Home Health Certification and Plan of Care

Order ID: 1150/15111

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
48170842	12/28/2025	From: 12/28/2025 To: 02/25/2026	20855	217058

6. Patient's Name and Address
Charles Cuzzart
1930 Walnut Ave,
DUNDALK, MD 21222-
410-284-2087

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 04/13/1934 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S06.5X9D	Traum subdr hem w LOC of unsp duration subs	12/28/25

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	12/28/25
N18.4	Chronic kidney disease stage 4 (severe)	12/28/25
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	12/28/25
F05.	Delirium due to known physiological condition	12/28/25
E78.5	Hyperlipidemia unspecified	12/28/25
M47.817	Spondyls w/o myelopathy or radiculopathy lumbosacr region	12/28/25
M19.90	Unspecified osteoarthritis unspecified site	12/28/25
H91.90	Unspecified hearing loss unspecified ear	12/28/25
R33.9	Retention of urine unspecified	12/28/25
K59.00	Constipation unspecified	12/28/25
Z85.828	Personal history of other malignant neoplasm of skin	12/28/25
Z86.19	Personal history of other infectious and parasitic diseases	12/28/25
Z91.81	History of falling	12/28/25

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

Gabapentin - Gabapentin 100 MG Capsule by mouth every 8 hours Capsule 100 MG Give 100 mg by mouth every 8 hours for neuropathy
Atorvastatin - Atorvastatin Calcium 40 MG Oral Tablet ,take 1 tablet by mouth at bedtime Oral Tablet 40 MG (Atorvastatin Phone Calcium) Give 1 tablet by mouth at bedtime for HLD
Lisinopril - Lisinopril 20 mg 20mg by mouth once a day HTN
Fenofibrate - Fenofibrate 160 mg 160mg by mouth once a day Prostate
Metoprolol Tartrate - Metoprolol Tartrate 50 mg 50mg by mouth twice a day heart rate
Spironolactone - Spironolactone 25 mg 1/2 tab 12.5mg by mouth once a day
Iron - Ferrous Sulfate: Folic Acid 65mg by mouth once a day supplement
Vit D - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000u by mouth once a day supplement
Vit B12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox tab by mouth once a day supplement
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox tab by mouth once a day supplement
Hearing aid - - as necessary
Pantoprazole - Pantoprazole Sodium 40 mg 1 tablet by mouth in the morning GERD
Melatonin - Melatonin 2 tablet (6mg) by mouth at bedtime Sleep

14. DME and Supplies:
bath bench

15. Safety Measures:
supervision at all times, bathroom safety, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
low cholesterol, low sodium,

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: No

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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans
patient will be responsible for managing treatment
family/caregiver 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.

Clinical Condition Requiring Homecare:
The patient is a 91-year-old male with a primary diagnosis of subdural hematoma related to a history of falls, resulting in the need for supervision for safety, fall prevention, and safe ambulation and creating a taxing effort to leave the home, consistent with homebound status. He resides in the home with his wife and a caregiver, with his daughter and son-in-law highly involved in his care and present for the start-of-care visit. Past medical history is significant for dementia, hypertension, hyperlipidemia, and recurrent falls. On assessment, the patient was appropriately dressed for the weather, cooperative, and able to respond to questions appropriately. He was able to state the day of the week as well as the current month and year, and he endorsed forgetfulness but reported he is not bothered by it. The patient is hard of hearing and reports he has hearing aids but does not routinely wear them; he wears eyeglasses with corrective lenses. No open wounds were noted. He denied pain, denied shortness of breath, and lung sounds were clear to auscultation. No abnormal bleeding was reported. Gastrointestinal assessment was benign with positive bowel sounds; the patient reported a recent bowel movement (reported as yesterday in one report and two days prior in another), and he denied dysuria or urinary discomfort. The patient ambulates room-to-room within the home and at times uses furniture for support during sit-to-stand and ambulation, indicating ongoing safety concerns and fall risk despite no falls reported since discharge from rehabilitation. Medications were reviewed with the patient and caregivers for understanding; the wife previously assisted with medication management as well as household and instrumental activities of daily living. Consents were signed by the patient. Current functional status reflects independence with basic self-care, functional transfers, and functional ambulation; however, the patient is functioning overall at a supervision level for self-care, transfers, and ambulation due to fall risk and gait safety concerns. Occupational therapy evaluation determined that no skilled OT services are indicated at this time given the patient's current functional level. Skilled physical therapy is anticipated to be beneficial to address gait deficits, promote safer ambulation strategies, and reduce fall risk. Skilled nursing, physical therapy, and home health aide services were ordered, with family reporting that home health aide support may not be required; the plan of care will focus on continued monitoring of neurological and cardiopulmonary status, reinforcement of fall prevention strategies and safe mobility techniques (including consistent use of appropriate support rather than furniture walking), and ongoing medication education to support safe recovery and prevent complications or rehospitalization.
 Date of Order <span

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 12/28/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Oluwakemi Ajide
4920 Campbell Blvd
Baltimore, MD 21236
PHONE: 410-933-7600 FAX: 410-933-7666 NPI: 1184919151

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 : 12/18/2025

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.

Home Health Certification and Plan of Care

Order ID: 1150/15111

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
48170842	12/28/2025	From: 12/28/2025 To: 02/25/2026	20855	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Charles Cuzzart 1930 Walnut Ave, DUNDALK, MD 21222- 410-284-2087	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

style="font-size: 14px;">12/28/2025 Orders Physician Face-to-Face Date: 12/18/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's 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 OT Eval Notes: Physician Ajide , Oluwakemi

SN Careplans

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

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

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, abn cholesterol > 200 mg/dL, abnormal blood pressure, limited endurance, balance deficit, B0200 - Hearing Deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange preparation of missing meals, coordinate/arrange home modifications for hearing impaired, i.e. alarms

TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, 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, * low cholesterol dietary guidelines, related medication(s) purpose, schedule, * 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, * 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 medic, * 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, * how to keep home safe for hearing-impaired including installing special fire-detector/C O2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: Not to back to the hospital

GOALS
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
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low cholesterol dietary guidelines
* 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 medic

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* 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 medicatio

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
* 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

meal preparation is available to patient for all meals

OT Careplans

OT WK1: 8 (12/28/25-01/03/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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 - 05. Setup or clean-up assistance, GG0130C1 - Toileting Hygiene - 05. Setup or clean-up assistance, GG0130A1 - Eating - 06. Independent

PROCEDURES: Medication Review : Medication reviewed with patient and caregiver. All medications noted in the home., incentive spirometer, equipment training, work simplification/energy conservation

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition

OT Goals

PATIENT-STATED GOAL: I am already taking A 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

Oral Hygiene - 05. Setup or clean-up assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/28/2025

Home Health Certification and Plan of Care

Order ID: 1150/15111

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
48170842	12/28/2025	From: 12/28/2025 To: 02/25/2026	20855	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Charles Cuzzart 1930 Walnut Ave, DUNDALK, MD 21222- 410-284-2087	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medicatio, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent

Toileting Hygiene - 05. Setup or clean-up assistance

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

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

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/28/2025