Home Health Certification and Plan of Care

Order ID: 1150/15154

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
23156952	12/27/2025	From: 12/27/2025 To: 02/24/2026	20845	217058

6. Patient's Name and Address

Greg Rose
6 Chapeltowne Cr,
NOTTINGHAM, MD 21236-
443-465-1567

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 09/27/1958 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G21.9	Secondary parkinsonism unspecified	12/27/25

13. ICD	Other Pertinent Diagnoses	Date
I48.92	Unspecified atrial flutter	12/27/25
I11.0	Hypertensive heart disease with heart failure	12/27/25
I50.30	Unspecified diastolic (congestive) heart failure	12/27/25
F31.9	Bipolar disorder unspecified	12/27/25
F41.9	Anxiety disorder unspecified	12/27/25
E66.813	Other obesity	12/27/25
E78.5	Hyperlipidemia unspecified	12/27/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	12/27/25
K21.9	Gastro-esophageal reflux disease without esophagitis	12/27/25
M10.9	Gout unspecified	12/27/25
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	12/27/25
N28.1	Cyst of kidney acquired	12/27/25
R73.03	Prediabetes	12/27/25
R13.10	Dysphagia unspecified	12/27/25
Z79.01	Long term (current) use of anticoagulants	12/27/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	12/27/25

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

Allopurinol - Allopurinol 100 MG Oral Tablet,take 300 mg by mouth once a day Oral Tablet 100 MG (Allopurinol) Give 300 mg by mouth one time a day for Gout
Alprazolam - Alprazolam 0.25 MG Oral Tablet, by mouth every 12 hours Oral Tablet 0.25 MG (Alprazolam) Give 0.25 mg by mouth every 12 hours as needed for anxiety/agitation for 14 Days
Amlodipine Besylate - Amlodipine Besylate 5 MG Oral Tablet by mouth once a day Besylate Oral Tablet 5 MG (Amlodipine Besylate) Give 5 mg by mouth one time a day for HTN
Atorvastatin Calcium - Atorvastatin Calcium 20 MG Oral Tablet by mouth at bedtime Oral Tablet 20 MG (Atorvastatin Calcium) Give 20 mg by mouth at bedtime for HLD
Benztropine Mesylate - Benztropine Mesylate 1 MG Oral Tablet by mouth twice a day Oral Tablet 1 MG (Benztropine Mesylate) Give 1 mg by mouth two times a day for PARKINSON
Carvedilol - Carvedilol 6.25 MG Oral Tablet by mouth twice a day Oral Tablet 6.25 MG (Carvedilol) Give 6.25 mg by mouth two times a day for HTN hold for SBP less than 100 and HR less than 50
Dabigatran Etexxilate 150 MG Oral Capsule,take 1 capsule by mouth twice a day Mesylate Oral Capsule 150 MG (Dabigatran Etexilate Mesylate) Give 1 capsule by mouth two times a day for AFIB
Divalproex Sodium - Divalproex Sodium 500 MG Oral Tablet ,take 1 tablte by mouth at bedtime Oral Tablet Delayed Release 500 MG (Divalproex Sodium) Give 1 tablet by mouth at bedtime for Seizures
Empagliflozin 25 MG Oral Tablet by mouth at bedtime Oral Tablet 25 MG (Empagliflozin) Give 12.5 mg by mouth at bedtime for DM
Finasteride - Finasteride 5 MG Oral Tablet, by mouth at bedtime Oral Tablet 5 MG (Finasteride) Give 5 mg by mouth at bedtime for BPH
Lamotrigine - Lamotrigine 100 MG Oral Tablet by mouth once a day Oral Tablet 100 MG (Lamotrigine) Give 100 mg by mouth one time a day for Bipolar disorder
Nystatin External Powder 100000 UNIT/GM Powder topical as necessary Powder 100000 UNIT/GM (Nystatin F (Topical)) Apply to groin topically every shift for rash for 14 Days
Quetiapine Fumarate - Quetiapine Fumarate 25 MG Oral Tablet,take 1 tablet by mouth once a day Oral Tablet 25 MG (Quetiapine F Fumarate) Give 1 tablet by mouth one time a day for DEPRESSION
Quetiapine Fumarate - Quetiapine Fumarate 50 MG Oral Tablet ,take 1 tablet by mouth at bedtime Oral Tablet 50 MG (Quelapine Fumarate) Give 1 tablet by mouth at bedtime for Bipolar
Sacubitril-Valsartan 24-26 MG Oral Tablet,take1 tablet by mouth twice a day Oral Tablet 24-26 MG (Sacubitril Valsartan) Give 1 tablet by mouth two times a day for HTN Hold for SBP <110 or HR <50
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG Capsule ,take 0.8 mg by mouth once a day Capsule 0.4 MG Give 0.8 mg by mouth one time a day for BPH
Trazodone Hydrochloride - Trazodone Hydrochloride 100 MG Oral Tablet,take 200 mg by mouth at bedtime Oral Tablet 100 MG (Trazodone HCl) VGive 200 mg by mouth at bedtime for Depression/Insomnia
Torsemide - Torsemide 10 mg 1 tab by mouth every other day Take one tab 10mg every other day for BLE edema.

