# Home Health Certification and Plan of Care

**Order ID: 1150/13772**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 45305208200 | 10/29/2025 | From: 10/29/2025 To: 12/26/2025 | 18454 | 217058 |

**6. Patient's Name and Address**

Fred Powell
6026 Amberwood Rd Apt B1,
BALTIMORE, MD 21206-
443-810-4210

**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** 04/13/1967 | **9.Sex** Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| E11.65 | Type 2 diabetes mellitus with hyperglycemia | 10/29/25 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| I13.0 | Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny | 10/29/25 |
| I50.32 | Chronic diastolic (congestive) heart failure | 10/29/25 |
| E11.22 | Type 2 diabetes mellitus w diabetic chronic kidney disease | 10/29/25 |
| N18.9 | Chronic kidney disease u | 10/29/25 |
| G47.33 | Obstructive sleep apnea (adult) (pediatric) | 10/29/25 |
| F32.9 | Major depressive disorder single episode unspecified | 10/29/25 |
| G31.84 | Mild cognitive impairment of uncertain or unknown etiology | 10/29/25 |
| I25.2 | Old myocardial infarction | 10/29/25 |
| R32. | Unspecified urinary incontinence | 10/29/25 |
| E66.9 | Obesity unspecified | 10/29/25 |
| Z68.36 | Body mass index [BMI] 36.0-36.9 adult | 10/29/25 |
| Z79.82 | Long term (current) use of aspirin | 10/29/25 |
| Z79.4 | Long term (current) use of insulin | 10/29/25 |
| Z79.85 | Lng trm (crnt) use injectable non-insulin antidiabetic drugs | 10/29/25 |
| Z86.73 | Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits | 10/29/25 |
| Z99.89 | Dependence on other enabling machines and devices | 10/29/25 |

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

Atorvastatin - Atorvastatin Calcium 80 MG,Take 1 tab by mouth at bedtime
Chlorhexidine Gluconate - Chlorhexidine Gluconate Swish and Spit for 30 sec by mouth twice a day
Furosemide - Furosemide 40 MG,Take 2 tabs by mouth once a day
Jardiance - Empagliflozin 10 MG,Take 1 tab by mouth once a day
Nifedipine - Nifedipine 30 MG ER take 1 tab by mouth in the morning
Sennosides - Senna 8.6 mg,take 2 tabs by mouth once a day as needed
Thiamine - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 100 MG,take 1 tab by mouth in the morning
Metoprolol Succinate - Metoprolol Succinate 25 MG ,Take 1 tab by mouth once a day
Lantus - Insulin Glargine Recombinant 10 units subcutaneous once a day
Aspirin - Aspirin 81 mg ,Take1 tab by mouth once a day
Ammonium Lactate - Ammonium Lactate eq 12 perc base topical as necessary for dry skin
Polyethylene Glycol 3350: Sodium Chloride: Sodium Bicarbonate: Potassium Chloride: Bisacodyl - Polyethylene Glycol 3350: Sodium Chloride: Sodium Bicarbonate: Potassium Chloride: Bisacodyl 1 packet by mouth twice a day

**14. DME and Supplies:**

4 wheeled walker, commode, cane, bath bench, hospital bed, large base quad cane, rolling walker, wheelchair, CPAP

**15. Safety Measures:**

sharps precautions, standard precautions, remove environmental barriers, medication safety, fall precautions, electrical safety measures, diabetic precautions, bleeding precautions, bathroom safety, anticoagulant precautions, 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, Bowel/Bladder Incontinence, Balance

**18.B. Activities Permitted**

Walker, Cane, Exercises Prescribed, Up As Tolerated

**19. Mental & Pyschosocial Status:** COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 1. In new or complex situations only, 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: 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 Type 2 diabetes mellitus with hyperglycemia, 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 58-year-old male referred for home health therapy following a recent primary care visit where physical and occupational therapy were recommended. His past medical history is significant for type 2 diabetes mellitus, chronic kidney disease, congestive heart failure, hypertension, sleep apnea, depression, decreased cognition, incontinence, obesity, and a history of transient ischemic attack (TIA). The patient resides alone in an apartment requiring the use of 5-8 steps for entry. He ambulates indoors 30 feet with a large-based quad cane and supervision, and transfers from bed, toilet, and sofa with supervision. He performs stair negotiation with a rail and cane using a step-to pattern, requiring cues and close supervision. His Tinetti score of 14/28 indicates a high fall risk, and he is considered homebound due to the significant effort required to leave his home with an assistive device. The patient currently presents with decreased standing balance, standing tolerance, bilateral upper extremity strength, and overall activity tolerance, leading to reduced independence in self-care, functional transfers, and mobility. The therapist educated the patient's paid caregiver on safe transfer and ambulation techniques. The patient was not assessed for outdoor mobility or car transfers during this visit. Skilled physical and occupational therapy services are recommended to address his deficits in strength, balance, and endurance, with the goal of improving safety, functional mobility, and independence in daily activities.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 10/29/2025<br> Order<o:p></o:p> Physician Face-to-Face Date: 10/07/2025<br> Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat DX: Type 2 diabetes mellitus with hyperglycemia<br> Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p> <br> 1 - SOC - PT Notes: <br> OT Eval Notes: <o:p></o:p> Physician: Cook, Alyssa

SN Careplans | SN Goals

**23. Signature and Date of Verbal SOC Where Applicable:**

Electronically Signed by Messick, Charles RN on 10/29/2025

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**

Alyssa Cook
1000 E Eager St
Baltimore, MD 21202
PHONE: 4105229800 FAX: 14103672645 NPI: 1417136276

**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 : 10/07/2025

**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 (10/29/25-11/01/25) ,WK2: 2 (11/02/25-11/08/25) ,WK3: 1 (11/09/25-11/15/25) ,WK4: 1 (11/16/25-11/22/25) ,WK5: 1 (11/23/25-11/29/25) ,WK6: 1 (11/30/25-12/06/25) ,WK7: 1 (12/07/25-12/13/25) ,WK8: 1 (12/14/25-12/20/25)

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 > 8, blood sugar < 60 > 300

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications

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: GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M1700 - Cognition, D0160 - Depression, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, dependent edema, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL (EN), M1610 - Urinary Incontinence, limited strength, limited endurance, balance deficit, obesity

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, Dynamic and static standing balance training, Medication Review- : Medications reviewed with patient/caregiver. , apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, monitor intake & output, 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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, 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 incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

## PT Goals

PATIENT-STATED GOAL: To be able to walk inside the house without a cane

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

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

caregiver performs medical/rehabilitation treatments with adequate competence

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 150 Feet - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

4 Steps - 05. Setup or clean-up assistance

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

Signature of Physician:

Date



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

Date
10/29/2025

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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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* recalls related medication(s) purpose, schedule

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

## OT Careplans

OT WK2: 1 (11/02/25-11/08/25) ,WK3: 1 (11/09/25-11/15/25) ,WK4: 1 (11/16/25-11/22/25) ,WK5: 1 (11/23/25-11/29/25)

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: equipment training, work simplification/energy conservation, strengthening exercises, standing tolerance exercises, assist with lower body dressing, assist with lower body dressing, assist with upper body dressing, assist with toileting

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 - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent

## OT Goals

PATIENT-STATED GOAL: Go up and down the stairs

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

Oral Hygiene - 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

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

Toileting Hygiene - 06. Independent

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

Eating - 06. Independent

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 10/29/2025 |