

Home Health Certification and Plan of Care				Order ID: 1150/14678	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
3ME1DH5XE25		12/04/2025		From: 12/04/2025 To: 02/01/2026	
				20167	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
James Ruth 446 Stemmers Run Road, Essex, MD 21221- 443-554-4364			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
06/19/1960			Male		
11. ICD			Date		
G89.4			12/04/25		
Principal Diagnosis			Chronic pain syndrome		
13. ICD			Date		
I10.			12/04/25		
E11.42			12/04/25		
M15.9			12/04/25		
S72.91XD			12/04/25		
S62.102D			12/04/25		
I48.91			12/04/25		
G47.30			12/04/25		
G25.81			12/04/25		
K58.1			12/04/25		
M54.2			12/04/25		
K21.9			12/04/25		
F33.9			12/04/25		
E66.01			12/04/25		
Z68.39			12/04/25		
Z79.01			12/04/25		
Z90.49			12/04/25		
Z87.891			12/04/25		
Z96.651			12/04/25		
Z91.81			12/04/25		
Other Pertinent Diagnoses			Date		
Essential (primary) hypertension			12/04/25		
Type 2 diabetes mellitus with diabetic polyneuropathy			12/04/25		
Polyosteoarthritis unspecified			12/04/25		
Unsp fracture of right femur subs for clos fx w routn heal			12/04/25		
Fx unsp carpal bone left wrist subs for fx w routn heal			12/04/25		
Unspecified atrial fibrillation			12/04/25		
Sleep apnea unspecified			12/04/25		
Restless legs syndrome			12/04/25		
Irritable bowel syndrome with constipation			12/04/25		
Cervicalgia (M54.2)			12/04/25		
Gastro-esophageal reflux disease without esophagitis			12/04/25		
Major depressive disorder recurrent unspecified			12/04/25		
Morbid (severe) obesity due to excess calories			12/04/25		
Body mass index [BMI] 39.0-39.9 adult			12/04/25		
Long term (current) use of anticoagulants			12/04/25		
Acquired absence of other specified parts of digestive tract			12/04/25		
Personal history of nicotine dependence			12/04/25		
Presence of right artificial knee joint			12/04/25		
History of falling			12/04/25		
14. DME and Supplies:			15. Safety Measures:		
walker, wheelchair, commode, hospital bed			standard precautions, diabetic precautions, fall precautions, medication safety, ,		
16. Nutrition:			17. Allergies:		
low sodium			heparin mushroom seasonal allergy stress test medication		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation			No Restrictions		
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: Yes					
20. Prognosis: fair					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.			patient will be responsible for managing treatment		
Homebound status: Due to diagnosis of Chronic pain syndrome, 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: <p class="MsoNoSpacing">The patient is a 65-year-old male with a medical history significant for arthritis, GERD, hypertension, and type 2 diabetes. He reports falling at home, resulting in a right femur and right wrist fracture, followed by a stay in a rehab facility and subsequent home PT/OT services, which were later discontinued by his insurance. He is alert and oriented 4, uses a wheelchair for mobility, and is able to transfer from bed to wheelchair, though his goal is to regain the ability to navigate his home with an assistive device. The patient reports knee instability when attempting to stand and is requesting support braces. Vital signs were within normal limits, and no respiratory distress was noted. He resides with his son in a cluttered and unclean basement area where the bathroom is nonfunctional; he receives sponge baths and uses a bedside commode with assistance from his son, who serves as his primary caregiver. The patient demonstrates decreased standing balance, standing tolerance, upper-extremity strength, and overall activity tolerance, impacting self-care, functional transfers, and mobility. Skilled OT services are recommended to address these deficits and support progress toward his prior level of function.</p><p class="MsoNoSpacing"><o:p> </o:p></p><p class="MsoNoSpacing">Date of Order<o:p></o:p></p><p class="MsoNoSpacing">12/04/2025<o:p></o:p></p><p class="MsoNoSpacing">Order<o:p></o:p></p><p class="MsoNoSpacing">Physician Face-to-Face Date: 11/26/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat DX: Chronic pain syndrome 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></p><p class="MsoNoSpacing"> 1 - SOC - PT Notes: OT Eval Notes:<o:p></o:p></p><p class="MsoNoSpacing">Physician: Rollins Mrs., Lawanda</p>					
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 12/04/2025					
25. Date HHA Received Signed POT					
24. Physician's Name and Address			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.		
Lawanda Rollins Mrs. 8831 Satyr Hill Rd Ste 100 Parkville, MD 21234 PHONE: 443-946-1896 FAX: 14434952902 NPI: 1003384165			F2F date : 11/26/2025		
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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SN WK1: 1 (12/04/25-12/06/25) ,WK2: 1 (12/07/25-12/13/25) ,WK3: 1 (12/14/25-12/20/25) ,WK4: 1 (12/21/25-12/27/25)				PATIENT-STATED GOAL: To navigate the house with an assistive device.	
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				GOALS	
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance				patient/caregiver recalls	
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, 9. Other risk(s) not listed in 1- 8				* lifestyle modifications to manage respiratory condition including	
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				* diet changes and regular exercise	
Advance Directive:Durable power of attorney for health care/Medical power of attorney				* strategies to control shortness of breath	
PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, Home Safety, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, muscle weakness, Pain Effect on Sleep, Pain Interference with ADLs, daytime fatigue, balance deficit				* home remedies to keep lungs healthy	
PROCEDURES: Medication Review: Medication reviewed with patient /caregiver., cough/deep breathing exercises				* recalls related medication(s) purpose, schedule	
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, * 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				patient self-administers medications as prescribed	
				* recalls related medication(s) purpose, schedule	
				patient's living environment is clean/uncluttered	
				patient/caregiver recalls	
				* strategies to minimize fatigue and exhaustion including work simplification	
				* energy conservation	
				* lifestyle changes	
				* diet	
				* recalls related medication(s) purpose, schedule	
OT Careplans				OT Goals	
OT 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)				PATIENT-STATED GOAL: Get in the shower	
PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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				GOALS	
PROCEDURES: Medication Review : Medication reviewed with patient and caregiver , equipment training, work simplification/energy conservation, transfers training, assist with bathing, therapeutic exercises				Shower/Bathe Self - 05. Setup or clean-up assistance	
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				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 - 06. Independent	
				Lower Body Dressing - 06. Independent	
				Toileting Hygiene - 06. Independent	
				Don/Doff Footwear - 06. Independent	
				Eating - 06. Independent	

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/04/2025