Home Health Certification and Plan of Care

Order ID: 1150/14948

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6DX6W06AA47	12/08/2025	From: 12/08/2025 To: 02/05/2026	6679	217058

6. Patient's Name and Address

David Ross
4120 Oak Rd Apt 226,
HALETHORPE, MD 21227-
410-301-7206

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 06/16/1941 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S06.5X9D	Traum subdr hem w LOC of unsp duration subs	12/08/25

13. ICD	Other Pertinent Diagnoses	Date
S02.85XD	Fracture of orbit unspecified 7thD	12/08/25
S01.81XD	Laceration w/o foreign body of oth part of head subs encntr	12/08/25
S02.40ED	Zygomatic fracture right side 7thD	12/08/25
S32.402D	Unsp fracture of left acetabulum subs for fx w routn heal	12/08/25
S52.501D	Unsp fx the lower end r rad subs for clos fx w routn heal	12/08/25
S52.502D	Unsp fx the low end left rad subs for clos fx w routn heal	12/08/25
S62.101D	Fx unsp carpal bone right wrist subs for fx w routn heal	12/08/25
S72.002D	Fx unsp part of nk of l femr subs for clos fx w routn heal	12/08/25
S12.490D	Oth disp fx of fifth cervcal vert subs for fx w routn heal	12/08/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	12/08/25
I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	12/08/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	12/08/25
N18.6	End stage renal disease	12/08/25
I48.91	Unspecified atrial fibrillation	12/08/25
E78.5	Hyperlipidemia unspecified	12/08/25
B19.10	Unspecified viral hepatitis B without hepatic coma	12/08/25
B44.0	Invasive pulmonary aspergillosis	12/08/25
D84.821	Immunodeficiency due to drugs	12/08/25
M75.102	Unsp rotatr-cuff tear/ruptr of left shoulder not trauma	12/08/25
B18.2	Chronic viral hepatitis C	12/08/25
K21.9	Gastro-esophageal reflux disease without esophagitis	12/08/25
M17.10	Unilateral primary osteoarthritis unspecified knee	12/08/25
K76.89	Other specified diseases of liver	12/08/25
M54.2	Cervicalgia (M54.2)	12/08/25

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

Acetaminophen - Acetaminophen 500 mg, take 2 tablets by mouth three times a day for 10 days
Bisacodyl 10 mg, place 1 suppository by mouth as necessary as needed
Cholecalciferol 25 mcg (1,000 unit), take 2 tablets by mouth once a day
Diclofenac - Diclofenac Epolamine Apply 4 g topical four times a day as needed
Losartan Potassium - Losartan Potassium 25 MG, TAKE 1 TABLET by mouth once a day
Pantoprazole - Pantoprazole Sodium 40 mg EC, Take 1 tablet by mouth once a day
Polyethylene Glycol - Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 17g, Packet by mouth once a day
Prednisone - Prednisone 5 MG, TAKE 1 TABLET by mouth once a day With breakfast
Tacrolimus - Tacrolimus 1 mg ER, Take 5 tablets by mouth in the morning before breakfast
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg, take 1 capsule by mouth once a day
Amilodipine - Amlodipine Besylate 1 Tablet (5mg) by mouth once a day Hypertension
Atorvastatin - Atorvastatin Calcium 1 Tablet (20mg) by mouth at bedtime For High Cholesterol
Lantus - Insulin Glargine Recombinant 100 units/ml 12u subcutaneous at bedtime For Diabetes Type II
Novolog Penfill - Insulin Aspart Recombinant 100U/ml (sliding scale) subcutaneous four times a day Administer before meals and at bedtime per sliding scale:
151 - 200 = 2 units
201 - 250 = 4 units
251 - 300 = 6 units
301 - 350 = 8 units
351 - 400 = 10 units
Omeprazole - Omeprazole 20 mg 1 Capsule by mouth in the morning For Gastric Reflux disease
Methocarbamol - Methocarbamol 500 mg 1 Tablet by mouth every 8 hours As needed for muscle Spasms

14. DME and Supplies:

diabetic supplies, walker, grab bars

15. Safety Measures:

walker precautions, smoke detectors , no stair use, medical alert/lifeline, emergency phone # clearly displayed, bathroom safety, ambulates with device, , hand rails, ambulates with assistance, no bp left arm, , diabetic precautions, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance

18.B. Activities Permitted

Cane, Walker, Exercises Prescribed, 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: 2. Sometimes, 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

