Home Health Certification and Plan of Care

Order ID: 1150/14345

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
19293545	11/25/2025	From: 11/25/2025 To: 01/23/2026	19845	217058

6. Patient's Name and Address

George Barnett
1030 Dockser Drive,
CROWNSVILLE, MD 21032-
443-983-7184

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 04/19/1946 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	11/25/25

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	11/25/25
E03.9	Hypothyroidism unspecified	11/25/25
E78.00	Pure hypercholesterolemia unspecified	11/25/25
I44.7	Left bundle-branch block unspecified	11/25/25
M47.816	Spondylosis w/o myelopathy or radiculopathy lumbar region	11/25/25
E53.8	Deficiency of other specified B group vitamins	11/25/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	11/25/25
E11.49	Type 2 diabetes w oth diabetic neurological complication	11/25/25
J44.9	Chronic obstructive pulmonary disease unspecified	11/25/25
L40.9	Psoriasis unspecified	11/25/25
M17.0	Bilateral primary osteoarthritis of knee	11/25/25
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	11/25/25
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	11/25/25
F32.A	Depression unspecified	11/25/25
N28.1	Cyst of kidney acquired	11/25/25
Z79.02	Long term (current) use of antithrombotics/antiplatelets	11/25/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	11/25/25
Z79.890	Hormone replacement therapy	11/25/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	11/25/25
Z95.2	Presence of prosthetic heart valve	11/25/25
Z98.1	Arthrodesis status	11/25/25
Z91.81	History of falling	11/25/25

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

Synthroid - Levothyroxine Sodium 137 mcg Oral Tab,Take 1 tablet by mouth in the morning g 30 minutes before a meal
Lipitor - Atorvastatin Calcium 20 mg Oral Tab,Take 1 tablet by mouth once a day for cholesterol and heart protection
Desyrel - Trazodone Hydrochloride 50 mg Oral Tab,Take 1 tablet by mouth at bedtime as needed for sleep
Drisdol - Ergocalciferol 1,250 mcg (50,000 unit) Oral Cap,Take 1 capsule by mouth once a week
Plavix - Clopidogrel Bisulfate 75 mg Oral Tab,Take 1 tablet by mouth once a day
Norvasc - Amlodipine Besylate 10 mg Oral Tab,Take 1 tablet by mouth once a day
Lasix - Furosemide 20 mg Oral Tab,Take 1 tablet by mouth in the morning
Zoloft - Sertraline Hydrochloride 100 mg Oral Tab,Take 1 and one-half tablets by mouth once a day
Cymbalta - Duloxetine Hydrochloride 30 mg Oral CPDR SR Cap,Take 2 capsules by mouth once a day Indications: Neuropathic Pain
Flomax - Tamsulosin Hydrochloride 0.4 mg Oral Cap,Take 1 capsule by mouth once a day
Glucophage - Metformin Hydrochloride 500 mg Oral Tab,Take 1 tablet by mouth twice a day with meals for diabetes
Cozaar - Losartan Potassium 100 mg Oral Tab,Take 1 tablet by mouth once a day
Aricept - Donepezil Hydrochloride 10 mg Oral Tab,Take 1 tablet by mouth at bedtime
Melatonin - Melatonin 5 mg Oral Chew Tab,Chew and swallow 5mg by mouth at bedtime as needed
Albuterol - Albuterol 90 mcg/actuation Inhl HFAA,Inhale 2 Puffs inhalant every 4 hours by mouth every 4 hours as needed (rescue inhaler)

14. DME and Supplies:

wheelchair, rolling walker, bath bench, , cane

15. Safety Measures:

transfer with assist, supervision at all times, hand rails, , diabetic precautions, , avoid temperature extremes, ambulates with device, wheelchair precautions, , emergency phone number prominently displayed, ambulates with assistance, walker precautions, smoke detectors , , bathroom safety

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

penicillin pregabalin rosuvastatin pravastatin

18.A. Functional Limitations

Bowel/Bladder Incontinence, Endurance, , Ambulation

18.B. Activities Permitted

Cane, Up As Tolerated, Walker, Exercises Prescribed, Wheelchair, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 2. On awakening or at night only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions!4. Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects), HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 3. Independent - Patient completed all the activities by

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 11/25/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Kenneth Villar
7670 Quarterfield Road
Glen Burnie, MD 21061
PHONE: FAX: NPI: 1235314436

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 : 11/17/2025

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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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.

