Home Health Certification and Plan of Care

Order ID: 1150/15370

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
46109415	01/09/2026	From: 01/09/2026 To: 03/09/2026	21105	217058

6. Patient's Name and Address

William Ledford
504 Mace Ave,
ESSEX, MD 21221
443-834-8667

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 07/27/1940 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E87.1	Hypo-osmolality and hyponatremia	01/09/26

13. ICD	Other Pertinent Diagnoses	Date
E22.2	Syndrome of inappropriate secretion of antidiuretic hormone	01/09/26
J10.08	Influenza due to oth ident influenza virus w oth pneumonia	01/09/26
J15.9	Unspecified bacterial pneumonia	01/09/26
I10.	Essential (primary) hypertension	01/09/26
I48.91	Unspecified atrial fibrillation	01/09/26
E78.5	Hyperlipidemia unspecified	01/09/26
J45.20	Mild intermittent asthma uncomplicated	01/09/26
M50.30	Other cervical disc degeneration unsp cervical region	01/09/26
M51.35	Other intervertebral disc degeneration thoracolumbar region	01/09/26
M06.9	Rheumatoid arthritis unspecified	01/09/26
N52.8	Other male erectile dysfunction	01/09/26
K21.9	Gastro-esophageal reflux disease without esophagitis	01/09/26
Z79.01	Long term (current) use of anticoagulants	01/09/26
Z79.52	Long term (current) use of systemic steroids	01/09/26
Z85.46	Personal history of malignant neoplasm of prostate	01/09/26
Z87.891	Personal history of nicotine dependence	01/09/26
Z86.0100	Personal history of colonic polyps	01/09/26
Z91.81	History of falling	01/09/26

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

Diclofenac Sodium - Diclofenac Sodium 1 % Gel Apply 2 g topical twice a day 1 % Gel
Apply 2 g to the skin 2 times daily.
Furosemide - Furosemide 20 MG tablet Take 1 tablet by mouth twice a day 20 MG tablet
Take 1 tablet by mouth 2 times daily.
Alphacaine - Lidocaine 4 % Ptch Place 1 patch topical once a day 4 % Ptch
Place 1 patch onto the skin every 24 hours.
Sodium Chloride - Sodium Chloride 1 g tablet Take 1 tablet by mouth three times a day 1 g tablet
Take 1 tablet by mouth 3 times daily with meals.
Amlodipine - Amlodipine Besylate 5 MG tablet Take 5 mg by mouth once a day 5 MG tablet
Take 5 mg by mouth daily
Atenolol - Atenolol 25 MG tablet Take 25 mg by mouth once a day 25 MG tablet
Take 25 mg by mouth daily.
Atorvastatin - Atorvastatin Calcium 40 MG tablet Take 40 mg by mouth at bedtime 40 MG tablet
Take 40 mg by mouth nightly.
Eliquis - Apixaban 5 MG tablet, Take 5 mg by mouth twice a day Take 5 mg by mouth 2 times daily.
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5 mg , Take 5 mg Tablet by mouth twice a day Take 5 mg by mouth 2 times daily as needed.
Prednisone - Prednisone 1 MG tablet Take 2 mg by mouth once a day 1 MG tablet
Take 2 mg by mouth daily. Pt takes both pills in AM.

14. DME and Supplies:

wheelchair, rolling walker, hand held shower, bath bench, walker, grab bars, commode, cane, 4 wheeled walker

15. Safety Measures:

walker precautions, smoke detectors , emergency phone # clearly displayed, bathroom safety, , ambulates with device, ambulates with assistance, , supervision at all times, wheelchair precautions, transfer with assist, , , , activity supervision

16. Nutrition:

cardiac diet

17. Allergies:

no known allergies

18.A. Functional Limitations

Bowel/Bladder Incontinence, Endurance, Ambulation

18.B. Activities Permitted

Up As Tolerated

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: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

