Home Health Certification and Plan of Care

Order ID: 1150/15257

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
52172658	01/06/2026	From: 01/06/2026 To: 03/06/2026	21080	217058

6. Patient's Name and Address

Cornelius Batten
1700 Meridene Dr Apt 211,
BALTIMORE, MD 21239-
443-562-8756

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 09/30/1942 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J10.1	Flu due to oth ident influenza virus w oth resp manifest	01/06/26

13. ICD	Other Pertinent Diagnoses	Date
J96.01	Acute respiratory failure with hypoxia	01/06/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	01/06/26
N18.9	Chronic kidney disease u	01/06/26
E78.5	Hyperlipidemia unspecified	01/06/26
I48.91	Unspecified atrial fibrillation	01/06/26
G89.29	Other chronic pain	01/06/26
E21.3	Hyperparathyroidism unspecified	01/06/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	01/06/26
R73.03	Prediabetes	01/06/26
Z79.01	Long term (current) use of anticoagulants	01/06/26
Z79.52	Long term (current) use of systemic steroids	01/06/26
Z87.891	Personal history of nicotine dependence	01/06/26
Z86.19	Personal history of other infectious and parasitic diseases	01/06/26

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

Eliquis - Apixaban 2.5 mg, Oral, tablet by mouth twice a day 2.5 mg, Oral, 2 times daily
Zyrtec - Cetirizine Hydrochloride 10 mg, Oral, tablet by mouth once a day 10 mg, Oral, 1 time daily
Folic Acid - Folic Acid take 1 tablet by mouth once a day 1 tablet, Oral, 1 time daily
Pravachol - Pravastatin Sodium 40 mg oral tablet by mouth once a day 40 mg, 1 time daily
Flomax - Tamsulosin Hydrochloride 0.4 mg oral capsule by mouth once a day 0.4 mg, 1 time daily
Vitamin D - Ergocalciferol 25 MCG 1,000 Units, Oral, tablet by mouth once a day 1,000 Units, Oral, 1 time daily
Miralax - Polyethylene Glycol 3350 17 g,packet,Take 1 packet by mouth once a day 17 g, Oral, 1 time daily PRN, Stir and dissolve 1 packet in any 4-8 ounces of non-carbonated beverage
IRON-C PO Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Benzonatate - Benzonatate 100 MG capsule,Take 1 capsule by mouth three times a day 100 MG capsule
Take 1 capsule by mouth 3 times daily.
guaiFENesin SR 600 MG tablet,Take 1 tablet by mouth twice a day 600 MG tablet
Take 1 tablet by mouth 2 times daily for 7 days
Metoprolol Tartrate - Metoprolol Tartrate 50 MG tablet Take 1 tablet by mouth twice a day 50 MG tablet
Take 1 tablet by mouth 2 times daily.
Flonase - Fluticasone Propionate 0.05 mg/spray 50 mcg inhalant as necessary 1 spray per nostril 1x day
Nasacort Allergy 24 Hour - Triamcinolone Acetonide 1 spray per nostril inhalant as necessary Prn otc

14. DME and Supplies:

walker, cane

15. Safety Measures:

bathroom safety, standard precautions, fall precautions, walker precautions, medication safety, anticoagulant precautions, ambulates with assistance

16. Nutrition:

cardiac diet

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Dyspnea With Minimal Exertion

18.B. Activities Permitted

Walker, Cane, Up As Tolerated

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: No

20. Prognosis: good

22. A Rehabilitation Potential:

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

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Influenza due to other identified influenza virus with other respiratory manifestations, 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:

