Home Health Certification and Plan of Care

Order ID: 1150/14045

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
43104271000	10/11/2025	From: 10/11/2025 To: 12/08/2025	18339	217058

6. Patient's Name and Address

Robert Burton
8662 Oak Road,
PARKVILLE, MD 21234-
410-668-7903

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 11/19/1959 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S22.32XD	Fracture of one rib left side subs for fx w routn heal	10/11/25

13. ICD	Other Pertinent Diagnoses	Date
S12.590D	Oth disp fx of sixth cervcal vert subs for fx w routn heal	10/11/25
S12.490D	Oth disp fx of fifth cervcal vert subs for fx w routn heal	10/11/25
I10.	Essential (primary) hypertension	10/11/25
C44.321	Squamous cell carcinoma of skin of nose	10/11/25
I69.354	Hemiplga following cerebral infrc affecting left nondom side	10/11/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	10/11/25
I25.2	Old myocardial infarction	10/11/25
Z79.02	Long term (current) use of antithrombotics/antiplatelets	10/11/25
Z79.891	Long term (current) use of opiate analgesic	10/11/25
Z94.0	Kidney transplant status	10/11/25
Z91.81	History of falling	10/11/25

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

Tylenol - Acetaminophen 1000 mg tablet, Take 1000 mg by mouth three times a day ,000 mg, 3 times daily, taken orally.
Dulcolax - Bisacodyl 10 mg tablet, Take 10 mg rectal once a day
Plavix - Clopidogrel Bisulfate 75 mg tablet,Take 75 mg tablet by mouth once a day
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg tablet ,Take 325 mg by mouth every other day 325 mg dose, taken every other day by mouth, starting on 10/05/25. Admin instructions state "Do not crush or chew."
Keppra - Levetiracetam 250 mg tablet, Take 250 mg by mouth twice a day 250 mg tablet taken twice daily, started on 10/03/25. It is an anti-epileptic medicine used to treat seizures
Mag Ox - Simethicone 800 mg tablet,Take 800 mg by mouth once a day 800 mg tablet, to be taken orally once daily, starting on October 5, 2025.
Robaxin - Methocarbamol 250 mg half-tablet, Take 250 mg by mouth four times a day 250 mg half-tablet, to be taken orally four times daily, starting on October 7, 2025.
Procardia XI - Nifedipine 90 mg tablet, Take 90 mg by mouth once a day 90 mg extended-release tablet, taken once daily. Do not crush or chew the tablet.
Miralax - Polyethylene Glycol 3350 17 g packet ,Take 17 g by mouth once a day 17 g packet, taken two times daily. Must be diluted before use.
Deltasone - Prednisone 5 mg tablet,Take 5 mg by mouth once a day 5 mg tablet, taken daily with breakfast, orally, starting 10/03/25 at 08:00.
Crestor - Rosuvastatin Calcium 10 mg tablet,Take 10 mg by mouth at bedtime 10 mg tablet, taken nightly, orally, starting 10/03/25 at 21:00.
Senokot - Senna 8.6 mg tablet,Take 2 tablet by mouth twice a day 8.6 mg tablet, 2 tablets taken twice daily, orally, starting 10/03/25 at 13:00.
Prograf - Tacrolimus 2.5 mg capsule,Take 2.5 mg by mouth in the morning Start Date: October 4, 2025, at 9:00 AM
Prograf - Tacrolimus 3 mg capsule,Take 3 mg by mouth at bedtime Start Date: October 3, 2025, at 21:00 (9:00 PM)
Flomax - Tamsulosin Hydrochloride 0.4 mg capsule,Take 0.4 mg by mouth once a day 0.4 mg capsule, to be taken orally once daily, starting on October 3, 2025, at 09:00. The capsule should not be crushed or chewed.
Zofran - Ondansetron Hydrochloride 4 mg tablet,Take 4 mg by mouth every 6 hours Starting on 10/03/2025
Miralax - Polyethylene Glycol 3350 17 g packet,Take 17 g by mouth once a day Take orally if no bowel movement in the last 24 hours. Must be diluted before use. Starting on 10/03/2025 00.49 to 10/06/2025 1659
Zinc Sulfate - Zinc Sulfate 50 mg capsule,Take 50 mg of elemental zinc capsule by mouth once a day 50 mg of elemental zinc capsule, to be taken orally once daily, starting on October 3, 2025, at 16:30.
220 mg of zinc sulfate is equivalent to 50 mg of elemental zinc.
Roxicodone - Oxycodone Hydrochloride 10 mg Take 1 tablet by mouth every 4 hours Moderate pain (4-6 on a pain scale). It can also be administered for a pain score greater than 6, based on the patient's or a legally authorized healthcare decision-maker's preference.

14. DME and Supplies:

wheelchair, walker, hospital bed, grab bars, diabetic supplies, commode, cane, 4 wheeled walker

15. Safety Measures:

wheelchair precautions, walker precautions, standard precautions, medication safety, infectious material management, hand rails, fall precautions, emergency phone # clearly displayed, diabetic precautions

16. Nutrition:

diabetic

17. Allergies:

hydralazine

18.A. Functional Limitations

Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Walker, Cane, Wheelchair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: poor

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
family/caregiver will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Fracture Of One Rib, Left Side, Subsequent Encounter For Fracture With Routine Healing, 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 10/11/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Frimpong Kwabena Kodua
8901 Clement Ave
Parkville, MD 21234
PHONE: 4106614670 FAX: 14106614671 NPI: 1003495987

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 **11/20/2025** 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.

