# Home Health Certification and Plan of Care

**Order ID: 1150/15281**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 97209378 | 01/03/2026 | From: 01/03/2026 To: 03/03/2026 | 21007 | 217058 |

**6. Patient's Name and Address**

Xing Wang
1267 SLEEPY HOLLOW RD,
SEVERN, MD 21144-
410-206-8834

**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** 07/10/1944 | **9.Sex** Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| J69.0 | Pneumonitis due to inhalation of food and vomit | 01/03/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| J96.01 | Acute respiratory failure with hypoxia | 01/03/26 |
| G20.A1 | Parkinson's dis w/o dyskinesia w/o mention of fluctuations | 01/03/26 |
| C16.9 | Malignant neoplasm of stomach unspecified | 01/03/26 |
| I25.10 | Athscl heart disease of native coronary artery w/o ang pctrs | 01/03/26 |
| E11.9 | Type 2 diabetes mellitus without complications | 01/03/26 |
| E87.1 | Hypo-osmolality and hyponatremia | 01/03/26 |
| I95.9 | Hypotension unspecified | 01/03/26 |
| E43. | Unspecified severe protein-calorie malnutrition | 01/03/26 |
| N40.0 | Benign prostatic hyperplasia without lower urinry tract symp | 01/03/26 |
| K21.9 | Gastro-esophageal reflux disease without esophagitis | 01/03/26 |
| Z43.1 | Encounter for attention to gastrostomy | 01/03/26 |
| Z99.81 | Dependence on supplemental oxygen | 01/03/26 |
| Z86.16 | Personal history of COVID-19 | 01/03/26 |

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

Sodium Chloride - Sodium Chloride 1 g, Tablet PEG TUBE twice a day 1 g, 2 times daily with meals
Proamatine - Midodrine Hydrochloride 5 mg, Per G Tube PEG TUBE as necessary 5 mg, Per G Tube, APPLY AS DIRECTED, 7.5 mg morning and afternoon, 5 mg at night.
Sinemet - Carbidopa: Levodopa 25-100 MG, 2 tablets PEG TUBE three times a day 2 tablets, Per G Tube, 3 times daily PARKINSON'S
Vitamin B-1 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 100 mg, Tablet PEG TUBE once a day 100 mg, Oral, 1 time daily
Vitamin C - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000MG; 1 TAB PEG TUBE once a day SUPPLEMENT
Vitamin D-3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 5000u (1Tablet) by mouth once a day

**14. DME and Supplies:**

hospital bed, urinary/catheter supplies, wheelchair, walker, commode, bath bench

**15. Safety Measures:**

wheelchair precautions, , , ambulates with device, walker precautions, , aspiration precautions, ambulates with assistance, transfer with assist, supervision at all times, activity supervision

**16. Nutrition:**

gastrostomy, PEPTAMEN 5 CANS A DAY WITH WATER FLUSHES

**17. Allergies:**

reglan

**18.A. Functional Limitations**

Endurance, Bowel/Bladder Incontinence, Ambulation

**18.B. Activities Permitted**

Up As Tolerated, Walker, Exercises Prescribed, Wheelchair

**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, HISTORY OF DEPRESSION: No

**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 Pneumonitis Due To Inhalation Of Food And Vomit , 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 an 81-year-old Chinese-speaking male recently admitted to the hospital due to increased confusion, diaphoresis, and coughing, and was diagnosed with pneumonia. He is currently being treated with vancomycin and amoxicillin/clavulanate potassium administered twice daily for a five-day course. Past medical history is significant for Parkinson's disease, gastric cancer status post gastrostomy tube placement, chronic hyponatremia managed with salt tablets, chronic hypotension requiring midodrine, benign prostatic hyperplasia, coronary artery disease, type 2 diabetes mellitus, gastroesophageal reflux disease, osteoarthritis, and a history of falls. Nutritional needs are met via a left upper quadrant PEG tube with Peptamen 1.5 formula, administered at five cans per day, with 30 mL water flushes before and after each feeding and before and after medication administration. On assessment, the patient was alert and reported mild discomfort at the gastrostomy tube insertion site, as well as some shortness of breath at rest. He was tolerating tube feedings without difficulty, reported a bowel movement on the day of assessment, and the PEG tube site was clean with a dry, intact dressing. Family members provide total assistance with all activities of daily living and instrumental activities of daily living. Per the patient's daughter, the patient is currently able to ambulate only very short distances within the room with maximal assistance. Prior to the recent hospitalization, the patient ambulated within his single-level home using a walker under supervision, with noted episodes of loss of balance posteriorly; he has not fallen in the past two months but has experienced multiple losses of balance and sustained a left arm fracture from a fall in April 2025. Skilled nursing reviewed all medications with the daughter, including dosage, frequency, and pertinent side effects, and provided education on the importance of oral care and maintaining the head of the bed elevated after tube feedings to reduce aspiration risk; the daughter verbalized understanding. Physical therapy evaluation identified abdominal and low back pain, decreased bilateral lower extremity strength, impaired balance, unsteady gait, difficulty with transfers, decreased functional mobility, poor safety awareness, and high fall risk. Due to Parkinson's disease-related generalized weakness, gait instability, and functional decline, the patient is homebound and unable to leave the home without human assistance and the use of an assistive device, as leaving the home poses a significant safety risk. Skilled home health physical therapy is medically necessary to address strength deficits, transfer training, gait and balance impairments, functional mobility, stair negotiation, and safety awareness in order to reduce fall risk, prevent further functional decline, and support a return toward prior level of function, with the plan of care initiated per caregiver agreement and preference for morning <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> when feasible. <br> Date of Order 01/03/2026 <span style="font-size:

