Home Health Certification and Plan of Care

Order ID: 1150/14780

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1N22EU6NX09	12/09/2025	From: 12/09/2025 To: 02/06/2026	19916	217058

6. Patient's Name and Address
James Berry Jr
2209 E North Ave,
BALTIMORE, MD 21213-
667-930-3625

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 04/11/1958 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I10.	Essential (primary) hypertension	12/09/25

13. ICD	Other Pertinent Diagnoses	Date
D64.9	Anemia unspecified	12/09/25
F33.9	Major depressive disorder recurrent unspecified	12/09/25
G62.9	Polyneuropathy unspecified	12/09/25
F17.210	Nicotine dependence cigarettes uncomplicated	12/09/25
F10.920	Alcohol use unspecified with intoxication uncomplicated	12/09/25
Z79.82	Long term (current) use of aspirin	12/09/25

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

seena plus 8.06mg -50mg tablet, Take 1 tablet by mouth every 12 hours
Folic Acid - Folic Acid 1mg tablet, take 1 tablet by mouth once a day
Mirtazapine - Mirtazapine 7.5mg tablet, Take1 tablet by mouth as necessary
Aspirin - Aspirin 81mg tablet by mouth as necessary
Guaifenesin - Guaifenesin 100mg /5ml oral liquid by mouth every 4 hours
Acetaminophen - Acetaminophen 500mg tablet, Take 2 tablet by mouth every 8 hours as needed for the pain
Senna Plus - Senna 8.6mg-50mg tablet, Take 1 tablet by mouth at bedtime
Debrox - Debrox 6.5% ear droups take 5 drops drops every other week 5 days of each month
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25mcg (1000 units) Tablet, take 1 tablet by mouth as necessary
Hydrochlorothiazide - Hydrochlorothiazide 25mg Tablet, Take 1 tablet by mouth once a day
Sertraline - Sertraline Hydrochloride 25mg tablet, take 1 tablet by mouth once a day
Famotidine - Famotidine 20mg tablet, take 1 tablet by mouth every 12 hours
Ammonium Lactate - Ammonium Lactate 12% lotion, 1 application topical as necessary skin daily for dry skin to extremities and feet after cleaning anf drying
Amilodipine - Amlodipine Besylate 10 mg by mouth once a day
Atorvastatin - Atorvastatin Calcium 20 mg by mouth once a day
Baclofen - Baclofen 20mg tablet, Take 1 tablet by mouth three times a day
Ferosul - Ferrous Sulfate: Folic Acid 325mg(65mg iron),Take 1 tablet by mouth as necessary
Gabapentin - Gabapentin 600 mg 1 tab by mouth three times a day

14. DME and Supplies:
bath bench, grab bars, rolling walker

15. Safety Measures:
electrical safety measures, , bathroom safety, , ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance, Balance

18.B. Activities Permitted
Walker, Exercises Prescribed, Transfer bed/Chair, Up As Tolerated

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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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: 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
another facility/provider 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 67-year-old male recently evaluated by his physician in the home, with therapy services ordered. Past medical history is significant for cervical spine surgery in 2016, anemia, depression, polyneuropathy, alcohol abuse, and nicotine dependence. The patient resides in an assisted living facility with four steps to enter the home equipped with a handrail. The bedroom and bathroom are located on the second floor and are accessible via a stair glide and handrail. Prior to the current episode of care, the patient was independent with basic self-care, functional transfers, and functional ambulation, while requiring assistance with all instrumental activities of daily living. Currently, the patient ambulates up to 30 feet inside the home without an assistive device under supervision and is able to ambulate 30 feet with a rolling walker with supervision. He is able to negotiate 14 steps using a handrail, descending backward with supervision, and performs bed and toilet transfers with supervision. Outside mobility skills and car transfers were not assessed during this visit. Objective findings include decreased bilateral upper extremity shoulder flexion and reduced bilateral grasp strength secondary to prior cervical spine surgery. The patient is considered homebound due to the significant effort required to leave the home, as evidenced by a Tinetti balance and gait score of 12/28, indicating a high fall risk. The patient is currently functioning at baseline for self-care tasks; therefore, no additional occupational therapy services are warranted at this time, and this visit serves as an evaluation only for OT. The patient would benefit from skilled physical therapy services to address gait discrepancies, improve strength, enhance functional mobility, and reduce fall risk.
 Date of Order 12/09/2025 Orders Physician Face-to-Face Date: 11/19/2025 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat ot-eval & treat msw 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 - PT Notes: soc OT Eval Notes: MSW Eval Notes:
 Physician Rollins Mrs., Lawanda

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 12/09/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Lawanda Rollins Mrs.
8831 Satyr Hill Rd Ste 100
Parkville, MD 21234
PHONE: 443-946-1896 FAX: 14434952902 NPI: 1003384165

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 : 11/19/2025

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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PT Careplans

PT WK1: 1 (12/09/25-12/13/25) ,WK2: 1 (12/14/25-12/20/25) ,WK3: 1 (12/21/25-12/27/25) ,WK4: 1 (12/28/25-01/03/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 8

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

HOSPITALIZATION RISKS: 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

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: GG0170F1 - Toilet Transfer, 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, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, D0160 - Depression, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, limited strength, limited endurance, poor muscle tone, balance deficit, Pain Interference with ADLs, Pain Interference with Therapy activities

PROCEDURES: Dynamic and static standing balance training, Medication Review- : Medications reviewed with patient/caregiver. , train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, 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, * 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 optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, caregiver performs medical/rehabilitation treatments with adequate competence, 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

PT Goals

PATIENT-STATED GOAL: To be able to walk straighter and have more balance

GOALS
Toilet Transfer - 06. Independent

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
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* 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

caregiver performs medical/rehabilitation treatments with adequate competence

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 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

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

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

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

OT Careplans

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
12/09/2025

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OT WK1: 1 (12/09/25-12/13/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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

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

PATIENT-STATED GOAL: Evaluation only

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
12/09/2025