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Traumatic Subdural Hemorrhage With Loss Of Consciousness Of Unspecified Duration, Subsequent Encounter, 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/08/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Souvonik Adhya
203 Hospital Dr Ste 200
Glen Burnie, MD 21061
PHONE: 4105538362 FAX: 14107611587 NPI: 1114541448

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 : 12/03/2025

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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Clinical Condition Requiring Homecare:

The patient is an 84-year-old male admitted to home care services for skilled nursing, physical therapy, occupational therapy, and home health aide support following a recent discharge from a skilled nursing facility. His recent hospitalization stemmed from a fall that occurred in October while he was in a garage en route to an appointment, during which he experienced a loss of consciousness. As a result of the fall, the patient sustained a right wrist fracture and a traumatic subdural hematoma. He reports that this is his only fall within the past year. The patient believes he is non-weight-bearing on the right upper extremity; however, he is currently unable to locate his discharge instructions and plans to search for them to confirm activity restrictions. The patient resides independently in a senior living apartment building located on the second floor, which is accessible by elevator. He ambulates independently within the home without an assistive device, though he demonstrates unsteady gait and would benefit from the use of a cane, which he reports is being mailed to him. He receives assistance with meals from his brother, Algert, and a niece who live nearby, with his brother visiting almost daily to provide prepared meals and check on his overall well-being. On physical therapy <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient presents with decreased bilateral lower extremity strength, impaired balance, unsteady gait, decreased functional mobility, difficulty with transfers, and challenges negotiating steps. He also demonstrates poor safety awareness and has a history of falls, placing him at increased risk for future falls and further functional decline. Due to these deficits, the patient requires skilled home physical therapy to address strength, balance, transfer ability, gait safety, stair negotiation, and overall functional mobility in order to restore and maintain independence within the home environment. Without skilled intervention, the patient is at risk for recurrent falls, decreased functional status, and loss of independence. The physical therapy plan of care includes home PT <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> beginning on 12/9/25 at a frequency of two <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> per week for two weeks (Tuesday/Thursday), followed by one week of seven <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> (Tuesday). The patient is in agreement with the physical therapy plan of care.
 Date of Order 12/08/2025 Orders Physician Face-to-Face Date: 12/03/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Traumatic Subdural Hemorrhage With Loss Of Consciousness Of Unspecified Duration, Subsequent Encounter 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 Adhya, Souvonik

SN Careplans

SN WK1: 1 (12/08/25-12/13/25) ,WK2: 1 (12/14/25-12/20/25) ,WK3: 1 (12/21/25-12/27/25) ,WK4: 1 (12/28/25-01/03/26) ,WK5: 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 < 60 > 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), 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: D0700 - Social Isolation, M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, swelling of affected area, muscle weakness, limited endurance, limited strength, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor

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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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, * how to optimize range of motion with active and passive therapeutic exercises manage pain/discomfort fluid and diet intake to promote healing prevent constipation, 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, * strategies to increase socialization, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: Pt states "I want to be independent again."

GOALS
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
* pain control
* therapeutic exercises to optimize range of motion of affected area
* diet and fluids to promote healing
* 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

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

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to optimize range of motion with active and passive therapeutic exercises
* manage pain/discomfort
* fluid and diet intake to promote healing

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/08/2025

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* fluid and diet intake to promote healing
* prevent constipation
* 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
* 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

PT Careplans

PT WK1: 2 (12/08/25-12/13/25) ,WK2: 2 (12/14/25-12/20/25) ,WK3: 1 (12/21/25-12/27/25) ,WK4: 1 (12/28/25-01/03/26) ,WK5: 1 (01/04/26-01/10/26) ,WK6: 1 (01/11/26-01/17/26) ,WK7: 1 (01/18/26-01/24/26) ,WK8: 1 (01/25/26-01/31/26) ,WK9: 1 (02/01/26-02/04/26)

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: cough/deep breathing exercises, home exercise program: Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., dynamic standing balance exercises, gait training on uneven surfaces, gait training/stair training, transfers training, assist with fall prevention

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 - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, 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 get back to where I was before I got hurt

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

1 - Step (curb) - 05. Setup or clean-up assistance

Chair to Bed to Chair - 06. Independent

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

Car Transfer - 06. Independent

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

Sit to Stand - 06. Independent

Signature of Physician:

Date

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

Date
12/08/2025