Home Health Certification and Plan of Care

Order ID: 1150/15462

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
61311052	01/16/2026	From: 01/16/2026 To: 03/16/2026	21453	217058

6. Patient's Name and Address

Ghulam Hussain
2127 Moran Drive,
ANNAPOLIS, MD 21401-
667-380-1974

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 04/14/1926 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J10.1	Flu due to oth ident influenza virus w oth resp manifest	01/16/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	01/16/26
E11.9	Type 2 diabetes mellitus without complications	01/16/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	01/16/26
R33.8	Other retention of urine	01/16/26

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

Aricept - Donepezil Hydrochloride 5 mg / 1 Tablet by mouth at bedtime after 30 days, you can increase to 2 tablets (10 mg) by taking 2 tablets at bedtime
Mucinex - Guaifenesin 600 mg 1 Tablet by mouth every 12 hours as needed for cough
Nizoral - Ketoconazole 2 perc two times per week Apply to affected area(s) 2 times a week Use as shampoo mapply leave on 10 minutes then rinse
Albuterol (PROAIR/PROVENTIL/VENTOLIN) 90 mcg/actuation Inhl HFAA - by mouth every 6 hours Inhale 2 puffs by mouth every 6 hours as needed (Rescue inhaler)
Lipitor - Atorvastatin Calcium eq 20 mg base eq 20 mg base1 Tablet by mouth at bedtime for cholesterol and heart protection
Norvasc - Amlodipine Besylate eq 5 mg base eq 5 mg base1 Tablet by mouth once a day Hold if Blood pressure is on the low side. Blood pressure of 140/80 is acceptable without medication.
Flomax - Tamsulosin Hydrochloride 0.4 mg 2 Capsules by mouth once a day

14. DME and Supplies:

urinary/catheter supplies, walker, , nebulizer, cane

15. Safety Measures:

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

16. Nutrition:

diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Endurance, Ambulation

18.B. Activities Permitted

Cane, Walker, Exercises Prescribed, 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: 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

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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/16/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Anise Henry
888 Annapolis Rd
Annapolis, MD 21401
PHONE: FAX: NPI: 1376768184

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 : 01/13/2026

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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Clinical Condition Requiring Homecare:

The patient is a 100-year-old Urdu-speaking male from Pakistan with limited English proficiency who resides in a two-story home with his son, daughter-in-law, spouse, and grandchildren. The son and daughter-in-law serve as translators and primary caregivers. The patient was hospitalized for five days due to Influenza A with associated weakness and shortness of breath and was discharged home on 1/14/26. He was seen by a home health registered nurse on 1/19/26 and was briefly sent to the emergency department for evaluation before being discharged back home the same evening. His past medical history includes hypertension, diet-controlled type 2 diabetes mellitus, benign prostatic hyperplasia, elevated bilirubin, chronic weakness, and a history of falls (one fall within the past year and none in the past two months). The patient denies pain or recent falls since returning home. He sleeps exclusively in a first-floor bedroom and remains in a recliner in the living room during the day, as lying supine in bed increases his cough. The home requires negotiation of three to four steps to enter. At the time of <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was awake, alert, and responsive to questions, able to follow simple instructions, and required caregiver assistance for basic activities of daily living and mobility. He ambulated short distances using a two-wheeled rolling walker with close standby assistance. He demonstrated audible rhonchi, lower extremity edema (greater in the left lower extremity, for which elevation was recommended), and had a Foley catheter in place. Functional impairments included bilateral knee pain, decreased bilateral lower-extremity strength, unsteady gait, impaired balance, decreased safety awareness, difficulty with transfers, reduced endurance, and difficulty negotiating steps, placing him at high risk for falls and further functional decline. Skilled physical therapy interventions were initiated during the visit. The patient was instructed in safe transfer techniques using his walker, including proper hand and foot placement, forward weight shift, and reaching back to the chair before sitting. He required minimal assistance to standby assistance for transfers. Gait training was performed on level surfaces with the rolling walker, requiring standby assistance and verbal cueing for proper walker positioning, increased bilateral step height and length, and overall safety. Standardized gait and balance <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>s, including the Tinetti and Timed Up and Go tests, were completed. The patient was advised to ambulate only with caregiver supervision and to use his walker at all times. Education was provided to the patient and primary caregivers regarding the importance of daily ambulation to improve circulation, prevent complications related to immobility, and promote functional recovery. A walking program was initiated consisting of short walks every 1-2 hours inside the home, one to two times per session, beginning with durations of 3-5 minutes and progressing gradually as tolerated. The patient was also instructed to apply ice to both knees for 20 minutes with a protective barrier and to perform skin checks every five minutes to reduce discomfort and inflammation. The physical therapy plan of care was reviewed and developed collaboratively with the patient and caregivers, who were in agreement. The patient will receive skilled home physical therapy beginning 1/20/26 with a frequency of two <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> per week for two weeks (Tuesdays and Thursdays), followed by one visit per week for four weeks (Tuesdays). The goals of therapy are to improve lower-extremity strength, balance, gait stability, functional mobility, transfer safety, stair negotiation, and overall safety awareness to maximize independence and reduce fall risk. The patient is considered homebound due to generalized weakness, unsteady gait, and functional decline, requiring the use of an assistive device and human assistance to leave the home. Leaving the home requires a considerable and taxing effort and poses a significant safety risk, making regular outings medically contraindicated at this time.
 Date of Order 01/16/2026 Orders Physician Face-to-Face Date: 01/13/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to 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
 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Henry, Anise

SN Careplans

SN WK1: 1 (01/16/26-01/17/26) ,WK2: 2 (01/18/26-01/24/26) ,WK3: 1 (01/25/26-01/31/26) ,WK4: 1 (02/01/26-02/07/26) ,WK5: 1 (02/08/26-02/14/26) ,WK6: 1 (02/15/26-02/21/26) ,WK7: 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: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance

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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, itchy/runny nose, lung sounds not clear, coughing, urine retention, muscle weakness, limited endurance, limited strength, lethargy, weak hand grips, loss of appetite

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , Educate utilization of Nebulizer : Review proper use/administration of nebulizer treatments Review proper cleaning of neublizer parts, cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, catheter change, care & irrigation: Change urinary catheter every 30 days and as needed for malfunction. Last Catheter change 1/15/2025. Catheter: 16fr/10cc , teach/coordinate/arrange medication packaging and/or administration

TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, 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, * 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 is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: Patient states "I want to feel better and be able to walk without the walker."

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 is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

01/16/2026

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PT WK2: 2 (01/18/26-01/24/26) ,WK3: 2 (01/25/26-01/31/26) ,WK4: 1 (02/01/26-02/07/26) ,WK5: 1 (02/08/26-02/14/26) ,WK6: 1 (02/15/26-02/21/26) ,WK7: 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: 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., therapeutic modalities: Apply ice to bilateral knees x 20 minutes with necessary barrier and skin assessments q 5 minutes., 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 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, Car Transfer - 06. Independent, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

PATIENT-STATED GOAL: To improve strength and mobility

GOALS
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

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 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

OT Careplans

OT WK2: 1 (01/18/26-01/24/26) ,WK3: 1 (01/25/26-01/31/26)

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: Medication review , home exercises program , cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation, gait training on uneven surfaces, 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 - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, 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, Therapeutic exercise , Medication review , to improve endurance

OT Goals

PATIENT-STATED GOAL: to get better

GOALS
Chair to Bed to Chair - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 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

Sit to Stand - 06. Independent

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

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

Medication review

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/16/2026

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Therapeutic exercise

to improve endurance

Signature of Physician:	Date
	PAGE 4 of 4
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