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

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypo-Osmolality And Hyponatremia, 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 85-year-old male with a complex medical history who has experienced multiple recent hospitalizations and functional decline. He initially presented to the hospital with altered mental status and frequent falls. According to his wife, he was more confused than his baseline, exhibited aggressive behavior, and reported visual hallucinations. During hospitalization, his medications were adjusted, and he was also diagnosed with a deep vein thrombosis in the right lower extremity. He was subsequently discharged to a subacute rehabilitation facility and later discharged to his son's home, where he now resides on the first floor with his own room and requires 24-hour supervision and care. The patient sleeps in a hospital bed, and all prescribed medications were present in the home at the time of <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>. The patient's past medical history is significant for dementia, Parkinson's disease, hypertension, hyperlipidemia, atrial fibrillation, rheumatoid arthritis, polymyalgia rheumatica, granulomatous mediastinal disease, reactive airway disease, prostate cancer, splenic artery aneurysm, greater than 50% right renal artery stenosis, acute kidney failure, bradycardia status post ICD placement, and recent hyponatremia. He was also hospitalized at Franklin Square Hospital for influenza A and bacterial pneumonia, during which time he was noted to have experienced a fall and an unintended 10-pound weight loss. Prior to his recent decline, the patient lived in a two-story home with his girlfriend and son. He required assistance with all activities of daily living, ambulated limited distances using a single-point cane, and transferred with supervision. Currently, he demonstrates generalized weakness, bilateral knee pain, decreased standing balance and tolerance, reduced bilateral upper and lower extremity strength, and decreased overall activity tolerance. These impairments have resulted in limitations in self-care, bed mobility, functional transfers, and functional ambulation, placing him at high risk for falls and further decline. Skilled home health services are indicated at this time. Skilled physical therapy is recommended to address deficits in bed mobility, transfers, lower extremity strength, pain management, and overall safety, with the goal

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/09/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Rita Mathur
4920 Campbell Blvd
White Marsh, MD 21236
PHONE: 410-933-7793 FAX: 14109337666 NPI: 1619076338

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 : 01/04/2026

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.

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William Ledford 504 Mace Ave, ESSEX, MD 21221 443-834-8667	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

of preventing further functional decline and progressing independence as tolerated. Skilled occupational therapy is also recommended to address decreased upper extremity strength, balance, activity tolerance, and deficits in self-care and functional mobility in order to support a return toward prior level of function. During the home visit, the registered nurse reviewed home safety with the caregiver and provided education on establishing a consistent daily routine for meals and sleep. Additional education included recommendations to obtain childproof locks for doors, place bells on the patient's bedroom door to alert caregivers when he is up during the night, consider discussing melatonin use with the physician to assist with sleep, and maintain appropriate lighting by keeping the home well lit during the day and gradually dimming lights in the evening to promote sleep hygiene. The plan of care focuses on patient safety, caregiver education, fall prevention, and maximizing functional ability within the context of the patient's medical complexity and cognitive impairment.
 Date of Order 01/09/2026 Orders Physician Face-to-Face Date: 01/04/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat HHA-adls MSW due to Hypo-Osmolality And Hyponatremia 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 PT Eval Notes: OT Eval Notes:
 Physician Mathur, Rita

SN Careplans

SN WK1: 1 (01/09/26-01/10/26) ,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)

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, 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M2102f - Patient Supervision, M2102c - Med Admin, M1033 - Exhaustion, M1400 - Dyspnea, lung sounds not clear, dependent edema, constipation, frequent urination, decreased urine output, limited endurance, limited strength, limited range of motion, muscle weakness, difficulty sleeping, lethargy, balance deficit, weak hand grips, daytime fatigue, loss of appetite, swell/redness surround. skin, skin breakdown r/t incontinence

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver? , cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision

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 keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * prescribed dietary modifications monitoring intake and output monitoring weight loss or weight gain monitor changes in neurological status, related medication(s) purpose, schedule, * how to manage symptoms of nicotine withdrawal and nicotine cravings, related medication(s) purpose, schedule, * 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, caregiver administers and/or packages medications appropriately

SN Goals

PATIENT-STATED GOAL: Patient wants to get better so he can get back to delivering food pallets to the churches soup kitchens again.

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 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
* how to keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage symptoms of nicotine withdrawal and nicotine cravings
* 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/caregiver recalls
* prescribed dietary modifications
* monitoring intake and output
* monitoring weight loss or weight gain
* monitor changes in neurological status
* recalls related medication(s) purpose, schedule

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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

PT Careplans

PT WK2: 1 (01/11/26-01/17/26) ,WK3: 2 (01/18/26-01/24/26) ,WK4: 2 (01/25/26-01/31/26) ,WK5: 2 (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)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, GG0170N1 - 4 Steps, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170F1 - Toilet Transfer, 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, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand

PT Goals

PATIENT-STATED GOAL: to be able to walk around the house by myself again

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/09/2026

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PROCEDURES: HEP: Ankle pumps, quad sets, glute sets, heel slides, 0-15 reps ea. 1-2 set per day., Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , 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, * 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, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Car Transfer - 06. Independent, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

* 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

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Car Transfer - 06. Independent

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

OT Careplans

OT 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)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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 : Medication reviewed with caregiver and Medication in home., incentive spirometer, equipment training, work simplification/energy conservation, transfers training, assist with bathing, assist with toilet transferring, assist with lower body dressing, assist with upper body dressing

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 - 06. Independent, 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 - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: I want to walk

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 - 06. Independent

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 - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/09/2026