

Home Health Certification and Plan of Care				Order ID: 1150/15185		
1. Patient s HI claim No.		2. Start Of Care Date	3. Certification Period		4. Medical Record No.	5. Provider No.
4NJ0C26XN36		12/18/2025	From: 12/18/2025 To: 02/15/2026		20581	217058
6. Patient's Name and Address Anthony Cook 22 Richmar Rd Apt J1, OWINGS MILLS, MD 21117- 443-422-0637				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 06/16/1989 9.Sex Male				10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD G80.9	Principal Diagnosis Cerebral palsy unspecified		Date 12/18/25	Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg orla tablet,Take 2 tablet by mouth every 4 hours as needed for pain		
13. ICD J96.01 E11.65 I11.0 I50.84 I50.43 S91.105D I42.9 E78.5 D50.9 M54.16 G89.29 F17.210 E66.01 Z68.42 Z79.82 Z79.84 Z79.891	Other Pertinent Diagnoses Acute respiratory failure with hypoxia Type 2 diabetes mellitus with hyperglycemia Hypertensive heart disease with heart failure End stage heart failure Acute on chronic combined systolic and diastolic hrt fail Unsp opn wnd left lesser toe(s) w/o damage to nail subs Cardiomyopathy unspecified Hyperlipidemia unspecified Iron deficiency anemia unspecified Radiculopathy lumbar region Other chronic pain Nicotine dependence cigarettes uncomplicated Morbid (severe) obesity due to excess calories Body mass index [BMI] 45.0-49.9 adult Long term (current) use of aspirin Long term (current) use of oral hypoglycemic drugs Long term (current) use of opiate analgesic		Date 12/18/25 12/18/25 12/18/25 12/18/25 12/18/25 12/18/25 12/18/25 12/18/25 12/18/25 12/18/25 12/18/25 12/18/25 12/18/25 12/18/25 12/18/25 12/18/25 12/18/25 12/18/25	Sennosides - Senna 8.6mg orla tablet,Take 2 tablet by mouth at bedtime for bowel regimen hold for losse stool Nystatin - Nystatin 100000 units/gm topical once a day for rush until Furosemide - Furosemide 80mg oral tablet,Take 1 tablet by mouth twice a day for chf Carvedilol - Carvedilol 6.25mg oral tablet,Take 1 tablet by mouth twice a day for HTN hold for sbp less than 110 and hr less than 60 sodium chloride 1 gm oral tablet,Take 1 tablet by mouth twice a day for hyponatremia Glucagon - Glucagon Hydrochloride inject 1 ml intravenous as necessary intramuscularly as needed fr hypoglycemia less than 60 and unconscious or unresponsive and call md Farxiga - Dapagliflozin Propanediol 10mg oral tablet,Take 1 tablet by mouth once a day for diabetes Docusate Sodium - Docusate Sodium 100mg Take 1 capsule by mouth twice a day for bowel regimen Gabapentin - Gabapentin 600mg oral tablet,Take 1 tablet by mouth every 8 hours as needed for neuropathic pain Gabapentin - Gabapentin 300mg oral capsule by mouth at bedtime for neuropathic pain related to pain in left foot (m79.672) for 30days Atorvastatin - Atorvastatin Calcium 20 mg tablet,Take 1 tablet by mouth at bedtime for high cholesterol dietary managment 15 gm oral packet,take 2 packet by mouth twice a day for supplement given in 6-8 ounces of luids eplerenore 25mg oral tablet,Take 1 tablet by mouth once a day for CHF/HTN enalapril 10mg oral tablet ,Take 1 tablet by mouth once a day for hypertension hold is bp is lower than 110/60		
14. DME and Supplies: wound care supplies, bath bench, wheelchair				15. Safety Measures: infectious material management, fall precautions, diabetic precautions, medication safety, wheelchair precautions, bathroom safety		
16. Nutrition: low sodium, diabetic				17. Allergies: no known allergies		
18.A. Functional Limitations Ambulation, Endurance				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: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes						
20. Prognosis: fair						
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 family/caregiver will be responsible for managing treatment		
Homebound status: Due to diagnosis of Cerebral palsy 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:	<p class="MsoNoSpacing">The patient is a 36-year-old male with a significant past medical history including cerebral palsy, type 2 diabetes mellitus, acute respiratory failure, hyperlipidemia, cardiomegaly, morbid obesity, and multiple additional comorbidities. He was admitted to home health services for skilled wound care of a diabetic ulcer on the left great toe and for physical and occupational therapy to address impaired mobility and self-care deficits. On assessment, the patient was alert and oriented 4 and reported severe pain (10/10) at the left great toe wound, while denying shortness of breath or chest pain. He resides with his mother in a third-floor apartment and reports significant difficulty with stair negotiation, requiring seated descent and step-by-step ascent. Although the patient reports independence with bathing, his mother indicates he requires assistance. Wound assessment revealed necrotic tissue centrally with light pink to beefy red tissue at the edges, discoloration of surrounding toes, and +2 to +3 edema of the left foot; pulses were faint but palpable with delayed capillary refill. The right lower extremity showed trace to +1 edema with intact skin. The wound was measured, photographed, and redressed using a wet-to-dry technique due to limited supplies; additional wound care supplies were ordered, and the patient and caregiver were encouraged to request a podiatry referral. Physical therapy evaluation noted decreased bilateral lower extremity strength (3-/5 MMT), need for contact guard assistance with transfers and short-distance ambulation, and altered gait with weight bearing limited to the left heel due to wounds. Occupational therapy evaluation identified recent prolonged hospitalization and rehabilitation stay, current wheelchair use, need for adaptive equipment for bathing, and safety concerns with ADLs; education was provided to the patient and mother, and continued skilled OT was recommended to improve independence, safety, and functional performance.</o:p></o:p></p> <p class="MsoNoSpacing">12/18/2025</o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 12/15/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Cerebral palsy unspecified Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</o:p></o:p></p> <p class="MsoNoSpacing"> 1 - SOC - SN Notes: PT Eval Notes: OT Eval Notes:</o:p></o:p></p> <p class="MsoNoSpacing">Physician: Roggen, David</p>					
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 12/18/2025					25. Date HHA Received Signed P0T	
24. Physician's Name and Address David Roggen 4000 Old Court Rd Pikesville, MD 21208 PHONE: 4106530000 FAX: 14106535531 NPI: 1992713622				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 : 12/15/2025		
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. PAGE 1 of 3		

