Home Health Certification and Plan of Care

Order ID: 1150/13939

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
52110225	11/12/2025	From: 11/12/2025 To: 01/10/2026	19344	217058

6. Patient's Name and Address
Gregory Turnipseed
4639 Hawksbury Rd,
PIKESVILLE, MD 21208-
678-910-3118

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 04/30/1954 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S06.5X9D	Traum subdr hem w LOC of unsp duration subs	11/12/25

13. ICD	Other Pertinent Diagnoses	Date
I11.0	Hypertensive heart disease with heart failure	11/12/25
I50.9	Heart failure unspecified	11/12/25
I42.9	Cardiomyopathy unspecified	11/12/25
E78.5	Hyperlipidemia unspecified	11/12/25
I45.10	Unspecified right bundle-branch block	11/12/25
K21.9	Gastro-esophageal reflux disease without esophagitis	11/12/25
M10.9	Gout unspecified	11/12/25
D62.	Acute posthemorrhagic anemia	11/12/25
Z79.01	Long term (current) use of anticoagulants	11/12/25
Z91.81	History of falling	11/12/25
Z95.2	Presence of prosthetic heart valve	11/12/25

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

Zyloprim - Allopurinol 100 mg Oral Tab,Take 3 tablet by mouth once a day Gout
Norvasc - Amlodipine Besylate eq 5 mg base 5 mg Oral Tab,Take 1 tablet by mouth once a day Blood pressure
Lovenox - Enoxaparin Sodium 0.74 mL intramuscular twice a day Blood thinner
Entresto - Sacubitril: Valsartan 97-103 mg Oral Tab,Take 1 tablet by mouth twice a day Heart failure
Lyrica - Pregabalin 50 mg 50 mg Oral Cap,Take 1 capsule by mouth twice a day Seizure
Keppra - Levetiracetam 1000mg by mouth twice a day Seizures
Mupirocin - Mupirocin 2 perc 1 application topical twice a day Apply to incision
Warfarin - Warfarin Sodium 4 mg Oral Tab , by mouth once a day Take as directed
by
Anticoagulation
Service (1-866-
426-0288).
Metoclopramide - Metoclopramide Hydrochloride 1 tablet, 10 mg by mouth every 6 hours As needed for headache and nausea
Tylenol - Acetaminophen 500 mg Oral Tab,Take 1 tablet by mouth every 6 hours as needed
for pain
Colcrys - Colchicine 0.6 mg Oral Tab,Take 2 tablets by mouth twice a day by mouth at the first
sign of gout flare,
followed by 1
tablet 1 hour later.
If no relief after 12
hours, may take 1
tablet 1 or 2 times
a day as needed
for up to 3 days
until gout flare
resolves

14. DME and Supplies:
bath bench, wheelchair, rolling walker

15. Safety Measures:
standard precautions, medication safety, emergency phone number prominently displayed, fall precautions, bathroom safety, ambulates with device, activity supervision, ambulates with assistance

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
gadolinium percocet statins

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

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

Homebound status:
Due to diagnosis of Traumatic subdural hemorrhage with loss of consciousness of unspecified duration, subsequent encounter, 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.

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
Robert Levine
2391 Greenspring Drive
Timonium, MD 21093
PHONE: 410-847-3000 FAX: 18554160980 NPI: 1417274432

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 : 11/07/2025

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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Clinical Condition Requiring Homecare:

The patient is a 71-year-old male with a history of hypertension, hyperlipidemia, congestive heart failure, and gout, recently hospitalized for a subdural hematoma following an assault that required a left craniotomy. Prior to injury, he was fully independent and working in law enforcement. Currently, he demonstrates decreased lower-extremity strength (3+/5 MMT bilaterally), requires contact guard assistance (CGA) for transfers and short-distance ambulation with or without a rolling walker, and needs CGA for stair negotiation using a handrail. He exhibits greater right-sided than left-sided weakness, with outcome measures showing a 30-second chair rise score of 8 and a Berg Balance Scale score of 36/56. Skilled physical therapy services are recommended to improve strength, balance, and overall safety to facilitate return to his prior level of function. Occupational therapy findings indicate that the patient lives with his wife in a multilevel home and is ambulatory with a rolling walker as needed. He demonstrates normal upper-extremity strength (5/5 MMT bilaterally) and is independent with upper- and lower-body dressing while seated. He is modified independent for bathing in his walk-in shower using a shower chair and is able to perform toilet and shower transfers independently. The patient requires only setup assistance for sit-to-stand transfers from low surfaces. Based on his current level of function, he does not require further occupational therapy services at this time.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 11/12/2025 <o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 11/07/2025
 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat dx: Traumatic subdural hemorrhage with loss of consciousness of unspecified duration, subsequent encounter
 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>
 1 - SOC - PT Notes:
 OT Eval Notes:<o:p></o:p> Physician: Levine , Robert

SN Careplans

SN Goals

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)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2020 - Oral Med Management, M1400 - Dyspnea, swelling in the arms/legs (CR), limited strength, difficulty sleeping (NR), balance deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, #1 - Observable Surgical Wound - Other - Posterior L head - Surgical incision with staples, 1 small area with stitches from drain

PROCEDURES: Medication Review- : medications reviewed with patient/caregiver, cough/deep breathing exercises, physician-ordered wound care: Apply mupirocin twice daily to incision on L posterior head. Surgeon to remove staples and stitches in office at follow up visit, dynamic standing balance exercises, gait training on uneven surfaces, gait training/stair training, transfers training, therapeutic exercises

TEACH PATIENT/CAREGIVER: * 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 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 gout flare-ups including non-medical pain relief dietary modifications, related medication(s) purpose, schedule, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, 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 - 05. Setup or clean-up assistance, Car Transfer - 06.

PT Goals

PATIENT-STATED GOAL: To be able to walk without help

GOALS
Chair to Bed to Chair - 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
* pain control
* therapeutic exercises to optimize range of motion of affected area
* diet and fluids to promote healing
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage gout flare-ups including non-medical pain relief
* dietary modifications
* 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 achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

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

Sit to Stand - 06. Independent

Toilet Transfer - 05. Setup or clean-up assistance

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

4 Steps - 05. Setup or clean-up assistance

Signature of Physician:	Date

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

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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

12 Steps - 05. Setup or clean-up assistance

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

OT Careplans

OT WK1: 8 (11/12/25-11/15/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, GG0130A1 - Eating, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear

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

OT Goals

PATIENT-STATED GOAL: Eval only

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

Oral Hygiene - 05. Setup or clean-up assistance

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

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

Toileting Hygiene - 05. Setup or clean-up assistance

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
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