Home Health Certification and Plan of Care

Order ID: 1150/14127

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4TE2JT8UW09	09/25/2025	From: 11/23/2025 To: 01/21/2026	17768	217058

6. Patient's Name and Address
Joseph Jolibois
31 N Symington Ave,
CATONSVILLE, MD 21228-
240-581-2948

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 08/19/1959 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.89	Encounter for other orthopedic aftercare	09/25/25

13. ICD	Other Pertinent Diagnoses	Date
M43.22	Fusion of spine cervical region	09/25/25
M48.02	Spinal stenosis cervical region	09/25/25
M47.816	Spondylosis w/o myelopathy or radiculopathy lumbar region	09/25/25
M50.03	Cervical disc disorder w myelopathy cervicothoracic region	09/25/25
I10.	Essential (primary) hypertension	09/25/25
Z98.1	Arthrodesis status	09/25/25

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

Senna-Docusate Sodium Oral Tablet 8.6-50 MG (Sennosides-Docusate Sodium) 8.6-50 MG , Give 2 tablet by mouth twice a day Give 2 tablet by mouth two times a day for bowel regimen hold for loose stools
Amlodipine Besylate - Amlodipine Besylate 5 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HTN Hold for syStolic BP OF <120
Acetaminophen - Acetaminophen 325 MG , Give 2 tablet by mouth every 6 hours Give 2 tablet by mouth every 6 hours as needed for Mild Pain (1-3/10)
Methocarbamol - Methocarbamol 500 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth every 24 hours as needed for muscle spasms

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

15. Safety Measures:
bathroom safety, ambulates with device, standard precautions, fall precautions, ambulates with assistance

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Exercises Prescribed, Transfer bed/Chair, Up As Tolerated, Walker

19. Mental & Pyschosocial Status: COGNITION: 2. Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance)., ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: WFL, HISTORY OF DEPRESSION:

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: 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 Encounter for other orthopedic aftercare, 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 continues to receive physical therapy following a cervical fusion performed for cervical spinal stenosis. Persistent radiating pain and upper-extremity weakness limit functional abilities and participation in activities of daily living. The patient requires assistance for bathing and is dependent for showers. Significant support is also needed for upper-body dressing, and minimal assistance is required for donning pants, socks, and shoes. Strength has improved, with bilateral elbow flexion and extension now at 3/5; however, shoulder strength remains limited at approximately 1/5 with only trace activity. Passive range of motion of the left shoulder is restricted in flexion and abduction, while the right shoulder remains within functional limits. Functional mobility continues to progress. The patient's TUG score has improved from 56 to 45 seconds, although results still indicate a high fall risk. The patient is currently able to stand and transfer independently, with or without an assistive device, and ambulates indoors with close supervision due to impaired trunk control and instability. The patient declines use of a rolling walker because of limited upper-extremity function. Stair negotiation requires minimal to moderate assistance. The patient reports full compliance with the prescribed upper- and lower-extremity home exercise program and denies any recent falls. Continued skilled physical therapy is recommended to further improve strength, mobility, and safety.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 11/20/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 09/15/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Encounter For Other Orthopedic Aftercare
 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>
 4 - Recertification Notes: cervical fusion secondary to cervical spinal stenosis <o:p></o:p> Physician: Rana, Mohammad

SN Careplans

SN Goals

PT Careplans

PT Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/20/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Mohammad Rana
1447 York Rd
Lutherville, MD 21093
PHONE: FAX: NPI: 1134278773

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 : 09/15/2025

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 WK1: 1 (11/23/25-11/29/25), WK2: 1 (11/30/25-12/06/25), WK3: 1 (12/07/25-12/13/2025), WK4: 1 (12/14/25-12/20/25), WK5: 1 (12/21/25-12/27/25), WK6: 1 (12/28/25-01/03/26), WK7: 1 (01/04/26-01/10/26), WK8: 1 (01/11/26-01/17/26)

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: WFL

HOSPITALIZATION RISKS: 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 9. Other risk(s) not listed in 1- 8

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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: muscle weakness, limited endurance, pain radiating to arms/legs, extremity burn/tingle/numb

PROCEDURES: Therapeutic exercise , Dynamic standing balance , Medication Review-Medications reviewed with patient/caregiver., gait training on uneven surfaces, gait training/stair training, transfers training

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, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 04. Supervision or touching assistance, Car Transfer - 04. Supervision or touching assistance, 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, Walk 10 Feet - 06. Independent , Medication Review- Patient/caregiver, related purpose and schedule of medications., Patient will perform TUG in 30 seconds indicating significant reduction in fall risk.

PATIENT-STATED GOAL: Improve endurance and independence with mobility.;Walk 50 Feet - 06. Independent ;Walk 150 Feet - 06. Independent

GOALS
Patient will perform TUG in 30 seconds indicating significant reduction in fall risk.

Walk 10 Feet - 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

Sit to Stand - 04. Supervision or touching assistance

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

Medication Review- Patient/caregiver recalls related purpose and schedule of medications.

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 04. Supervision or touching assistance

Car Transfer - 04. Supervision or touching assistance

Picking Up Object - 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

OT Careplans

OT Goals

Signature of Physician:

Date

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

Date
11/20/2025

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OT WK1: 10 (11/23/25-11/29/25)

PROCEDURES: Medication review : Medications reviewed with patient/caregiver. , 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, 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 - 04. Supervision or touching assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 05. Setup or clean-up assistance, Therapeutic exercise

PATIENT-STATED GOAL: Pt wants to drive the bus, return to his job

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 - 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 - 04. Supervision or touching assistance

Toileting Hygiene - 06. Independent

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

Eating - 05. Setup or clean-up assistance

Therapeutic exercise

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/20/2025