14. DME and Supplies:

hand held shower, wheelchair, rolling walker, bath bench, commode, 4 wheeled walker

15. Safety Measures:

walker precautions, smoke detectors , bathroom safety, ambulates with device, transfer with assist, , ambulates with assistance, , , diabetic precautions, , activity supervision

16. Nutrition:

cardiac diet, low sodium

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: 3. Independent - Patient completed all the activities by

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/27/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Robert Levine
2391 Greenspring Drive
Timonium, MD 21093
PHONE: 410-847-3000 FAX: 18554160980 NPI: 1417274432

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 : 12/20/2025

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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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.

Homebound status: Due to diagnosis of Secondary Parkinsonism Unspecified , 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 who was recently hospitalized after experiencing approximately four weeks of tremors, generalized weakness, and imbalance, followed by discharge to a skilled acute rehabilitation facility (Rossville Rehab) for therapy and subsequent discharge home. His past medical history is significant for hypertension, hyperlipidemia, prediabetes, heart failure with preserved ejection fraction managed with torsemide every other day, chronic kidney disease stage III, gastroesophageal reflux disease, obstructive sleep apnea, benign prostatic hyperplasia, gout, depression, anxiety treated with quetiapine (Seroquel), hypomania, and anxiety disorder. During hospitalization, risperidone was discontinued due to concern for medication-induced Parkinsonian symptoms, and benztropine was initiated. He was also started on dabigatran (Pradaxa) for newly diagnosed atrial flutter. The patient is expected to follow up with neurology for further evaluation of possible Parkinsonian or related movement disorder. The patient resides with his wife in a first-floor apartment with no steps to enter. Prior to his recent illness, he was able to perform basic self-care, functional transfers, and functional ambulation tasks, though he required a rollator and one-person assistance for balance. At the time of assessment, he continues to ambulate with a rollator and requires one-person assistance due to ongoing balance deficits. The home environment currently lacks grab bars or handrails in the tub and shower, posing an increased fall risk. The patient does have a bedside commode, and his wife is scheduled to obtain additional durable medical equipment, including a wheelchair, shower chair, and rolling walker, from a senior center. Physical therapy assessment reveals bilateral lower-extremity weakness with manual muscle testing approximately 3/5, a shuffling gait pattern, decreased step length, and impaired balance, with a Berg Balance Scale score of 24/56, indicating a moderate risk for falls. He requires supervision to moderate assistance for bed mobility and transfers. Ambulation is limited to less than 60 feet with a rolling walker and contact guard assistance, characterized by slow gait speed and reduced endurance. Occupational therapy assessment identified decreased standing balance, standing tolerance, bilateral upper extremity strength, and overall activity tolerance, resulting in reduced independence with self-care, transfers, and functional ambulation compared to prior level of function. Skilled home health physical therapy is medically necessary to address deficits in strength, balance, gait mechanics, and functional mobility, reduce fall risk and potential rehospitalization, and safely improve endurance and independence while monitoring activity tolerance in the context of heart failure and chronic kidney disease. Skilled occupational therapy services are also recommended to address upper extremity strength, standing tolerance, and self-care performance, and to provide education on safe use of adaptive equipment and fall prevention strategies to support return toward prior level of function. The plan of care includes ongoing interdisciplinary coordination, medication and safety education, reinforcement of assistive device use, and monitoring for neurological changes as the patient continues recovery at home.
 Date of Order 12/27/2025 Orders Physician Face-to-Face Date: 12/20/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Secondary Parkinsonism Unspecified 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 Levine , Robert

