Home Health Certification and Plan of Care

Order ID: 1150/13969

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4AM6AD1YT42	11/12/2025	From: 11/12/2025 To: 01/10/2026	19368	217058

6. Patient's Name and Address

Frederick Gilmer
303 Maiden Choice Lane Apt 131,
CATONSVILLE, MD 21228-
410-245-0120

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 09/04/1947 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I11.0	Hypertensive heart disease with heart failure	11/12/25

13. ICD	Other Pertinent Diagnoses	Date
I50.810	Right heart failure unspecified	11/12/25
E11.9	Type 2 diabetes mellitus without complications	11/12/25
E78.49	Other hyperlipidemia	11/12/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	11/12/25
I27.20	Pulmonary hypertension unspecified	11/12/25
D64.9	Anemia unspecified	11/12/25
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	11/12/25
M19.09	Primary osteoarthritis other specified site	11/12/25
M48.00	Spinal stenosis site unspecified	11/12/25
E66.01	Morbid (severe) obesity due to excess calories	11/12/25
Z68.34	Body mass index [BMI] 34.0-34.9 adult	11/12/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	11/12/25
Z79.82	Long term (current) use of aspirin	11/12/25
Z87.01	Personal history of pneumonia (recurrent)	11/12/25
Z87.440	Personal history of urinary (tract) infections	11/12/25
Z99.3	Dependence on wheelchair	11/12/25

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

Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg X2 40mg capsule by mouth at bedtime
Hydralazine Hydrochloride And Hydrochlorothiazide - Hydralazine Hydrochloride: Hydrochlorothiazide 25 mg;25 mg 25 mg tablet by mouth in the morning Anti dieretic, hypertension
Atenolol - Atenolol 12.5 mg tablet 2x day by mouth twice a day 1/2 tablet 2x daily
Oxybutynin - Oxybutynin 10 mg 2x daily by mouth twice a day Give 1 tablet by mouth two times a day for bladder spasm
Simvastatin - Simvastatin 40 MG, Give 1 1/2 tablet by mouth at bedtime Give 1 1/2 tablet by mouth one time a day for hyperlipidemia
Aspirin - Aspirin e 81 MG Give 1 tablet by mouth once a day for prophylaxis
Metformin Hcl - Metformin Hydrochloride 850 MG, Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for diabetes
Bumetanide - Bumetanide 2 mg 2 MG, Give 1 tablet by mouth once a day one time a day for edema
Docusate Sodium - Docusate Sodium 100 mg capsule by mouth in the morning Stool softener

14. DME and Supplies:

sock aid, wheelchair, walker, rolling walker, grab bars, hospital bed

15. Safety Measures:

wheelchair precautions, walker precautions, , , diabetic precautions, bathroom safety, , activity supervision

16. Nutrition:

diabetic

17. Allergies:

morphine

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Exercises Prescribed, Up As Tolerated, Transfer bed/Chair, Wheelchair

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: 0. Never, 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: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive Heart Disease With Heart Failure, 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 78-year-old male with a past medical history significant for type 2 diabetes mellitus, hypertension, hyperlipidemia, pulmonary hypertension, and sleep apnea who was admitted to home health services following discharge from a subacute rehabilitation facility due to bilateral lower-extremity weakness. He resides alone in a first-floor senior apartment and currently receives assistance from an Azikeh Healthcare home health aide for 8 hours daily, with an extension of services requested. The patient is alert and oriented 4 with intact vision and hearing. He reports sleeping in a recliner or his power wheelchair despite owning a hospital bed, stating he avoids the bed due to a previous near fall; his wheelchair is a tilt-in-space model and he frequently sleeps in it for comfort. Upon <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient demonstrated significant limitations in lower-extremity strength, range of motion (reduced secondary to arthritis), posture, endurance, standing balance, and overall functional mobility. He requires supervision for sit-to-stand transfers and contact-guard to minimal assistance for standing pivot transfers using a rolling walker. Ambulation is extremely limited to 2-3 feet due to profound weakness, and he relies primarily on a manual wheelchair for in-home mobility and a power wheelchair for community use. His power wheelchair had been inoperable but has since been repaired. Mobility Links transport services are used for medical appointments and groceries. Bilateral upper-extremity strength is within functional limits with slight deficit on the left; the left lower extremity demonstrates gross strength of 2-/5 with inability to perform full active range of motion. The TUG was not performed. A home exercise program consisting of seated and supine therapeutic exercises was reviewed, and the patient verbalized understanding. Occupational therapy evaluation revealed deficits in ADLs, functional mobility, activity tolerance, and safety awareness. The patient reported a fall the previous day while transferring from his power wheelchair to a recliner, prompting neighbors to call 911; he denied any resulting injury. The aide now assists him more frequently than prior to his recent decline. Given his reliance on assistive devices, limited mobility, history of falls, and reduced independence with daily activities, skilled OT services (1x/week for 4 weeks) are indicated for ADL training, adaptive equipment use, therapeutic exercise, safety instruction, and reinforcement of the home exercise program. Overall, the patient presents with extensive functional impairments impacting mobility, self-care, and safety, and he remains appropriate for continued skilled physical and occupational therapy to improve strength, endurance, transfer safety, standing balance, and functional independence while reducing fall risk within the home environment.
 Date of Order 11/12/2025 Orders Physician Face-to-Face Date: 11/05/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat due to Hypertensive Heart Disease With Heart Failure 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 Vaishnav, Dhara

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 11/12/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Dhara Vaishnav
10 N Greene St
Baltimore, MD 21201
PHONE: 4106057222 FAX: 14106057912 NPI: 1437415254

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 : 11/05/2025

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: 1 (11/12/25-11/15/25) ,WK2: 1 (11/16/25-11/22/25) ,WK3: 1 (11/23/25-11/29/25) ,WK4: 1 (11/30/25-12/06/25) ,WK5: 1 (12/07/25-12/13/25) ,WK6: 1 (12/14/25-12/20/25) ,WK7: 1 (12/21/25-12/27/25) ,WK8: 1 (12/28/25-01/03/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170F1 - Toilet Transfer, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, limited range of motion, muscle weakness, limited endurance, limited strength, Pain Effect on Sleep, obesity

PROCEDURES: Therapeutic exercise , Standing balance , Medication Review- Medications reviewed with patient/caregiver., Wheelchair mobility , 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, * 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, 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Walk 10 Feet - 03. Partial/moderate assistance, Walk 50 ft with 2 Turns - 03. Partial/moderate assistance, Picking Up Object - 03. Partial/moderate assistance

PT Goals

PATIENT-STATED GOAL: Improve independently with transfers, strength, and mobility.

GOALS
Chair to Bed to Chair - 06. Independent

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
* 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 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/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

Sit to Stand - 06. Independent

Walk 10 Feet - 03. Partial/moderate assistance

Walk 50 ft with 2 Turns - 03. Partial/moderate assistance

Picking Up Object - 03. Partial/moderate assistance

OT Careplans

OT Goals

Signature of Physician:

Date

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

Date
11/12/2025

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OT WK1: 1 (11/12/25-11/15/25) ,WK2: 1 (11/16/25-11/22/25) ,WK3: 1 (11/23/25-11/29/25) ,WK4: 1 (11/30/25-12/06/25)

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: 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 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:Do not resuscitate (DNR) orders

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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: 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 - 02. Substantial/maximal assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

PATIENT-STATED GOAL: To do things by myself

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

Oral Hygiene - 06. Independent

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

Lower Body Dressing - 06. Independent

Shower/Bathe Self - 02. Substantial/maximal assistance

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/12/2025