Home Health Certification and Plan of Care

Order ID: 1150/14486

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30998029600	12/01/2025	From: 12/01/2025 To: 01/29/2026	19919	217058

6. Patient's Name and Address
Tyrone Richardson
9410 Birdhouse Circle,
COLUMBIA, MD 21046-
443-762-6243

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 09/25/1960 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
F20.9	Schizophrenia unspecified	12/01/25

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	12/01/25
E55.9	Vitamin D deficiency unspecified	12/01/25
E78.5	Hyperlipidemia unspecified	12/01/25
R41.89	Oth symptoms and signs w cognitive functions and awareness	12/01/25
F10.10	Alcohol abuse uncomplicated	12/01/25
Z79.82	Long term (current) use of aspirin	12/01/25

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

Lisinopril - Lisinopril 10 mg 10 MG , Give 2 tablets by mouth once a day Give 2 tablets
by mouth one time a day for hypertension
Folic Acid - Folic Acid 1 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for alcohol use disorder/ supplement
Hydrochlorothiazide - Hydrochlorothiazide 12.5 mg 12.5 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HTN
Atorvastatin Calcium - Atorvastatin Calcium 40 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for hyperlipidemia

14. DME and Supplies:
grab bars

15. Safety Measures:
supervision at all times,

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Up As Tolerated, Exercises Prescribed

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: 3. During the day and evening, but not constantly, 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, HISTORY OF DEPRESSION: No

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: 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 Schizophrenia Unspecified , 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 64-year-old male recently admitted to home health services following hospitalization for altered mental status and rhabdomyolysis, both of which have resolved; however, he continues to demonstrate ongoing cognitive impairment. His past medical history is significant for schizophrenia, hypertension, alcohol use disorder, substance abuse, vitamin D deficiency, and hyperlipidemia. The patient had been found wandering outside his home prior to admission and subsequently required approximately one month of inpatient hospital and rehabilitation care. His daughter reports a progressive decline in cognition in recent months related to alcohol use, noting that when living alone he was often unbathed, wearing unclean clothing, and inconsistently taking medications, though he could prepare simple meals using the microwave. Since temporarily staying at his daughter's home during the holiday period, he has been more alert, cooperative with bathing, and generally more appropriate in behavior, though long-term residence with her is not feasible. She and her grandson currently provide support, and it is recommended they continue assisting at his home during the initial transition for safety oversight. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient is alert and oriented to person and place and is able to be re-oriented to date and day. He denies pain and shortness of breath, with clear lung sounds, good appetite, and a reported bowel movement that day. Gait observation reveals slow pace, short step length, decreased foot clearance, and impaired stability. He ambulates without an assistive device but requires close supervision due to increased fall risk. Generalized weakness, reduced coordination, poor dynamic balance, and limited activity tolerance are present, with the daughter noting bilateral lower-extremity weakness and easy fatigability. Bed mobility requires supervision to minimal assistance, and transfers require contact guard assist for safety. Due to cognitive deficits, the patient needs frequent verbal cueing and reminders for safety and completion of ADLs and IADLs, including personal hygiene and basic household tasks such as putting away food after meals. The daughter currently assists with all ADLs and IADLs as needed. Skilled nursing reviewed all medications, including dose, frequency, and pertinent side effects, and advised the daughter to pick up remaining prescriptions from the pharmacy. Education was provided to the patient and caregiver on the importance of adequate hydration to prevent dehydration and hypotension. PT and OT evaluations were ordered; OT will assess home health aide needs and obtain appropriate consent if indicated. Skilled physical therapy remains necessary to improve functional mobility, maximize safety, and reduce fall risk, supporting the patient's transition back to his home environment with appropriate caregiver supervision.
 Date of Order 12/01/2025 Orders Physician Face-to-Face Date: 11/21/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Schizophrenia Unspecified 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 Baffoe-Bonnie, Edna

SN Careplans

SN WK1: 1 (12/01/25-12/06/25) ,WK2: 2 (12/07/25-12/13/25) ,WK3: 2 (12/14/25-12/20/25) ,WK4: 1 (12/21/25-12/27/25)

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: 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,

SN Goals

PATIENT-STATED GOAL: DAUGHTER WANTS PATIENT TO BE SAFE AND MORE INDEPENDENT BEFORE RETURNING HOME

GOALS
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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 12/01/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Edna Baffoe-Bonnie
7900 Oak Point Ct
Pasadena, MD 21122
PHONE: 4438701237 FAX: 14432961684 NPI: 1982117388

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 : 11/21/2025

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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medications, diet, exercise) in the past 3 months, 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 ; 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: M1700 - Cognition, M1745 - Behavioral Issues, M2020 - Oral Med Management, meal preparation, M1400 - Dyspnea, limited endurance, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion

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, * 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, * how to keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * how to control alcohol withdrawal symptoms how to get support overcome cravings, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

patient/caregiver recalls
* 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 control alcohol withdrawal symptoms
* how to get support
* overcome cravings
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (12/01/25-12/06/25) ,WK2: 1 (12/07/25-12/13/25) ,WK3: 1 (12/14/25-12/20/25) ,WK4: 1 (12/21/25-12/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: HEP, Medication Review-, B LE strengthening, 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, 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 - 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: I want to be able to walk safely around my home without falling

GOALS
Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 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

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 - 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: 1 (12/01/25-12/06/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: therapeutic modalities, 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, * 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 -

OT Goals

PATIENT-STATED GOAL: to be safe at home

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/01/2025

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06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Don/Doff Footwear - 06. Independent, Eating - 05. Setup or clean-up assistance

* recalls related medication(s) purpose, schedule

Oral Hygiene - 05. Setup or clean-up assistance

Lower Body Dressing - 06. Independent

Toileting Hygiene - 05. Setup or clean-up assistance

Don/Doff Footwear - 06. Independent

Eating - 05. Setup or clean-up assistance

HHA Careplans

HHA WK2: 1 (12/07/25-12/13/25) ,WK3: 1 (12/14/25-12/20/25) ,WK4: 1 (12/21/25-12/27/25)

PROCEDURES: assist with bathing: in shower, assist with toilet transferring, assist with toileting hygiene, assist with transferring: supervision, assist with mobility, assist with feeding/eating, assist with infection control: per protocol, assist with fall prevention, assist with assistive devices prn, assist with lower body dressing: supervision, vc's ,min A as needed, assist with upper body dressing: supervision, vc's ,min A as needed

HHA Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

12/01/2025