**23. Signature and Date of Verbal SOC Where Applicable:**

Electronically Signed by Messick, Charles RN on 01/03/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**

Sharon Chung
7670 Quarterfield Rd
Glen Bernie, MD 21061
PHONE: 410-508-7650 FAX: 1-410-508-7701 NPI: 1295026045

**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 : 12/30/2025

**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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14px;">Orders Physician Face-to-Face Date: 12/30/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Pneumonitis Due To Inhalation Of Food And Vomit Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 1 - SOC - SN Notes: soc OT Eval Notes: PT Eval Notes: <br> Physician Chung, Sharon

## SN Careplans

SN WK1: 1 (01/03/26-01/03/26) ,WK2: 2 (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)

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: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

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; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

; 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: M1700 - Cognition, M1745 - Behavioral Issues, M2020 - Oral Med Management, Home Safety, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, cough/gag/pain chew/swallow, M1610 - Urinary Incontinence, muscle weakness, limited strength, limited endurance, weak hand grips, lethargy

PROCEDURES: cough/deep breathing exercises, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, administer tube feeding: CAREGIVER TO ADMINISTER PEPTAMEN 1.5 ; 5 CANS A DAY; 30CC WATER FLUSHES BEFORE AND AFTER FEEDINGS AND MEDICATION ADMINISTRATION. CAREGIVER INDEPENDENT WITH FEEDING ; PATIENT IS NPO, home exercise program

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 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding

## SN Goals

PATIENT-STATED GOAL: CG GOALS IS FOR PATIENT TO GET BACK STRENGTH AND BE ABLE TO AMBULATE DISTANCE

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 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
* how to incorporate lifestyle modifications to optimize genito-urinary condition including diet
* exercise
* home remedies
* recalls related medication(s) purpose, schedule

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

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

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

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 4 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 01/03/2026 |

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including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize genito-urinary condition including diet exercise home remedies, 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

## PT Careplans

PT WK2: 2 (01/04/26-01/10/26) ,WK3: 2 (01/11/26-01/17/26) ,WK4: 2 (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: 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: cough/deep breathing exercises, home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., gait training/stair training, 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 - 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

## PT Goals

PATIENT-STATED GOAL: To be able to improve mobility, to walk and transfer more safely

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 - 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

## OT Careplans

OT 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)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400 - Dyspnea, 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: Medication Review, home exercises program , 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 - 04. Supervision or touching 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 - 02. Substantial/maximal assistance, Therapeutic exercise , Balance training

## OT Goals

PATIENT-STATED GOAL: Pt to maintain his balance in sitting and while ambulation

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 - 04. Supervision or touching 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 - 02. Substantial/maximal assistance

Therapeutic exercise

| Signature of Physician: | Date |
|---|---|
| | |



| Optional Name/Signature of Nurse/Therapist: | Date |
|---|---|
| Electronically Signed by Messick, Charles RN | 01/03/2026 |

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| | Balance training |
|---|---|
| HHA Careplans<br>HHA 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) | HHA Goals |

| Signature of Physician: | Date |
|---|---|
| | PAGE 4 of 4 |
| Optional Name/Signature of Nurse/Therapist:<br>Electronically Signed by Messick, Charles RN | Date<br>01/03/2026 |