Home Health Certification and Plan of Care

Order ID: 1150/14339

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
37133785	11/24/2025	From: 11/24/2025 To: 01/22/2026	19691	217058

6. Patient's Name and Address

Charles Anderson Jr.
8603 Gray Fox Road Apt 104,
RANDALLSTOWN, MD 21133-
443-426-7925

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 08/11/1961 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I10.	Essential (primary) hypertension	11/24/25

13. ICD	Other Pertinent Diagnoses	Date
M84.459P	Pathological fracture hip unsp subs for fx w malunion	11/24/25
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	11/24/25
D64.9	Anemia unspecified	11/24/25
E29.1	Testicular hypofunction	11/24/25
Z79.82	Long term (current) use of aspirin	11/24/25
Z96.611	Presence of right artificial shoulder joint	11/24/25
Z96.641	Presence of right artificial hip joint	11/24/25
Z96.659	Presence of unspecified artificial knee joint	11/24/25

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

Androgel - Testosterone 50 MG/5GM (1%) Apply 5 gram by mouth once a day for low testosterone supervised self- administration
Carvedilol - Carvedilol 6.25 MG Oral Tablet, take 1 tablet by mouth twice a day for HTN
Cyclobenzaprine Hydrochloride - Cyclobenzaprine Hydrochloride 5 MG Oral Tablet, take 5mg tablet by mouth twice a day for muscle spasms hold for sedation
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG Capsule, take 1 capsule by mouth once a day for benign prostatic hyperplasia
Gabapentin - Gabapentin 100 MG Capsule , take 2 capsule by mouth three times a day for neuropathic pain
Myrbetriq - Mirabegron 50 MG Oral Tablet, take 1 tablet by mouth in the morning for OAB
Albuterol Sulfate - Albuterol Sulfate nhalation Aerosol Solution 108 (90 Base) 2 puff inhalant every 6 hours as needed for COPD.
Sennosides-Docusate Sodlum 8.6-50 MG Oral Tablet take 3 tablet by mouth every 12 hours as needed for BOWEL REGIMEN
Spironolactone - Spironolactone 12.5 mg Oral Tablet by mouth once a day for FLUID RETENTION
Polyethyl Glycol-Propyl Glycol 0.4-0.3% Instill 1 drop both eyes twice a day for dry eyes
Tizanidine Hydrochloride - Tizanidine Hydrochloride 4 MG Oral Tablet, take 1 tablet by mouth four times a day for MUSCLE TIGHTNESS
Acetaminophen - Acetaminophen 500 MG Oral Tablet, take 2 tablet by mouth every 8 hours for for pain
Iron-Vitamin C 65-125 MG Oral Tablet, take 1 tablet by mouth twice a day for supplement for 28 Days
Fluticasone- Umeciidinlum-Vilanterol 200-62.5-25 MCG/ACT 1 puff inhale inhalant once a day for COPD, PRN
Rosuvastatin Calcium - Rosuvastatin Calcium 10 MG Tablet , take 1 tablet by mouth at bedtime for lipid control
Pantoprazole Sodium - Pantoprazole Sodium 40 MG Tablet , take 1 tablet by mouth once a day for GERD
Furosemide - Furosemide 40 mg 40 MG Tablet , take 1 tablet by mouth twice a day for edema
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg by mouth every 4 hours Take 1 tablet every 4 hours as needed for moderate to severe pain rated 4-10 on numeric scale.

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

15. Safety Measures:
walker precautions, , hip precautions, , ambulates with device, ambulates with assistance

16. Nutrition:
regular

17. Allergies:
pregabalin sonata onions

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Walker, Hipprecautions

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

Homebound status: Due to diagnosis of Essential Hypertension, 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 male in his late 60s who is alert and oriented 4 and recently discharged home following hospitalization and a sub-acute rehabilitation stay related to a right hip and right knee replacement. His postoperative course was complicated by significant blood loss requiring transfusions and an ICU stay. His past medical history is notable for hypertension, benign prostatic hypertrophy, osteoarthritis, and multiple fractures with prior surgical repairs, including multiple failed right hip replacements. He also has a history of bilateral shoulder replacements. The patient resides with his wife in a second-floor apartment and has limited reading ability. Upon <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient's vital signs were stable. Lung sounds were clear bilaterally, heart rate was regular with S1 and S2 audible, and bowel sounds were present in all quadrants. The right knee was markedly swollen, and the patient reported severe uncontrolled pain rated 8-10/10 localized to the right knee and hip. Despite significant edema (32+ noted to the right lower extremity), the patient was wearing TED stockings as instructed. He reports having no narcotic pain medications at home and is currently taking gabapentin, acetaminophen, and two muscle relaxants. Nursing previously contacted his primary care provider without receiving a callback, and the patient states his PCP has historically declined to prescribe controlled pain medications. Earlier today, he contacted his pain management physician

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/24/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Sae-Yoon Sharon Park
301 St Paul Place
BAltimore, MD 21202
PHONE: 4103329680 FAX: 4103329669 NPI: 1265927321

