Home Health Certification and Plan of Care

Order ID: 1150/15218

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8CM6AK1XF62	12/29/2025	From: 12/29/2025 To: 02/26/2026	20781	217058

6. Patient's Name and Address

Robert Merz
5603 Everhurst Rd,
Baltimore, MD 21209-
443-934-4390

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 11/03/1954 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S62.347D	Nondisp fx of base of fifth metacarpal bone left hand 7thD	12/29/25

13. ICD	Other Pertinent Diagnoses	Date
G20.C	Parkinsonism unspecified	12/29/25
G30.9	Alzheimer's disease unspecified	12/29/25
F02.82	Dem in other dis classd elswhr unsp sev with psych distrb	12/29/25
F02.83	Dem in other dis classd elswhr unsp sev with mood distrb	12/29/25
F32.A	Depression unspecified	12/29/25
S22.42XD	Multiple fx of ribs left side subs for fx w routn heal	12/29/25
I10.	Essential (primary) hypertension	12/29/25
I48.0	Paroxysmal atrial fibrillation	12/29/25
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	12/29/25
N13.8	Other obstructive and reflux uropathy	12/29/25
K59.00	Constipation unspecified	12/29/25
G89.29	Other chronic pain	12/29/25
G43.909	Migraine unsp not intractable without status migrainosus	12/29/25
J45.30	Mild persistent asthma uncomplicated	12/29/25
H05.89	Other disorders of orbit	12/29/25
Z91.81	History of falling	12/29/25
Z79.891	Long term (current) use of opiate analgesic	12/29/25

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

Pyridostigmine Bromide - Pyridostigmine Bromide 60 mg 60mg; 1 tab by mouth once a day
Klor-Con M15 - Potassium Chloride 15meq 15meq; 2 tabs by mouth once a day supplement
Senna - Senna 8.6mg; 2 tabs by mouth three times a day bowel regimen
Amlodipine - Amlodipine Besylate 10mg; oral tablet by mouth once a day blood pressure
Bupropion Hydrobromide - Bupropion Hydrobromide 300mg take 1 tablet by mouth once a day
Morphine - Morphine Sulfate 15 mg take 1 tablet by mouth every 8 hours pain
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg 0.4mg; take 2 tablet by mouth at bedtime BPH
Trazadone - Trazodone Hydrochloride 50MG; 1 TAB by mouth at bedtime
Memantine Hydrochloride - Memantine Hydrochloride 28MG; 1 CAP by mouth at bedtime ALZHEIMER'S
Montelukast Sodium - Montelukast Sodium 10 mg 10MG; 1 TAB by mouth once a day ALLERGIES
Buspirone Hcl - Buspirone Hydrochloride 10MG; 1 TAB by mouth once a day anxiety
Carbidopa And Levodopa - Carbidopa: Levodopa 25 mg;100 mg 25 mg -100 mg oral tablet,take 1 tablet by mouth three times a day PARKINSONISM
Symbicort - Budesonide: Formoterol Fumarate Dihydrate 0.08 mg/inh;0.0045 mg/inh 2 PUFFS inhalant twice a day
Azelastine - Azelastine Hydrochloride 137 mcg inha,0.1% inhalant twice a day
Vilazodone Hydrochloride - Vilazodone Hydrochloride 040MG; 1 TAB by mouth once a day DEPRESSION
Buspirone Hcl - Buspirone Hydrochloride 1 tablet, 15 mg by mouth twice a day Take with 10 mg buspirone for 25 mg twice daily
Amilodipine - Amlodipine Besylate 1 tablet 5 mg by mouth once a day Take with 10 mg for total of 15 mg daily for blood pressure
Propanolol - Hydrochlorothiazide: Propranolol Hydrochloride 0120mg; take 1 tablet by mouth once a day a-fib

14. DME and Supplies:

bath bench, wheelchair, walker, cane

15. Safety Measures:

ambulates with device, walker precautions, , ambulates with assistance, transfer with assist, supervision at all times, remove environmental barriers, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

penicillin

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Wheelchair, Cane, Walker, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, 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!6. Delusional, hallucinatory, or paranoid behavior, 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 Nondisplaced Fracture Of Base Of Fifth Metacarpal Bone, Left Hand, Subsequent Encounter For Fracture With Routine Healing, 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 was admitted to skilled nursing services, with initial refusal of physical and occupational therapy evaluations and home health aide services; however, subsequent PT and OT evaluations were completed. The patient resides in a one-story home with his spouse, who provides assistance with all activities of daily living (ADLs) and instrumental activities of daily living (IADLs) as needed and manages all medications. The patient's past medical history is significant for parkinsonism, Alzheimer's dementia, atrial fibrillation, essential hypertension, asthma, benign prostatic hyperplasia, migraines, chronic pain with spinal rods, a right-sided intraorbital lesion, hallucinations, and a history of repeated falls. The patient is a 70-year-old male who was recently hospitalized following a fall that resulted in a left fifth metacarpal head fracture and has also sustained a prior left wrist fracture approximately 2.5 months ago, for which he has since been discharged home after rehabilitation and reports no current lifting restrictions. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert and oriented to person and place (A&O 2) but noted to be forgetful. He reported left hand pain, with last pain medication taken at 9:00 AM, and exhibited trace swelling to the left hand. He denied shortness of breath,

