Home Health Certification and Plan of Care

Order ID: 1150/15278

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
49147147	01/03/2026	From: 01/03/2026 To: 03/03/2026	1890	217058

6. Patient's Name and Address
Wayne Gartrell
1207 Redcliffe Rd,
Catonsville, MD 21228-
410-788-3162

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 11/26/1943 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I11.0	Hypertensive heart disease with heart failure	01/03/26

13. ICD	Other Pertinent Diagnoses	Date
I50.23	Acute on chronic systolic (congestive) heart failure	01/03/26
J96.01	Acute respiratory failure with hypoxia	01/03/26
J44.9	Chronic obstructive pulmonary disease unspecified	01/03/26
I26.99	Other pulmonary embolism without acute cor pulmonale	01/03/26
I35.0	Nonrheumatic aortic (valve) stenosis	01/03/26
E11.9	Type 2 diabetes mellitus without complications	01/03/26
M17.12	Unilateral primary osteoarthritis left knee	01/03/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	01/03/26
I82.402	Acute embolism and thombos unsp deep veins of l low extrem	01/03/26
E78.00	Pure hypercholesterolemia unspecified	01/03/26
F32.A	Depression unspecified	01/03/26
F17.210	Nicotine dependence cigarettes uncomplicated	01/03/26
Z79.01	Long term (current) use of anticoagulants	01/03/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	01/03/26

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

Furosemide - Furosemide 40 mg 40mg; 1 tab by mouth once a day fluid pill
Jardiance - Empagliflozin 25mg; one-half tab by mouth once a day DM; HEART FAILURE
Crestor - Rosuvastatin Calcium 20 mg 20mg; 1TAB by mouth once a day CHOLESTEROL
Albuterol Inhaler - Albuterol 90 MCG; 1 PUFF inhalant every 4 hours AS NEEDED FOR SOB
Mucinex - Guaifenesin 1.2gm 1 TAB by mouth once a day THINS/LOOSENS MUCUS
Entresto - Sacubitril: Valsartan 49MG-5MG; ONE-HALF by mouth twice a day HEART FAILURE
Eliquis - Apixaban 5MG; 1 TAB by mouth twice a day BLOOD THINNER PE
Metoprolol Succinate - Metoprolol Succinate eq 50 mg tartrate 25MG; 1 TAB by mouth once a day BLOOD PRESSURE
WIXELA 250MCG-50MG; 1 PUFF inhalant twice a day COPD
Duoneb - Albuterol Sulfate: Ipratropium Bromide 0.5MG/3MG PER 3ML; 3MLS inhalant every 6 hours AS NEEDED FOR SOB
Nicotine - Nicotine 14 mg/24hr 14MG/24 HR; 1 PATCH transdermal once a day SMOKING CESSATION
fluticasone-salmeterol (airduo) 55-14mcg/act, 1 puff inhalant every 12 hours COPD

14. DME and Supplies:
rolling walker, bath bench, walker, commode, cane

15. Safety Measures:
diabetic precautions, , ambulates with device, walker precautions, , ambulates with assistance, supervision at all times, transfer with assist, , activity supervision

16. Nutrition:
diabetic, cardiac diet,

17. Allergies:
lipitor zetia Atirvastatin ezetimibe

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Up As Tolerated, Cane, Walker, Exercises Prescribed

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: 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: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

