eliquis - Apixaban 5 mg,Take 5 mg tablet by mouth twice a day
Tylenol Extra Strength - Acetaminophen 500 Mg,Take 1000 mg Tablet by mouth twice a day
Furosemide - Furosemide 20 mg,Take 20 Mg Tablet by mouth as necessary Prn for fluid weight gain

14. DME and Supplies:
rolling walker, commode, cane, 4 wheeled walker, bath bench

15. Safety Measures:
remove environmental barriers, , , , bathroom safety, , ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance, Decreased shoulder range of motion

18.B. Activities Permitted
Walker, Exercises Prescribed, Up As Tolerated

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: 2. Sometimes, 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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status:
Due to diagnosis of Hypertensive Heart And Chronic Kidney Disease With Heart Failure And Stage 1-4 Chronic Kidney Disease, Or Unspecified Chronic Kidney Disease, 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 95-year-old male recently discharged from St. Agnes Hospital following hospitalization for an acute exacerbation of congestive heart failure (CHF). His past medical history is significant for chronic kidney disease (CKD), gastroesophageal reflux disease (GERD), a history of deep vein thrombosis (DVT) with embolism, and prostate cancer. He resides in a two-story row home with his granddaughter, requiring the use of 10 stairs with a railing to access the main living areas, including his bedroom and bathroom located on the second floor. Upon assessment, the patient demonstrated limited activity tolerance and impaired functional mobility consistent with his age and cardiac history. He is homebound due to the considerable effort required to leave the home, as evidenced by a Tinetti balance and gait score of 12/28, indicating a high risk for falls. The patient ambulates approximately 30 feet indoors with a rollator under supervision and is able to negotiate 10 steps using the railing with contact guard assistance. Transfers from sitting to standing, including from a chair or toilet, and bed mobility are performed with supervision. The patient was not assessed for outdoor ambulation or car transfers during this visit. A significant decrease in bilateral shoulder range of motion was noted, contributing to difficulty performing certain activities of daily living (ADLs) and requiring occasional assistance for upper-body tasks. Occupational therapy evaluation determined that the patient is functioning at or near his baseline level for ADLs and functional mobility. The therapist recommended the use of a raised toilet seat for the downstairs bathroom to enhance safety and ease of transfers. The granddaughter reported that a bedside commode is available and typically placed over the toilet to accommodate this need. In addition, the therapist advised using a standard rolling walker instead of a rollator, as the rollator's height is too low for safe use. The granddaughter confirmed that a standard walker is available and agreed with the recommendation. Skilled home physical therapy is recommended to address generalized weakness, reduced endurance, and impaired balance in order to improve functional mobility and safety within the home. Therapy will focus on strengthening exercises, gait and balance training, and education on energy conservation and fall prevention. Occupational therapy needs were met during the evaluation, and no further OT intervention is indicated at this time. Continued caregiver involvement and adherence to safety measures are strongly encouraged to promote independence and prevent falls.
 Date of Order 11/03/2025 Orders Physician Face-to-Face Date: 10/24/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat due to Hypertensive Heart And Chronic Kidney Disease With Heart Failure And Stage 1-4 Chronic Kidney Disease, Or Unspecified Chronic Kidney Disease 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 - PT Notes: soc OT Eval Notes: Physician Crank, Jill

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/03/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Jill Crank
2700 Remington Ave
Baltimore, MD 21211
PHONE: 6673122400 FAX: 14434539908 NPI: 1033396882

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 : 10/24/2025

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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PT Careplans

PT WK1: 2 (11/03/25-11/08/25) ,WK2: 2 (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)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, 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: 9. Other risk(s) not listed in 1- 8

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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: 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, GG0170F1 - Toilet Transfer, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, D0700 - Social Isolation, M1400 - Dyspnea, dizziness/syncope, limited endurance, limited strength, limited range of motion, Pain Interference with Therapy activities, Pain Interference with ADLs, Pain Effect on Sleep, balance deficit

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 , Medication Review- : Medications reviewed with patient/caregiver , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, gait training on uneven surfaces, gait training/stair training, transfers training

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, * 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, caregiver performs medical/rehabilitation treatments with adequate competence, 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: To feel stronger when I walk and get up easier

GOALS
Toilet Transfer - 06. Independent

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 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

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

caregiver performs medical/rehabilitation treatments with adequate competence

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 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

Walk 10 Feet - 04. Supervision or touching assistance

OT Careplans

OT WK1: 1 (11/03/25-11/08/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: cough/deep breathing exercises, 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, Oral

OT Goals

PATIENT-STATED GOAL: To stay out of the hospital

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

Signature of Physician:

Date

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

Date
11/03/2025

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Hygiene - 06. Independent, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

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

Toileting Hygiene - 06. Independent

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

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

Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/03/2025