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/29/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Robert Habicht
1734 York Rd
Timonium, MD 21093
PHONE: 410-252-2273 FAX: 14432755941 NPI: 1982735908

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: 1150/15218

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8CM6AK1XF62	12/29/2025	From: 12/29/2025 To: 02/26/2026	20781	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Robert Merz 5603 Everhurst Rd, Baltimore, MD 21209- 443-934-4390	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

with lungs clear to auscultation throughout. The patient reported a good appetite, with last bowel movement occurring the day prior. Vital signs were stable per visit, and no acute cardiopulmonary distress was observed. The patient ambulates using a rolling or standard walker with one-person standby assistance or contact guard assistance for safety, demonstrating decreased strength, measured at approximately 3/5 manual muscle testing in both lower extremities, along with limited step length and a slight shuffling gait. Transfers and short-distance ambulation require assistance due to impaired balance and strength, increasing fall risk. The skilled nurse completed a comprehensive medication review with the spouse, including medication names, dosages, frequencies, and pertinent side effects, confirming that the spouse is responsible for medication administration. Physical therapy evaluation determined that, prior to hospitalization, the patient ambulated with either no assistive device or a standard walker under supervision; currently, he demonstrates a decline in functional mobility and would benefit from skilled physical therapy to improve lower extremity strength, balance, gait mechanics, and overall safety in order to return toward his prior level of function. Occupational therapy evaluation identified ongoing pain and decreased range of motion in the left wrist, with active wrist flexion approximately 30 degrees, extension approximately 10 degrees, and pronation/supination grossly 50%, impacting independence with dressing and bathing. The spouse currently assists with these tasks. The patient would benefit from skilled occupational therapy services to address therapeutic exercise, establishment and progression of a home exercise program, ADL retraining, functional mobility training, and safety and fall prevention strategies. The plan of care includes continued skilled nursing for ongoing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, medication management education, and monitoring of pain and functional status; initiation of skilled physical therapy to address strength, balance, gait, and fall prevention; and skilled occupational therapy per recommended frequency to improve upper extremity function, ADL performance, and home safety. The overall goal is to maximize patient safety, reduce fall risk, and improve functional independence within the home environment with continued caregiver support.
 Date of Order 12/29/2025 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 due to Nondisplaced Fracture Of Base Of Fifth Metacarpal Bone, Left Hand, Subsequent Encounter For Fracture With Routine Healing 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: PT Eval Notes:
 Physician Habicht, Robert

SN Careplans

SN WK1: 1 (12/29/25-01/03/26) ,WK2: 1 (01/04/26-01/10/26)

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), 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: M1700 - Cognition, M1745 - Behavioral Issues, D0160 - Depression, M2020 - Oral Med Management, Home Safety, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, limited range of motion, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, weak hand grips, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, 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, * 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, * 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, * how to keep home safe for patient with dementia coping strategies for the caregiver, 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, * 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, * 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: TO GET STRONGER AND STAY HOME

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 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
* how to keep home safe for patient with dementia
* coping strategies for the caregiver
* 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) purpos

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 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
* 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

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/29/2025

Home Health Certification and Plan of Care

Order ID: 1150/15218

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8CM6AK1XF62	12/29/2025	From: 12/29/2025 To: 02/26/2026	20781	217058

6. Patient's Name and Address
Robert Merz
5603 Everhurst Rd,
Baltimore, MD 21209-
443-934-4390

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

* 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

patient's living environment is clean/uncluttered

meal preparation is available to patient for all meals

PT Careplans

PT 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) ,WK6: 1 (02/01/26-02/07/26) ,WK7: 1 (02/08/26-02/14/26) ,WK8: 1 (02/15/26-02/21/26) ,WK9: 1 (02/22/26-02/23/26)

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, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * 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, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, 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, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Medication Review

PT Goals

PATIENT-STATED GOAL: To be able to walk safely

GOALS
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

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

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

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Medication Review

OT Careplans

OT WK1: 1 (12/29/25-01/03/26) ,WK2: 2 (01/04/26-01/10/26) ,WK3: 2 (01/11/26-01/17/26) ,WK4: 1 (01/18/26-01/24/26) ,WK5: 1 (01/25/26-01/31/26) ,WK6: 1 (02/01/26-02/07/26) ,WK7: 1 (02/08/26-02/14/26) ,WK8: 1 (02/15/26-02/21/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, GG0130B1 - Oral Hygiene - 05. Setup or clean-up assistance, GG0130F1 - Upper Body Dressing - 05. Setup or clean-up 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 - 05. Setup or clean-up assistance, GG0130A1 - Eating - 05. Setup or clean-up assistance

PROCEDURES: heat application, therapeutic exercises, work simplification/energy conservation, strengthening 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance,

OT Goals

PATIENT-STATED GOAL: to be able to use my hand

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 - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
12/29/2025

Home Health Certification and Plan of Care

Order ID: 1150/15218

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8CM6AK1XF62	12/29/2025	From: 12/29/2025 To: 02/26/2026	20781	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Robert Merz 5603 Everhurst Rd, Baltimore, MD 21209- 443-934-4390	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent	Don/Doff Footwear - 06. Independent Eating - 06. Independent Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/29/2025