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SN Careplans SN WK1: 1 (12/18/25-12/20/25) ,WK2: 2 (12/21/25-12/27/25) 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: 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 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: D0160 - Depression, Home Safety, Home Safety, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, D0700 - Social Isolation, M2102c - Med Admin, M1400 - Dyspnea, weak pulses in feet, dependent edema, abnormal blood pressure, swelling in the arms/legs, M1610 - Urinary Incontinence, limited strength, limited endurance, muscle weakness, swelling of affected area, balance deficit, Pain Interference with ADLs, Pain Effect on Sleep, rough/scaly/cracked skin, swell/redness surround. skin, open sores/lesions, #1 - Other - Other - Left Greater Toe - PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: To left great to wound, Wrap toe with fluffed moistened Dakins gauze, ABD pad, and wrap with kerlix gauze. Change Daily., bladder training, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for maintenance of clean/uncluttered living area TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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's enviroment has adequate stairs railings, patient's living environment is clean/uncluttered, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence	SN Goals PATIENT-STATED GOAL: "I want my toe to heal and this pain to go away!" 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 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 * 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 * 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/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 * 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 achieve wound healing including cleaning and dressing wound * position changes * skin care * diet modification * record wound measurements * recalls related medication(s) purpose, schedule patient/caregiver recalls * urinary incontinence management including bladder training * Kegel exercises * skin care * recalls related medication(s) purpose, schedule patient/caregiver recalls * strategies to increase socialization * recalls related medication(s) purpose, schedule patient's enviroment has adequate stairs railings patient's living environment is clean/uncluttered patient self-administers medications as prescribed * 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
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PT Careplans	PT Goals
Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/18/2025

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OWINGS MILLS, MD 21117-			Owings Mills, MD 21117-8284		
443-422-0637			410-321-8448		
			1487113239		
PT WK2: 1 (12/21/25-12/27/25)			PATIENT-STATED GOAL: To be able to walk without pain		
PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 Dyspnea, 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. 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			GOALS		
PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, cough/deep breathing exercises, gait training/stair training, transfers training			patient/caregiver recalls		
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, Toilet Transfer - 05. Setup or clean-up 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, 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, Car Transfer - 06. Independent, Chair to Bed to Chair - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Medication Review			* 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		
			Toilet Transfer - 05. Setup or clean-up assistance		
			Car Transfer - 06. Independent		
			Chair to Bed to Chair - 05. Setup or clean-up 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		
			1 - Step (curb) - 04. Supervision or touching assistance		
			4 Steps - 04. Supervision or touching assistance		
			12 Steps - 04. Supervision or touching assistance		
			Medication Review		
			Picking Up Object - 04. Supervision or touching assistance		
			Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance		
OT Careplans			OT Goals		
OT WK2: 1 (12/21/25-12/27/25)			PATIENT-STATED GOAL: to take a shower		
PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene - 03. Partial/moderate assistance, GG0130F1 - Upper Body Dressing - 03. Partial/moderate assistance, GG0130G1 - Lower Body Dressing - 03. Partial/moderate assistance, GG0130H1 - Don/Doff Footwear - 03. Partial/moderate assistance, GG0130E1 - Shower/Bathe Self - 03. Partial/moderate assistance, GG0130C1 - Toileting Hygiene - 03. Partial/moderate assistance, GG0130A1 - Eating - 06. Independent			GOALS		
PROCEDURES: equipment training, work simplification/energy conservation, therapeutic exercises, cough/deep breathing exercises, transfers training			patient/caregiver recalls		
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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent			* 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		
			Oral Hygiene - 06. Independent		
			Toileting Hygiene - 06. Independent		
			Shower/Bathe Self - 04. Supervision or touching assistance		
			Lower Body Dressing - 06. Independent		
			Don/Doff Footwear - 06. Independent		
			Eating - 06. Independent		

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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