Home Health Certification and Plan of Care

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43104271000	10/11/2025	From: 10/11/2025 To: 12/08/2025	18339	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Robert Burton 8662 Oak Road, PARKVILLE, MD 21234- 410-668-7903	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

sThe patient is an elderly, frail male with a past medical history significant for cerebrovascular accident (CVA) with residual hemiplegia and nasal cavity cancer. He was recently hospitalized following a fall that resulted in multiple injuries and is now referred to home health care services for skilled nursing, physical therapy, and occupational therapy evaluation. Upon assessment, the patient was alert and oriented, with vital signs stable. He resides in a multilevel townhouse with his sister, who serves as his primary caregiver and was present during the assessment. The patient is predominantly bedbound and utilizes a hospital bed set up in the living room. He is incontinent and requires full assistance with activities of daily living, including bed mobility, transfers, and personal hygiene care. Wound assessment revealed a left forearm skin tear, which was cleansed with normal saline and dressed with bordered gauze to be changed daily. A midline upper back abrasion was noted to be covered with a scab and left open to air. The patient also has a left cheek and nasal wound secondary to skin cancer, managed by cleansing with Vashe wash-moistened gauze and application of Vashe wash wet-to-wet dressing, covered with a foam dressing daily. The patient and caregiver received education and demonstration on infection prevention, wound care procedures, and gentle home exercise routines to prevent contractures and improve circulation. Exercises included supine straight leg raises, lower extremity abduction/adduction, and seated long arc quadriceps movements. Bed-to-chair transfer training was also initiated, with emphasis on safety and caregiver assistance. Both patient and caregiver verbalized understanding of all instructions. The plan of care includes continued skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> once weekly for eight weeks to monitor wound healing, reinforce education, and coordinate with physical and occupational therapy services to optimize strength, mobility, and functional independence while ensuring patient safety and comfort at home.
 Date of Order 10/11/2025 Orders Physician Face-to-Face Date: 10/07/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Fracture Of One Rib, Left Side, Subsequent Encounter For Fracture With Routine Healing 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: Physician Kodua, Frimpong

SN Careplans

SN WK1: 1 (10/11/25-10/11/25) ,WK2: 1 (10/12/25-10/18/25) ,WK3: 1 (10/19/25-10/25/25)

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, blood sugar < 60 > 300

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 ; 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.

NA
Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, coughing, abnormal BS < 70/140 > mg/dL, M1610 - Urinary Incontinence, limited range of motion, limited strength, limited endurance, muscle weakness, poor muscle tone, B1000 - Vision Deficit, loss of appetite, not interested in feeding, open sores/lesions, discolored patches of skin, #1 - Other - Other - Left forearm - Skin tear cleanse with nss or wound care apply bordered foam dressing daily , #2 - Other - Other - Midline back abrasion - Leave open to air , #3 - Other - Other - Left cheek/nose cancer lesion - Cleanse with vashe wash moistened gauze apply vashe wash wet to wet gauze covered with foam dressing daily

PROCEDURES: incentive spirometer, physician-ordered wound care: Left arm Mepitel one every 5 days, Mepilex foam every other day Left Nasal cleanse with wound cleanser wound cleanser gauze moist to moist, wound cleanser soak for 15 minutes, skin prep edges with cavilon, hydrogel with non adherent/contact layer then foam dressing dressing change twice daily

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

SN Goals

PATIENT-STATED GOAL: I don't want to fall again

GOALS
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/caregiver recalls
* how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting
* diarrhea
* appetite loss
* hair loss
* fatigue
* insomnia
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* 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

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:	Date
Electronically Signed by Messick, Charles RN	10/11/2025

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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 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 optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, 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, * 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 minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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, * 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/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

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
* 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 keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

PT Careplans

PT WK2: 1 (10/12/25-10/18/25) ,WK3: 1 (10/19/25-10/25/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, 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: Medication Review: The medication was reviewed with the patient , Home exercises: SLR, LE ABD/ADD, LONG ARC , AND TRANSFER TRAINING, cough/deep breathing exercises, incentive spirometer, gait training on uneven surfaces, gait training/stair training, transfers training

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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 06. Independent, 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 get stronger and walk again

GOALS
Chair to Bed to Chair - 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

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

Sit to Stand - 06. Independent

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 06. Independent

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:	Date
Electronically Signed by Messick, Charles RN	10/11/2025

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OT WK1: 1 (10/11/25-10/11/25)

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: equipment training, work simplification/energy conservation, transfers training, assist with bathing, assist with toilet transferring, assist with toileting hygiene, assist with transferring, assist with mobility, assist with lower body dressing, assist with upper body dressing, therapeutic exercises, assist with light housekeeping

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

PATIENT-STATED GOAL: Walk better

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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