R. Batten is an 83-year-old male with a medical history significant for BPH, hypertension, COPD, CKD, hyperlipidemia, atrial fibrillation, chronic back pain status post L2-L5 spinal fusion, and recent hospitalization for influenza with acute respiratory failure. He was hospitalized from 1/1/26 to 1/2/26 at St. Joseph's Hospital following a fall caused by dizziness and falling out of a chair. The patient lives alone in an elevator-accessible apartment and was previously independent with a rollator and driving. Currently, he is homebound due to the significant effort required to leave the home, as evidenced by a Tinetti score of 16/28. Vital signs include oxygen saturation of 96% on room air, respiratory rate of 19, and blood pressure of 138/94. Lung assessment revealed inspiratory and expiratory wheezing throughout. Functionally, the patient ambulates 40 feet with a rollator under supervision, requires supervision for bed mobility and transfers, and demonstrates deficits in ADLs, functional mobility, activity tolerance, and safety. He tolerates therapeutic exercises in supine and sitting positions. The plan includes skilled nursing visits once weekly for seven weeks to monitor blood pressure and lung status, encouragement of incentive spirometer use, and communication with the physician regarding potential inhaler use for wheezing and shortness of breath. The patient would benefit from continued home physical and occupational therapy to improve strength, functional independence, and safety, with OT recommended at 1 visit per week for 3 weeks focusing on ADL training, adaptive equipment, mobility training, therapeutic exercise, home exercise program, and safety education.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 01/06/2026<o:p></o:p> Physician Face-to-Face Date: 01/02/2026
 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat dx: Influenza due to other identified influenza virus with other respiratory manifestations
 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: Levine, Robert

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/06/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Robert Levine
2391 Greenspring Drive
Timonium, MD 21093
PHONE: 410-847-3000 FAX: 18554160980 NPI: 1417274432

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 : 01/02/2026

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: 1150/15257

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
52172658	01/06/2026	From: 01/06/2026 To: 03/06/2026	21080	217058

6. Patient's Name and Address
Cornelius Batten
1700 Meridene Dr Apt 211,
BALTIMORE, MD 21239-
443-562-8756

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

SN Careplans

SN WK1: 1 (01/06/26-01/10/26) ,WK2: 1 (01/11/26-01/17/26) ,WK3: 1 (01/18/26-01/24/26) ,WK4: 1 (01/25/26-01/31/26) ,WK5: 1 (02/01/26-02/07/26) ,WK6: 1 (02/08/26-02/14/26) ,WK7: 1 (02/15/26-02/21/26) ,WK8: 1 (02/22/26-02/28/26)

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: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, wheezing, coughing, muscle weakness, limited endurance, limited strength

PROCEDURES: MEDICATION REVIEW: Medications reviewed with patient/caregiver , cough/deep breathing exercises, incentive spirometer, coordinate/arrange transportation services: Safe ride set up

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, * 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 transportation needs are met, MEDICATION REVIEW

SN Goals

PATIENT-STATED GOAL: Getting back to baseline,back where I was

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
* 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 transportation needs are met

MEDICATION REVIEW

PT Careplans

PT WK1: 2 (01/06/26-01/10/26) ,WK2: 2 (01/11/26-01/17/26) ,WK3: 2 (01/18/26-01/24/26) ,WK4: 1 (01/25/26-01/31/26) ,WK5: 1 (02/01/26-02/07/26) ,WK6: 1 (02/08/26-02/14/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee flexion, ankle pumps, cough/deep breathing exercises, incentive spirometer, 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, 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, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

PT Goals

PATIENT-STATED GOAL: Be able to get to my car and go shopping

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

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

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

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

OT Careplans

OT Goals

Signature of Physician:

Date

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

Date
01/06/2026

Home Health Certification and Plan of Care

Order ID: 1150/15257

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
52172658	01/06/2026	From: 01/06/2026 To: 03/06/2026	21080	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Cornelius Batten 1700 Meridene Dr Apt 211, BALTIMORE, MD 21239- 443-562-8756	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

OT WK1: 1 (01/06/26-01/10/26) ,WK2: 1 (01/11/26-01/17/26) ,WK3: 1 (01/18/26-01/24/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: cough/deep breathing exercises, incentive spirometer, therapeutic 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

PATIENT-STATED GOAL: to get my strength back

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

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/06/2026