Home Health Certification and Plan of Care

Order ID: 1150/15211

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7VX6XT8FF61	12/20/2025	From: 12/20/2025 To: 02/17/2026	20602	217058

6. Patient's Name and Address
Tracey Cooper
30 Cedar Knoll Road,
COCKEYSVILLE, MD 21030-
443-278-3256

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 04/26/1975 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G35.D	Multiple sclerosis unspecified	12/20/25

13. ICD	Other Pertinent Diagnoses	Date
N39.0	Urinary tract infection site not specified	12/20/25
I10.	Essential (primary) hypertension	12/20/25
E11.9	Type 2 diabetes mellitus without complications	12/20/25
N31.9	Neuromuscular dysfunction of bladder unspecified	12/20/25
F32.A	Depression unspecified	12/20/25
G47.00	Insomnia unspecified	12/20/25
R32.	Unspecified urinary incontinence	12/20/25
Z79.82	Long term (current) use of aspirin	12/20/25
Z99.3	Dependence on wheelchair	12/20/25

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

Baclofen - Baclofen 10 MG tablet,Take 20 mg oral tablet by mouth four times a day 20 mg, Oral, 4 times daily, 0600,1200,1700,2300
Trazodone - Trazodone Hydrochloride Take 50mg tablet by mouth at bedtime Take 50 mg by mouth nightly as needed for Sleep.
Aspirin - Aspirin Take 81mg tablet by mouth at bedtime 81 MG chewable tablet
Take 81 mg by mouth nightly.
Celexa - Citalopram Hydrobromide Take 40 mg oral tablet by mouth once a day 40 mg, Oral, 1 time daily, 0600
Dantrium - Dantrolene Sodium Take 50 mg capsule by mouth three times a day 50 mg, 3 times daily 0600,1400,2300
Lyrica - Pregabalin Take 150mg oral capsule by mouth twice a day 150 mg, 2 times daily 1400,2300
sulfamethoxazole-trimethoprim 0800- 160 MG tablet Take 1 tablet by mouth twice a day 800- 160 MG tablet Take 1 tablet by mouth 2 times daily for 7 days.

14. DME and Supplies:
wheelchair

15. Safety Measures:
wheelchair precautions, emergency phone # clearly displayed, standard precautions, medication safety, fall precautions

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted
Wheelchair

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: 0. Never, 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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Multiple sclerosis 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 50-year-old male with a past medical history significant for multiple sclerosis (MS), diabetes mellitus, and bipolar disorder who resides with his wife (and two children) in a single-level home, remaining primarily on the first floor. He is alert and oriented and was referred for home health services following hospitalization for altered mental status and a urinary tract infection. The patient is wheelchair-bound and has been non-ambulatory for approximately 15 years, using a condom catheter connected to an overnight drainage bag. He was ordered physical therapy, occupational therapy, and medical social work services. Physical therapy evaluation revealed a recent functional decline related to discontinuation of daytime exercises after his wife returned to work, resulting in increased lower-extremity spasticity, tone, and weakness. The patient demonstrates decreased bilateral lower-extremity strength (approximately 2-/5 MMT) with intermittent spasms during movement, requires moderate assistance for bed mobility and transfers, but is independent with wheelchair mobility. He was instructed in an initial home exercise program consisting of seated lower-extremity therapeutic exercises with self-assisted ankle dorsiflexion and hip flexion using a strap. Skilled physical therapy is indicated to improve strength, balance, safety, and independence with functional mobility to facilitate return to prior level of function. Occupational therapy evaluation identified deficits in activities of daily living, functional mobility, activity tolerance, fine motor coordination, and upper-body strength, and the patient would benefit from skilled OT services for ADL training, adaptive equipment use, functional mobility training, home exercise program instruction, fine motor coordination, and safety education.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 12/20/2025<o:p></o:p> Physician Face-to-Face Date: 12/16/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat msw & hha-adl's dx: Multiple sclerosis 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>
 1 - SOC - SN Notes:<o:p></o:p> PT Eval Notes:
 OT Eval Notes:<o:p></o:p> Physician: Tia, Iddrisu

SN Careplans

SN WK1: 1 (12/20/25-12/20/25) ,WK3: 1 (12/28/25-01/03/26) ,WK4: 1 (01/04/26-01/10/26) ,WK5: 1 (01/11/26-01/17/26)

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: 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

SN Goals

PATIENT-STATED GOAL: I want to get stronger

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
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 12/20/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Iddrisu Tia
108 Marburth Ave
Towson , MD 21286
PHONE: 410-847-3000 FAX: NPI: 1093337388

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 : 12/16/2025

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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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, M2020 - Oral Med Management, Home Safety, M1400 - Dyspnea, M1600 - UTI, M1610 - Urinary Incontinence, limited range of motion, muscle weakness, poor muscle tone, muscle spasms, limited strength, weak hand grips

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, coordinate/arrange for maintenance of clean/uncluttered living area

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 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, * 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, schedule remedies, * 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 manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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, patient's living environment is clean/uncluttered

* 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, schedule remedies

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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing and prevent constipation

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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

PT Careplans

PT WK4: 1 (01/04/26-01/10/26) ,WK5: 1 (01/11/26-01/17/26) ,WK6: 1 (01/18/26-01/24/26) ,WK7: 1 (01/25/26-01/31/26) ,WK8: 1 (02/01/26-02/07/26) ,WK9: 1 (02/08/26-02/14/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 Dyspnea, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, cough/deep breathing exercises, transfers training

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 - 03. Partial/moderate assistance, Car Transfer - 01. Dependent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Medication Review

PT Goals

PATIENT-STATED GOAL: To be able to move his legs without spasms

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 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 - 03. Partial/moderate assistance

Car Transfer - 01. Dependent

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Medication Review

OT Careplans

OT Goals

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/20/2025

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OT WK1: 6 (12/20/25-12/20/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, 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: cough/deep breathing exercises, 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 - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate 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

PATIENT-STATED GOAL: To be able to use my arms better

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 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 - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate 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

MSW Careplans	MSW Goals
MSW WK2: 1 (12/21/25-12/27/25) ,WK3: 1 (12/28/25-01/03/26) PROBLEMS IDENTIFIED ON ASSESSMENT: B1000 - Vision Deficit, A1250 - Lack of Necessary Transportation, D0700 - Social Isolation	

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/20/2025