Home Health Certification and Plan of Care

Order ID: 1150/14040

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
10050013	11/14/2025	From: 11/14/2025 To: 01/12/2026	12805	217058

6. Patient's Name and Address

Richard Ulle
8730 Gerst Ave,
PERRY HALL, MD 21128-
227-213-7037

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 03/29/1953 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
S72.001D	Fx unsp part of nk of r femr subs for clos fx w routn heal	11/14/25

13. ICD	Other Pertinent Diagnoses	Date
E11.65	Type 2 diabetes mellitus with hyperglycemia	11/14/25
I10.	Essential (primary) hypertension	11/14/25
E44.0	Moderate protein-calorie malnutrition	11/14/25
D50.8	Other iron deficiency anemias	11/14/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	11/14/25
S32.010D	Wedge comprsn fx first lum vert subs for fx w routn heal	11/14/25
E03.9	Hypothyroidism unspecified	11/14/25
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	11/14/25
K76.0	Fatty (change of) liver not elsewhere classified	11/14/25
E78.2	Mixed hyperlipidemia	11/14/25
E87.6	Hypokalemia	11/14/25
E83.51	Hypocalcemia	11/14/25
F51.02	Adjustment insomnia	11/14/25
H35.30	Unspecified macular degeneration	11/14/25
F41.9	Anxiety disorder unspecified	11/14/25
F33.0	Major depressive disorder recurrent mild	11/14/25
K21.9	Gastro-esophageal reflux disease without esophagitis	11/14/25
G47.51	Confusional arousals	11/14/25
F79.	Unspecified intellectual disabilities	11/14/25
Z79.82	Long term (current) use of aspirin	11/14/25
Z79.899	Other long term (current) drug therapy	11/14/25
Z79.01	Long term (current) use of anticoagulants	11/14/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	11/14/25
Z95.5	Presence of coronary angioplasty implant and graft	11/14/25

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

Albuterol - Albuterol 90 mcg/actuation inhaler, inhale 2 puffs inhalant every 6 hours
Lipitor - Atorvastatin Calcium 40mg, take 1 tablet (40mg) by mouth once a day
Celexa - Citalopram Hydrobromide 20mg, take 0.5 tablets (10mg) by mouth in the morning
Levothyroxine - Levothyroxine Sodium 50 mcg, take (50 mcg) tablet by mouth as necessary
Lisinopril - Lisinopril 5mg, take (5mg) tablet by mouth as necessary
Mag Ox - Simethicone 400mg, 241.3mg magnesium, take 1 tablet (400 mg) by mouth as necessary
Fortamet - Metformin Hydrochloride 1000mg, take (1000mg) tablet by mouth as necessary
Protonix - Pantoprazole Sodium 20mg EC, take 1 tablet (20mg) by mouth once a day
Seroquel - Quetiapine Fumarate 50mg, take (50mg) tablet by mouth as necessary
Aspirin 81Mg - Aspirin 81mg, take 1 tablet (81mg) by mouth once a day
Nitrostat - Nitroglycerin 0.6mg SL, place 0.6 mg under the tongue by mouth as necessary every 5 minutes as needed for chest pain

14. DME and Supplies:

diabetic supplies, cane, rolling walker

15. Safety Measures:

activity supervision, ambulates with device, ambulates with assistance, diabetic precautions, fall precautions

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Speech, Ambulation,

18.B. Activities Permitted

Exercises Prescribed, Transfer bed/Chair, Walker, Cane, 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: Yes

20. Prognosis: fair

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

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Fracture of unspecified part of neck of right femur, subsequent encounter for closed 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.

Clinical Condition Requiring Homecare: The patient is a 72-year-old male with a past medical history significant for coronary artery disease, chronic diarrhea, intellectual disability, diabetes mellitus type II, hypertension, hyperlipidemia, history of stent placement, and alcohol abuse. He resides with his spouse in an assisted living facility, where he receives support for personal hygiene and activities of daily living. The patient is moderately intellectually disabled but remains oriented 3. He was educated on fall prevention and proper use of a rolling walker. He recently experienced progressive weakness and watery stools for one month and requires staff assistance to complete self-care tasks. Previously, he lived in a ranch-style home with his wife and received additional hired care. Currently, the patient demonstrates decreased standing balance, reduced standing tolerance, diminished bilateral upper extremity strength, and limited activity tolerance, which impact his independence in self-care, transfers, and functional mobility. He ambulates with a rolling walker under supervision but requires ongoing support. Skilled occupational therapy services are recommended to address these deficits and help the patient safely return to his prior level of function within his living environment.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 11/14/2025<o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 11/02/2025
 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat dx: Fracture of unspecified part of

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 11/14/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Pauline Daley Richards
6565 N Charles St
Baltimore, MD 21204
PHONE: 4438493760 FAX: 14438493887 NPI: 1174504864

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 : 11/02/2025

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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neck of right femur, subsequent encounter for closed 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<o:p></o:p>
 1 - SOC - PT Notes: <o:p></o:p> OT Eval Notes:<o:p></o:p> Physician: Daley Richards, Pauline

SN Careplans

SN Goals

PT Careplans

PT WK1: 7 (11/14/25-11/15/25)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 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
Advance Directive:No Advance Directive

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, D0160 - Depression, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, diarrhea, muscle weakness, limited strength, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , Home exercises: SLR, LONG ARC, MARCHIN G, MINI SQUATS AND HEEL RAISES 10X2 REPS , cough/deep breathing exercises, incentive spirometer, 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * 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, * 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, 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, 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 get stronger and walk better

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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* 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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* 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/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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

11/14/2025

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diet
* recalls related medication(s) purpose, schedule

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

Sit to Stand - 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

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

OT Careplans

OT WK1: 7 (11/14/25-11/15/25)

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, transfers training, assist with bathing, assist with bathing, assist with toilet transferring, assist with transferring, assist with lower body dressing, assist with upper body dressing, therapeutic exercises

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, 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: Get dressed by myself

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 - 06. Independent

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
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