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

Homebound status: Due to diagnosis of Hypertensive Heart Disease With Heart Failure , 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 83-year-old male recently hospitalized for increased bilateral lower extremity swelling and aspiration pneumonia. His past medical history is significant for congestive heart failure, chronic obstructive pulmonary disease, type 2 diabetes mellitus, acute bilateral pulmonary emboli, lower extremity deep vein thrombosis, aortic stenosis, severe obstructive sleep apnea, hypertension, depression, and dizziness. He resides with his wife in a one-level home, where his spouse and family currently provide assistance with all activities of daily living and instrumental activities of daily living. Skilled nursing services are ordered at a frequency of 1 visit per week for 1 week, then 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> per week for 1 week, then 1 visit per week for 3 weeks, with physical and occupational therapy evaluations ordered; occupational therapy is to assess the need for a home health aide to assist with personal care. On skilled nursing assessment, the patient was alert and oriented to person, place, and time, though noted to be forgetful. He denied shortness of breath; lung sounds were diminished throughout. He reported a good appetite, with last bowel movement occurring on the day of assessment. Bilateral lower extremity weakness was observed, and per spouse report, the patient is unable to ambulate independently. A rolling walker and cane are present in the home. Skilled nursing reviewed all medications with the spouse, including dose, frequency, and pertinent side effects, and provided education on signs and symptoms of bleeding due to anticoagulation; the medication profile is maintained in the home, and the spouse manages all medications and was receptive to education provided. Physical therapy evaluation revealed that prior to hospitalization the patient ambulated without an assistive device but experienced multiple falls, particularly outdoors. Currently, he demonstrates decreased strength with bilateral lower extremity manual muscle testing at approximately 3/5, decreased balance, and impaired functional mobility. He requires minimal assistance for sit-to-stand transfers with verbal cues for limb placement and minimal assistance for short-distance ambulation using a rolling walker from the living room to the dining room. Occupational therapy findings indicate maximal assistance is required for upper body dressing and the patient is dependent for lower body dressing and bathing tasks. Bilateral upper extremity strength is reduced at approximately 3+/5 on manual muscle testing. The patient is considered a high fall risk, with a reported history of six to eight falls within the past year, and is homebound due to weakness, impaired mobility, high fall risk, and the need for assistance and assistive devices for safe ambulation. Skilled physical therapy is medically necessary to address strength deficits, balance impairments, transfer training, gait training, and safety awareness to improve independence and reduce fall risk, while skilled occupational therapy is indicated to address self-care deficits, activity tolerance, and caregiver training, with the overall plan of care focused on maximizing safety and facilitating a return toward prior level of function. <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
Kwame Akoto
1701 Twin Springs Rd
Halethorpe, MD 21227
PHONE: FAX: NPI: 1861536237

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 : 12/28/2025

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;">
 Date of Order 01/03/2026 Orders Physician Face-to-Face Date: 12/28/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, Pt eval and treat, OT eval and treat HHA due to Hypertensive Heart Disease With Heart Failure 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: OT Eval Notes: PT Eval Notes:
 Physician Akoto, Kwame

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: 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; 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, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, lung sounds not clear, limited range of motion, muscle weakness, poor muscle tone, limited strength, limited endurance, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, venipuncture: SN TO OBTAIN BMP AND CBC VIA VENIPUNCTURE WEEK OF 1/4/26. FAX RESULTS DR. KWAME AKOTO.

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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, 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) purpos, * 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, * 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, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: TO BE ABLE TO WALK AND GET STRONGER

GOALS
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
* 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 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
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* 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
* 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

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 (02/22/26-02/28/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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, cough/deep breathing exercises, 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, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet

PT Goals

PATIENT-STATED GOAL: To be able to walk without help

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

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

Signature of Physician:	Date

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

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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

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

OT Careplans

OT WK2: 2 (01/04/26-01/10/26) ,WK3: 2 (01/11/26-01/17/26) ,WK4: 2 (01/18/26-01/24/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene - 03. Partial/moderate assistance, GG0130F1 - Upper Body Dressing - 03. Partial/moderate assistance, GG0130G1 - Lower Body Dressing - 01. Dependent, GG0130H1 - Don/Doff Footwear - 01. Dependent, GG0130E1 - Shower/Bathe Self - 01. Dependent, GG0130C1 - Toileting Hygiene - 01. Dependent, GG0130A1 - Eating - 06. Independent

PROCEDURES: ADLs , Functional ambulation , Patient/caregiver recalls related purpose and schedule of medications: Medication review , cough/deep breathing exercises, therapeutic 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 - 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 - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent, Patient will demonstrate improved bilateral upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks

OT Goals

PATIENT-STATED GOAL: Dress self independently and walk around his home

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

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 - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Patient will demonstrate improved bilateral upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks

Eating - 06. Independent

HHA Careplans

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) ,WK7: 1 (02/08/26-02/14/26)

PROCEDURES: assist with bathing: At the sink or shower, assist with toilet transferring, assist with toileting hygiene, assist with transferring, assist with mobility, assist with infection control, assist with fall prevention, assist with lower body dressing, assist with upper body dressing

HHA Goals

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/03/2026