Homebound status: Due to diagnosis of Unspecified Dementia Without Behavioral Disturbance, 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:

Physical therapy start-of-care was completed today, and all required consents were obtained. The patient is a 79-year-old male evaluated at home following a recent medical appointment attended with assistance from his daughter, Peggy. The daughter reports that the patient has been spending the majority of his time in bed and experienced a fall on the day of his physician visit. Over the past two months, he has had one fall and a total of two falls within the past year. When ambulating, he demonstrates a pronounced forward-flexed posture and a tendency to fall forward. Although he has a walker available, he frequently mobilizes inside the home without it and typically relies on family assistance for short distances. The patient lives in a multilevel home with three steps at the entrance but remains exclusively on the main level. He was strongly encouraged to use his walker consistently with standby assistance from a caregiver at all times to reduce fall risk. A full medication reconciliation, home safety <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, and review of the patient handbook were completed. The physical therapy plan of care was developed in collaboration with the patient and caregiver. The patient currently demonstrates decreased activity tolerance, generalized deconditioning, and impaired mobility that significantly increase his risk of falls. He requires assistance from another person and an assistive device to safely exit the home. <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">Assessment</mh> revealed multiple functional deficits, including decreased bilateral lower extremity strength, impaired balance, unsteady gait, difficulty negotiating steps, reduced safety awareness, and challenges with transfers and bed mobility. The patient required minimal assistance to standby assistance for all transfers, including sit-to-stand and safe positioning with the walker. Instruction was provided in proper hand and foot placement, forward weight shifting, and reaching back for the chair before sitting. Bed mobility training included cues to improve body mechanics and promote independence, with the patient requiring minimal assistance to complete all tasks safely. The patient was instructed and trained in safe ambulation with a walker on level surfaces. He required standby assistance and frequent cues for appropriate walker positioning, increased step height and length, and maintenance of safety awareness. Standardized <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>s, including the Tinetti and Timed Up and Go (TUG), were completed. Based on findings, the patient was strongly advised to ambulate with his walker at all times. Education was provided regarding the benefits of daily ambulation for circulation, strength preservation, and prevention of complications associated with prolonged bed rest. A structured walking program was initiated, recommending short walks every 1-2 hours within the home and longer walks of 3-5 minutes as tolerated, with gradual progression over time. Extensive education was provided from the patient handbook (pages 32-33), including home safety strategies, fall prevention, and risk factor reduction. The caregiver was included in training to reinforce proper assistance techniques and safety measures. Both the patient and caregiver verbalized understanding and agreed with the proposed therapy plan. The patient will benefit from ongoing skilled home physical therapy to address strength deficits, mobility impairments, balance limitations, gait instability, and safety concerns. The plan of care includes home PT with the following frequency beginning 11/25/25: 1 week 1, then 2 weeks 2 (Tues/Thurs), followed by 1 week 3 (Tues). Without skilled intervention, the patient is at increased risk for falls, further functional decline, and potential loss of independence. The referring physician, Dr. Kenneth Villar, has been notified that the admission has been completed.
 Date of Order 11/25/2025 Orders Physician Face-to-Face Date: 11/17/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT evaluate and treat due to Unspecified Dementia Without Behavioral Disturbance 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 - PT Notes: soc
 Physician Villar, Kenneth

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (11/25/25-11/29/25) ,WK2: 2 (11/30/25-12/06/25) ,WK3: 2 (12/07/25-12/13/25) ,WK4: 2 (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)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 50 > 90, O2 saturation < 88 > 100, pain < 0 > 5

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

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 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;

PT Goals

PATIENT-STATED GOAL: I want to be able to get stronger and to walk better

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

Toilet Transfer - 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
* 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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

11/25/2025

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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: GG0130B1 - Oral Hygiene, 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, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating, GG0170E1 - Chair to Bed to Chair, D0160 - Depression, M1745 - Behavioral Issues, M1700 - Cognition, M2020 - Oral Med Management, Home Safety, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, M1400 - Dyspnea, M1620 - Bowel Incontinence, M1610 - Urinary Incontinence, muscle weakness, balance deficit, withdrawal from conversations

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor, monitor intake & output, bladder training, home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., equipment training, 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, * how to keep home safe for patient with dementia coping strategies for the caregiver, 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * how to promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent constipation, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize genito-urinary condition including diet exercise home remedies, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, 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, patient's living environment is clean/uncluttered, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, 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, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 06. Independent, 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

* how to keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to promote optimized mobility with strength
* balance
* dexterity
* range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing
* prevent constipation
* 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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize genito-urinary condition including diet
* exercise
* home remedies
* recalls related medication(s) purpose, schedule

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

patient's living environment is clean/uncluttered

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/25/2025

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renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 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

Signature of Physician:	Date
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