SN Careplans

SN WK1: 1 (12/27/25-12/27/25) ,WK2: 1 (12/28/25-01/03/26) ,WK3: 1 (01/04/26-01/10/26) ,WK4: 1 (01/11/26-01/17/26) ,WK5: 1 (01/18/26-01/24/26) ,WK6: 1 (01/25/26-01/31/26) ,WK7: 1 (02/01/26-02/07/26)

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), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 7. Currently taking 5 or more medications

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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, D0160 - Depression, D0700 - Social Isolation, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Unintentional Weight Loss, excessive thirst/hunger, limited endurance, limited strength, muscle weakness, weak hand grips, balance deficit, involuntary movement of extremity, daytime fatigue, obesity, loss of appetite, discolored patches of skin, bruising/discoloration

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , Teach care giver and patient how to take daily blood pressures and dry weights. Teach patient and CG how to keep a log of BP and weights for follow up with the primary care doctor., incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration

SN Goals

PATIENT-STATED GOAL: Patient wants to be able tostill get out of the house without falling.

GOALS
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

patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related m

patient/caregiver recalls
* how to keep journal of food and fluid intake
* healthy meal plan tips
* exercise program
* nutritional knowledge
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage sleep disorder including changes to daytime habits and

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

12/27/2025

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TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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 medicatio, * strict compliance with physician orders for anticoagulant administration avoiding activities that create unnecessary risk for injury monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual, * 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related m, * how to manage sleep disorder including changes to daytime habits and bedtime routine maintaining a journal to track sleep patterns, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, sch, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * how to keep journal of food and fluid intake healthy meal plan tips exercise program nutritional knowledge, 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

bedtime routine
* maintaining a journal to track sleep patterns
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, sch

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 medicatio

patient/caregiver recalls
* strategies to increase caloric intake
* 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

caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s

patient/caregiver recalls
* low-fat diet
* lifestyle modifications to manage esophageal condition
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* strict compliance with physician orders for anticoagulant administration
* avoiding activities that create unnecessary risk for injury
* monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual

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) purpos

patient is adequately supervised

caregiver administers and/or packages medications appropriately

PT Careplans

PT WK2: 1 (12/28/25-01/03/26) ,WK3: 2 (01/04/26-01/10/26) ,WK4: 2 (01/11/26-01/17/26) ,WK5: 2 (01/18/26-01/24/26) ,WK6: 1 (01/25/26-01/31/26) ,WK7: 1 (02/01/26-02/07/26) ,WK8: 1 (02/08/26-02/14/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer - 03. Partial/moderate assistance, GG0170D1 - Sit to Stand - 02. Substantial/maximal assistance, GG0170E1 - Chair to Bed to Chair - 02. Substantial/maximal assistance, GG0170G1 - Car Transfer - 02. Substantial/maximal assistance, GG0170I1 - Walk 10 Feet - 02. Substantial/maximal assistance, GG0170J1 - Walk 50 ft with 2 Turns - 02.

PT Goals

PATIENT-STATED GOAL: To improve my walking quality

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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Substantial/maximal assistance, GG0170K1 - Walk 150 Feet - 02. Substantial/maximal assistance, GG0170L1 - Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, GG0170M1 - 1 - Step (curb) - 02. Substantial/maximal assistance, GG0170N1 - 4 Steps - 02. Substantial/maximal assistance, GG0170O1 - 12 Steps - 02. Substantial/maximal assistance, GG0170P1 - Picking Up Object - 02. Substantial/maximal assistance

PROCEDURES: HEP: If weather permits, Instruct/demonstrate outdoor ambulation with RW around the walkway for patient and caregiver (if applicable). Emphasis on safety, walker maneuvering along pathway. Alternatively: Home exercise program reviewed and progressed, including Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day. , Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , B LE strengthening, Standing balance Training, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: 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

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

Sit to Stand - 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

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

OT Careplans

OT WK3: 6 (01/04/26-01/10/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene - 05. Setup or clean-up assistance, GG0130F1 - Upper Body Dressing - 05. Setup or clean-up assistance, GG0130G1 - Lower Body Dressing - 05. Setup or clean-up assistance, GG0130H1 - Don/Doff Footwear - 05. Setup or clean-up assistance, GG0130E1 - Shower/Bathe Self - 03. Partial/moderate assistance, GG0130C1 - Toileting Hygiene - 06. Independent, GG0130A1 - Eating - 06. Independent

PROCEDURES: Medication Review : Medication reviewed with patient with Medication taken prior to tx session , 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 medicatio, * 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 relaxatio, 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, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Get in the shower

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 medicatio

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 relaxatio

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
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