Home Health Certification and Plan of Care

Order ID: 1150/15311

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1JC5YU7UK68	01/07/2026	From: 01/07/2026 To: 03/07/2026	21058	217058

6. Patient's Name and Address

Carroll Price
4616 BLACK ROCK RD,
UPPERCO, MD 21155-
410-259-1424

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 04/02/1947 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I48.91	Unspecified atrial fibrillation	01/07/26

13. ICD	Other Pertinent Diagnoses	Date
S42.001D	Fx unsp part of r clavicle subs for fx w routn heal	01/07/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	01/07/26
I50.30	Unspecified diastolic (congestive) heart failure	01/07/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	01/07/26
N18.1	Chronic kidney disease stage 1	01/07/26
F32.A	Depression unspecified	01/07/26
E78.2	Mixed hyperlipidemia	01/07/26
I25.5	Ischemic cardiomyopathy	01/07/26
I27.20	Pulmonary hypertension unspecified	01/07/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	01/07/26
J44.9	Chronic obstructive pulmonary disease unspecified	01/07/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	01/07/26
F17.210	Nicotine dependence cigarettes uncomplicated	01/07/26
M47.812	Spondylosis w/o myelopathy or radiculopathy cervical region	01/07/26
I45.10	Unspecified right bundle-branch block	01/07/26
E66.9	Obesity unspecified	01/07/26
Z68.23	Body mass index [BMI] 23.0-23.9 adult	01/07/26
Z79.01	Long term (current) use of anticoagulants	01/07/26
Z95.1	Presence of aortocoronary bypass graft	01/07/26
Z91.81	History of falling	01/07/26

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

Acetaminophen - Acetaminophen 500 mg, 2 tablets by mouth three times a day For pain as needed
AEROSPHERE 0160-9- 4.8 MCG/ACT inhalation aerosol,Take 2 puffs inhalant twice a day Take 2 puffs by inhalation 2 times daily.
Eliquis - Apixaban Take 2.5 mg tablet by mouth twice a day Take 2.5 mg by mouth 2 times daily. A fib
Lexapro - Escitalopram Oxalate Take 10 mg tablet by mouth once a day Take 10 mg by mouth daily for depression
Apresoline - Hydralazine Hydrochloride Take 50 mg tablet by mouth twice a day Take 50 mg by mouth 2 times daily for blood pressure
Magnesium - Simethicone 400 mg by mouth at bedtime Take 400 mg by mouth nightly
Nifedipine - Nifedipine 30 mg Take 30 mg tablet by mouth once a day Take 30 mg by mouth daily. Blood pressure
Prilosec - Omeprazole 40 mg Take 40 mg capsule by mouth once a day Take 40 mg by mouth daily gerd
Primidone - Primidone 50 mg 1 tablet by mouth at bedtime Shaky hands
Entresto - Sacubitril: Valsartan 049-51 MG tablet,Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times daily for CHF
Xigduo Xr - Dapagliflozin Propanediol: Metformin Hydrochloride 010-1000 MG TB24,Take 1 tablet by mouth in the morning Take 1 tablet by mouth every morning for DM
Zetia - Ezetimibe 010 MG tablet by mouth at bedtime 10 mg nightly for cholesterol
Albuterol - Albuterol 0Take 2 puffs inhalant every 6 hours Take 2 puffs by inhalation every 6 hours as needed for breathing
Lasix - Furosemide 020 MG tablet,Take 1 tablet by mouth once a day Take 1 tablet by mouth 1 time daily as needed (swelling, shortness of breath or weight gain (>2-3lb over dry weight))
Atrovent - Ipratropium Bromide 0Take 0.5 mg inhalation inhalant every 6 hours Take 0.5 mg by inhalation every 6 hours as needed by nebulizer
Levocetirizine Dihydrochloride - Levocetirizine Dihydrochloride 0Take 5 mg Tablet by mouth at bedtime Take 5 mg by mouth nightly as needed for Other (allergies).
Ozempic 2mg/3mL intramuscular once a week Inject 0.5 mg for DM

14. DME and Supplies:

wheelchair, rolling walker, nebulizer, bath bench, Hemiwalker

15. Safety Measures:

standard precautions, remove environmental barriers, medication safety, fall precautions, emergency phone number prominently displayed, electrical safety measures, diabetic precautions, bathroom safety, anticoagulant precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

penicillin

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Exercises Prescribed, Up As Tolerated, NWB RUE

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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/07/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Jason Day
6701 N Charles St
Towson, MD 21204
PHONE: 4103740808 FAX: 14103740045 NPI: 1033690805

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 : 12/31/2025

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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20. Prognosis: good

22. A Rehabilitation Potential:	22.B.Discharge Plans
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.	patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Unspecified atrial fibrillation, 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:

Start of care was completed for a 78-year-old male with a past medical history significant for congestive heart failure, diabetes mellitus, pulmonary hypertension, hypertension, and atrial fibrillation, who was recently hospitalized following a syncopal fall at home resulting in a right clavicle fracture. Prior to hospitalization, the patient ambulated independently without an assistive device but was limited by shortness of breath and generalized weakness, with a history of multiple falls. Currently, the patient presents with decreased strength, measuring approximately 3-/5 on manual muscle testing in both lower extremities, as well as decreased movement on the right side secondary to soreness from the fall. The patient is non-weight-bearing on the right lower extremity and wears a sling at all times. He requires contact guard to minimal assistance for transfers and short-distance ambulation using a hemiwalker and is unable to negotiate stairs at this time. The patient will benefit from skilled physical therapy services to improve strength, balance, safety, and independence with functional mobility in order to return to his prior level of function.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 01/07/2026<o:p></o:p> Physician Face-to-Face Date: 12/31/2025
 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat dx: Unspecified atrial fibrillation
 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 - PT Notes:<o:p></o:p> Physician: Day, Jason

SN Careplans	SN Goals

PT Careplans	PT Goals
PT WK1: 1 (01/07/26-01/10/26) ,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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 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 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: GG0130B1 - Oral Hygiene, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0170E1 - Chair to Bed to Chair, D0160 - Depression, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M1400 - Dyspnea, dependent edema, limited endurance, limited strength, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit, Pain Effect on Sleep, bruising/discoloration	PATIENT-STATED GOAL: To be able to walk without a walker 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 * 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 self-administers medications as prescribed * recalls related medication(s) purpose, schedule Chair to Bed to Chair - 05. Setup or clean-up assistance Sit to Stand - 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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/07/2026

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PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, gait training/stair training, transfers training, teach/coordinate/arrange medication packaging and/or administration

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, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, 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, 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

Car Transfer - 06. Independent

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

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

Signature of Physician:	Date
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