Home Health Certification and Plan of Care

Order ID: 1150/14882

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
591007049	10/15/2025	From: 12/13/2025 To: 02/10/2026	18327	217058

6. Patient's Name and Address
Brian Pearson
3525 Lineboro Rd,
MANCHESTER, MD 21102-
443-418-3455

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 08/14/1981 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.89	Encounter for other orthopedic aftercare	10/15/25

13. ICD	Other Pertinent Diagnoses	Date
M24.572	Contracture left ankle	10/15/25
G81.10	Spastic hemiplegia affecting unspecified side	10/15/25
G93.1	Anoxic brain damage not elsewhere classified	10/15/25
E11.9	Type 2 diabetes mellitus without complications	10/15/25
I48.0	Paroxysmal atrial fibrillation	10/15/25
I10.	Essential (primary) hypertension	10/15/25
G40.909	Epilepsy unsp not intractable without status epilepticus	10/15/25
E78.2	Mixed hyperlipidemia	10/15/25
F44.5	Conversion disorder with seizures or convulsions	10/15/25
Z93.3	Colostomy status	10/15/25
Z79.01	Long term (current) use of anticoagulants	10/15/25
Z79.891	Long term (current) use of opiate analgesic	10/15/25
Z74.01	Bed confinement status	10/15/25
K21.9	Gastro-esophageal reflux disease without esophagitis	10/15/25
G47.00	Insomnia unspecified	10/15/25
R13.10	Dysphagia unspecified	10/15/25
E66.9	Obesity unspecified	10/15/25
Z79.4	Long term (current) use of insulin	10/15/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	10/15/25
Z87.891	Personal history of nicotine dependence	10/15/25
Z89.221	Acquired absence of right upper limb above elbow	10/15/25

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

Amlodipine - Amlodipine Besylate 5 MG Give 1 tablet by mouth in the morning Give 1 tablet by mouth in the morning for HTN Hold if SBP is less than 110 and HR less than 60.
Atorvastatin Calcium - Atorvastatin Calcium 80 MG Give 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for hyperlip[idemia
Famotidine - Famotidine 20 mg, take 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for GERD
Xarelto - Rivaroxaban 20 mg, Give 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for anticoagulation
Gabapentin - Gabapentin 400 MG Give 1 capsule by mouth twice a day Give 1 capsule by mouth two times a day for neuropathy Monitor for Side Effects of Anticonvulsants Medications every shift which may include but is not limited to: ataxia, dizziness, fatigue, somnolence, abnormal thinking, amnesia, depression, dysarthria, incoordination, nervousness. tremor
Metoprolol Tartrate - Metoprolol Tartrate 50 mg 1 tablet by mouth twice a day For high blood pressure control
Baclofen Pump 40 mL - slowly infused over a 3 month period intravenous immediately For spasms. This drug is given intrathecal on a continuous bases
Jardiance - Empagliflozin 25 mg, 1/2 tablet by mouth once a day For blood sugar control
Trazadone - Trazodone Hydrochloride 50 mg, 1 tablet by mouth at bedtime Fo sleep
Vitamin D - Ergocalciferol 50,000 International Units 1 capsule by mouth once a week Supplement, takes on a Saturday
Basaglar - Insulin Glargine 26 units subcutaneous at bedtime For blood sugar control - insulin pen
Humalog - Insulin Lispro Recombinant 22 units subcutaneous twice a day For blood sugar control
Tylenol Es 500 Mg - Acetaminophen 1 tablet by mouth as necessary Every 6 hours for pain

14. DME and Supplies:
wheelchair, hoyer lift, hospital bed

15. Safety Measures:
sharps precautions, , , , diabetic precautions

16. Nutrition:
regular

17. Allergies:
quetiapine seroquel

18.A. Functional Limitations
Contracture, Amputation

18.B. Activities Permitted
No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: , SOCIAL ISOLATION: 1 Requires assistance, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: N/A, MOBILITY: N/A