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 : 10/28/2025

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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and is awaiting follow-up. Functionally, the patient ambulated with a rollator using contact guard assistance for short distances and required standby assistance for sit-to-stand and toilet transfers. He maintained right hip precautions throughout mobility. Prior to hospitalization, he ambulated with a single-point cane under supervision but required a rollator more recently due to worsening pain. Current strength testing revealed significant bilateral lower extremity weakness with manual muscle testing at 2-/5, along with restricted right knee range of motion measuring 75 flexion and -15 extension to neutral. Right hip mobility remains limited due to postoperative precautions. Upper extremity strength was reduced at 3+/5 bilaterally. The patient is minimally assisted for lower-body dressing and standby assisted for upper-body dressing and bathing using adaptive equipment, including reachers, a potty chair, and a tub bench. Pain remains the primary barrier to functional progress, significantly limiting participation in therapeutic exercises. The patient tolerated only gentle stretching and quadriceps-setting exercises during evaluation. His primary goal is to return to ambulating with a cane and regain independence in daily activities. Education was provided regarding hip precautions, the importance of edema management, safe transfer techniques, and the role of therapeutic exercises in restoring mobility and strength. The patient verbalized understanding. The patient would benefit from continued skilled physical and occupational therapy services to address deficits in strength, balance, mobility tolerance, and performance of activities of daily living. The plan of care will focus on progressive lower extremity strengthening, range-of-motion activities within surgical precautions, transfer training, gait training with appropriate assistive devices, pain management strategies in coordination with his pain specialist, and caregiver education to promote safety and support independence as the patient works toward returning to his prior level of function.
 Date of Order 11/24/2025 Orders Physician Face-to-Face Date: 10/28/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat due to Essential Hypertension 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: OT Eval Notes:
 Physician Park, Sae-Yoon Sharon

SN Careplans

SN WK1: 1 (11/24/25-11/29/25) ,WK2: 1 (11/30/25-12/06/25) ,WK3: 1 (12/07/25-12/13/25)

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 > 10

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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 ; 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 ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prnPatient has rugs that could be easily fallen upon
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: meal preparation, M2020 - Oral Med Management, Home Safety, M1400 - Dyspnea, limited strength, limited range of motion, muscle spasms, muscle weakness, limited endurance, swelling of affected area, Pain Interference with Therapy activities, lethargy, Pain Interference with ADLs, Pain Effect on Sleep, swell/redness surround. skin, #1 - Observable Surgical Wound - Anterior Right Knee - Incision is clean and dry, #2 - Observable Surgical Wound - Anterior Right Knee -

PROCEDURES: Hip precautions : Do not bend hip past 90 degrees. Do not cross legs and abduction , MEDICATION REVIEW: Review medications with patient or caregiver. Ensure no changes to medications. , Ted stockings : Ensure Ted stockings being worn for prevention of blood clots and help with swelling , Pain and pain medication education : Ask type of pain, where, and explain mediation uses. Use other modalities for pain. Ie ice elevated and rest. , cough/deep breathing exercises, physician-ordered wound care: Assess right hip incision and right knee incision each visit. Assess for edema on right calf., coordinate/arrange repair of inadequate floor/roof/windows: Patient has rugs that could catch, and patient could falln, coordinate/arrange preparation of missing meals

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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient has adequate floor/roof/windows, meal preparation is available to patient for all meals, MEDICATION REVIEW

SN Goals

PATIENT-STATED GOAL: I want to get back to walking with my cane

GOALS
patient/caregiver recalls
* diet
* weight-bearing exercises to promote bone healing and strengthening
* fluids to prevent constipation
* home safety
* pain control
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient has adequate floor/roof/windows

meal preparation is available to patient for all meals

MEDICATION REVIEW

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

PT Careplans

PT WK1: 1 (11/24/2025 - 11/29/2025), WK2: 1 (11/30/2025 - 12/06/2025), WK3: 1 (12/07/2025 - 12/13/2025), WK4: 1 (12/14/2025 - 12/20/2025)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, 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

PT Goals

PATIENT-STATED GOAL: To be able to walk with a cane

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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/24/2025

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PROCEDURES: Medication Review : - medications reviewed with patient/caregiver, cough/deep breathing exercises, gait training on uneven surfaces, gait training/stair training, transfers training, 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, * 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 - 05. Setup or clean-up 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, Medication Review-

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

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

Toilet Transfer - 05. Setup or clean-up 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

Medication Review-

OT Careplans

OT WK1: 1 (11/24/2025 - 11/29/2025), WK2: 1 (11/30/2025 - 12/06/2025), WK3: 1 (12/07/2025 - 12/13/2025), WK4: 1 (12/14/2025 - 12/20/2025)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400, 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: ADLs , Patient/caregiver recalls related purpose and schedule of medications: Medication Review , cough/deep breathing exercises, transfers training, 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, * 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 - 05. Setup or clean-up assistance, 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 will demonstrate improved bilateral upper extremity muscle strength from 3+/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

OT Goals

PATIENT-STATED GOAL: Patient wants to be pain free

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 - 05. Setup or clean-up assistance

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Patient will demonstrate improved bilateral upper extremity muscle strength from 3+/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/24/2025