Home Health Certification and Plan of Care

Order ID: 1150/14471

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
16165067	12/02/2025	From: 12/02/2025 To: 01/30/2026	20089	217058

6. Patient's Name and Address
Faruk Haider
9952 Cypress Way,
Laurel, MD 20723-
667-228-9392

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 10/10/1944 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S42.202D	Unsp fx upper end of l humerus subs for fx w routn heal	12/02/25

13. ICD	Other Pertinent Diagnoses	Date
S52.571D	Oth intartic fx low end r rad subs for clos fx w routn heal	12/02/25
I10.	Essential (primary) hypertension	12/02/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	12/02/25
E78.5	Hyperlipidemia unspecified	12/02/25
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	12/02/25
R35.1	Nocturia	12/02/25
H40.9	Unspecified glaucoma	12/02/25
Z79.82	Long term (current) use of aspirin	12/02/25
Z87.891	Personal history of nicotine dependence	12/02/25
Z91.81	History of falling	12/02/25

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

Aspirin - Aspirin 81 mg, 81 mg tablet by mouth once a day aspirin EC tablet 81 mg, 81 mg, Oral, 1X daily, Fadi Nicolas Saikali, MD, 81 mg at 11/27/25 0847
Lipitor - Atorvastatin Calcium eq 40 mg base 40 mg, 1 tablet by mouth at bedtime cholesterol
Xalatan - Latanoprost 0.005 % ophthalmic solution 1 drop, 1 drop both eyes at bedtime glaucoma
Cozaar - Losartan Potassium 25 mg 25 mg, 1 tablet by mouth once a day blood pressure
Lopressor - Metoprolol Tartrate 25 mg; 1/2 tab by mouth twice a day blood pressure
Flomax - Tamsulosin Hydrochloride 0.4 mg, 1 capsule by mouth once a day BPH
Timoptic - Timolol Maleate eq 0.5 perc base 0.5 % ophthalmic solution 1 drop, 1 drop both eyes once a day GLAUCOMA
Acetaminophen - Acetaminophen 500MG; 1 TAB by mouth every 6 hours AS NEEDED FOR PAIN
Albuterol - Albuterol 108 (90 BASE); 2 PUFFS inhalant every 4 hours AS NEEDED FOR SOB

14. DME and Supplies:
wound care supplies

15. Safety Measures:
standard precautions, fall precautions, medication safety, supervision at all times, activity supervision

16. Nutrition:
cardiac diet

17. Allergies:
penicillin

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Exercises Prescribed

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: 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 Unspecified fracture of upper end of left humerus, subsequent encounter for 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 an 81-year-old male recently admitted as an inpatient following a syncopal episode that resulted in a fall causing a minimally displaced left proximal humerus fracture and a right distal radius intra-articular displaced fracture, currently immobilized with a soft cast and sling. He is now residing with his daughter, with additional support from his wife, and requires assistance with all ADLs and IADLs. The patient is alert and oriented 3 and reports pain at 8/10, with bruising noted to the left upper arm; lungs are clear, appetite is good, and no shortness of breath is reported. He remains non-weight-bearing in both upper extremities, demonstrating significant limitations in mobility, transfers, and self-care, requiring minimal to maximal assistance depending on the task. He reports pain and tingling in his hands. Skilled nursing reviewed all medications and reinforced pain-management strategies, including not exceeding 3,000 mg of acetaminophen daily and notifying the provider if pain remains uncontrolled. Physical and occupational therapy evaluations are ordered to address impaired mobility, fall risk, balance deficits, and to provide compensatory strategies and safe techniques for bed mobility, transfers, and ADL performance while maintaining fracture precautions. The patient and family were receptive to all instructions, and a transition to outpatient therapy is anticipated pending orthopedic clearance.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 12/02/2025<o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 11/27/2025
 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat dx; Unspecified fracture of upper end of left humerus, subsequent encounter for 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 - SN Notes:
 PT Eval Notes:
 OT Eval Notes: <o:p></o:p> Physician: Lee, Shirley

SN Careplans

SN WK1: 1 (12/02/25-12/06/25) ,WK2: 1 (12/07/25-12/13/25) ,WK3: 1 (12/14/25-12/20/25) ,WK4: 1 (12/21/25-12/27/25)

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

SN Goals

PATIENT-STATED GOAL: TO HEAL AND BE ABLE TO GO HOME

GOALS
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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 12/02/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Shirley Lee
7141 Security Blvd
Baltimore, MD 21244
PHONE: (443) 663-6000 FAX: 14436636295 NPI: 1730398819

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 : 11/27/2025

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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HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, swelling of affected area, limited range of motion, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, weak hand grips, bruising/discoloration

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer

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, * 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

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/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

PT Careplans

PT WK1: 1 (12/02/25-12/06/25) ,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: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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-, Standing balance Training, 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 - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent

PT Goals

PATIENT-STATED GOAL: TO heal my arms

GOALS
Chair to Bed to Chair - 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 - 06. Independent

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

OT Careplans

OT WK1: 1 (12/02/25-12/06/25) ,WK2: 1 (12/07/25-12/13/25) ,WK3: 1 (12/14/25-12/20/25) ,WK4: 1 (12/21/25-12/27/25) ,WK5: 1 (12/28/25-01/03/26) ,WK6: 1 (01/04/26-01/10/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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: Home exercise program , Medication review , cough/deep breathing exercises, 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, 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 - 04.

OT Goals

PATIENT-STATED GOAL: to improve his ROM of both UE

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

Upper Body Dressing - 05. Setup or clean-up assistance

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/02/2025

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Supervision or touching assistance, Therapeutic exercise , Balance training

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 - 04. Supervision or touching assistance

Therapeutic exercise

Balance training

Signature of Physician:	Date
	PAGE 3 of 3
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