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 Left Achilles Tendon Lengthening With Hexapod External Fixator, 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 adult male with a complex medical and surgical history following multiple gunshot wounds that resulted in significant physical impairment and functional dependence. He resides at home with his family, and his mother, Yvonne, serves as his primary caregiver. The patient is alert and oriented but exhibits intermittent confusion. He is currently bedbound and unable to ambulate. His right arm has been amputated below the shoulder, and his left foot is stabilized with external fixators following a left Achilles tendon lengthening procedure with hexapod external fixation performed on September 9, 2025. He is scheduled for a right foot procedure and removal of the left external fixator on October 23, 2025. The patient also has a left upper quadrant colostomy, which his mother manages appropriately, and a right-sided baclofen pump for spasticity management.   On assessment, a deep tissue injury was noted on the right heel and abrasions were present on the sacral area; photographs were attached to the chart. No active wound care orders were documented, and the caregiver has been managing these areas independently. The patient's skin was otherwise intact. He has a diagnosis of insulin-independent diabetes mellitus, atrial fibrillation managed with Eliquis, and left ankle contracture with muscle weakness. Medication reconciliation was completed, confirming accuracy of all prescribed medications. The patient's mother demonstrated understanding of medication administration schedules, indications, and potential side effects. The patient utilizes a continuous glucose monitor (Libre 3) for blood sugar tracking, and his mother monitors and documents readings regularly.   The patient presents with profound mobility limitations and complex orthopedic and neurological impairments. Due to

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

25. Date HHA Received Signed POT

24. Physician's Name and Address
Abigail Hamilton
1701 Twin Springs Rd
Halthorpe, MD 21227
PHONE: 410-737-5000 FAX: 14107375401 NPI: 1821592817

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 : 10/03/2025

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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severe bilateral lower extremity weakness, fixed extension, and a prolonged five-year non-weight-bearing status, he is not currently appropriate for skilled home physical therapy. He is unable to participate safely in gait, standing, or transfer training within the home setting. Once medically cleared for bilateral weight-bearing, the patient will require care in an outpatient or subacute rehabilitation facility equipped with specialized standing or tilt-table equipment and staffed by a multidisciplinary team experienced in managing patients with severe contractures, hemiplegia, amputation, and morbid obesity. At this time, skilled nursing is not indicated per the caregiver's report and current plan of care; however, the patient remains under home health services for occupational and physical therapy evaluation and ongoing coordination with his medical team. The caregiver was advised that nursing services may be reinstated if the need arises, and she verbalized full understanding. The plan includes continued monitoring of skin integrity, follow-up with the surgeon for dressing management on the external fixators, and coordination of care for the upcoming surgical intervention and transition to a skilled nursing facility post-procedure.
 Date of Order 12/12/2025 Orders Physician Face-to-Face Date: 10/03/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Left Achilles Tendon Lengthening With Hexapod External Fixator Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: Recert due to surgery on 12/17/25 to remove the external fixator of the right foot. The patient can continue to benefit from continued OT services to address adls, rom/strength of the right limb to prepare to use the prosthetic arm, and training on using the right prosthetic arm to perform functional task. Patient is limited secondary to weakness and is home bed bound. Patient requires max assistance for bathing and dressing task. Physician Hamilton, Abigail

SN Careplans

SN Goals

OT Careplans

OT WK4: 1 (12/28/25-01/03/26)

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:

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 7. Currently taking 5 or more medications, 9. Other risk(s) not listed in 1- 8

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; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SpO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training

OT Goals

PATIENT-STATED GOAL: Patient wants to be able to use his prosthetic arm to assist with functional task

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

Oral Hygiene - 05. Setup or clean-up assistance

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

Lower Body Dressing - 01. Dependent

Shower/Bathe Self - 03. Partial/moderate assistance

Toileting Hygiene - 01. Dependent

Don/Doff Footwear - 01. Dependent

Eating - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

12/12/2025

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Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

; 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, 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: ADLs , Medication reviewed with patient/caregiver : Medication review , Prosthetic arm training, cough/deep breathing exercises

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 - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 01. Dependent, Shower/Bathe Self - 03. Partial/moderate assistance, Toileting Hygiene - 01. Dependent, Don/Doff Footwear - 01. Dependent, Eating - 06. Independent

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