

Home Health Certification and Plan of Care				Order ID: 1150/15063	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
2GM5N12RG63		12/23/2025		From: 12/23/2025 To: 02/20/2026	
				4. Medical Record No.	
				20502	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Calvin Carter				HomeCentris Healthcare LLC	
239 Eisenhower Ct,				10 Crossroads Drive, Suite 102	
ODENTON, MD 21113-				Owings Mills, MD 21117-8284	
410-977-0559				410-321-8448	
				1487113239	
8. DOB				9. Sex	
07/27/1927				Male	
11. ICD		Principal Diagnosis		Date	
G93.41		Metabolic encephalopathy		12/23/25	
13. ICD		Other Pertinent Diagnoses		Date	
R13.10		Dysphagia unspecified		12/23/25	
I10.		Essential (primary) hypertension		12/23/25	
E03.9		Hypothyroidism unspecified		12/23/25	
I25.10		Athscr heart disease of native coronary artery w/o ang pctrs		12/23/25	
E78.5		Hyperlipidemia unspecified		12/23/25	
G62.9		Polyneuropathy unspecified		12/23/25	
H40.9		Unspecified glaucoma		12/23/25	
B35.1		Tinea unguium		12/23/25	
N40.0		Benign prostatic hyperplasia without lower urinry tract symp		12/23/25	
K21.9		Gastro-esophageal reflux disease without esophagitis		12/23/25	
Z51.5		Encounter for palliative care		12/23/25	
Z79.82		Long term (current) use of aspirin		12/23/25	
Z86.73		Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits		12/23/25	
Z87.440		Personal history of urinary (tract) infections		12/23/25	
				10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
				Acetaminophen - Acetaminophen 500 MG Oral Tablet ,Take 1 tablet by mouth every 8 hours for Mild Pain	
				Amlodipine Besylate - Amlodipine Besylate 10 MG Oral Tablet,take 1 tablet by mouth once a day for Essential HTN	
				Atorvastatin Calcium - Atorvastatin Calcium 40 MG Oral Tablet,Take 1 tablet by mouth at bedtime for HLD	
				Dorzolamide HCl -Timolol 2- 0.5% Ophthalmic Solution, Instill 1 drop both eyes every 12 hours for Glaucoma	
				Finasteride - Finasteride 5 MG Oral Tablet,Take 1 tablet by mouth once a day for BPH	
				Gabapentin - Gabapentin 100 MG Oral Capsule,Take 1 capsule by mouth twice a day or Neuropathy	
				Latanoprost - Latanoprost 0.005% Ophthalmic Solution,Instill 1 drop both eyes once a day for Glaucoma	
				Levothyrodne 175 MCG Oral Tablet ,Take 1 tablet by mouth in the morning for Hypothyroidism	
				Polyethylene Glycol 3350 - Polyethylene Glycol 3350 17 GM Oral Packet,Take 1 packet by mouth once a day as needed for Constipation Prevention	
				Aspirin - Aspirin 81 MG ,Take 1 tablet by mouth once a day for S/P CVA	
				Sennosides - Senna 8.6 MG Oral Tablet ,Take 2 tablet by mouth once a day for Bowel Regimen	
				Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpantenol: Folic Acid: Niacinamide: Pyridox 25 MCG Oral Tablet,take 1 tablet by mouth once a day for Supplement for Vit D Definciency	
				Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG Oral Capsule ,take 1 tablet by mouth at bedtime for Urinary Retention R/T BPH	
				Famotidine - Famotidine 40 mg 20 MG Oral Tablet ,Take 1 tablet by mouth twice a day Take one half tablet by mouth twice a day. for GERD	
				Order	
14. DME and Supplies:				15. Safety Measures:	
commode, hospital bed, bath bench, wheelchair, , , grab bars				aspiration precautions, supervision at all times, standard precautions, wheelchair precautions, fall precautions, cardiac precautions, bathroom safety	
16. Nutrition:				17. Allergies:	
soft				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
Speech, Hearing, Bowel/Bladder Incontinence				Transfer bed/Chair, , Wheelchair	
19. Mental & Psychosocial 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: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No			
20. Prognosis:		fair			
22. A Rehabilitation Potential:				22.B.Discharge Plans	
SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.				family/caregiver will be responsible for managing treatment	
Homebound status: Due to diagnosis of Metabolic encephalopathy, 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:		<p class="MsoNoSpacing">The patient is a 98-year-old male with a significant past medical history including CVA (2020), moderate dysphagia, hypertension, hyperlipidemia, coronary artery disease, benign prostatic hyperplasia, recurrent UTIs, neuropathy, hypothyroidism, GERD, glaucoma, and generalized weakness. He presented to the emergency department on 11/13/25 with altered mental status and was diagnosed with sepsis secondary to a UTI, for which he received IV antibiotics. He was subsequently transferred to Autumn Lake Rehabilitation and discharged home on 12/18/25. Upon skilled nursing arrival, the patient was resting comfortably in a wheelchair with his daughter-in-law present. He resides in a multi-level single-family home with his son and daughter-in-law and has a paid caregiver assisting with ADLs during the week. The home is equipped with a ramp and stair lift for accessibility. The patient ambulates short distances with a walker and has a history of multiple falls, including one during rehab and three within the past year. He demonstrates decreased strength in bilateral lower extremities, impaired balance, unsteady gait, decreased endurance, difficulty with transfers, reduced safety awareness, and increased fall risk, requiring assistance and an assistive device to safely leave the home. Pain is currently well controlled with medications. Bilateral foot edema, neuropathy symptoms, and reduced plantar sensation were noted, along with visual impairment requiring contact guard to minimal assistance during ambulation. Medications were reviewed with no discrepancies or refill needs identified. The patient and caregivers were educated on edema management, fall prevention, safe transfers, ambulation with a walker, and the importance of regular mobility. Gait assessments were completed, and a walking program was initiated. The patient and caregivers agreed with the plan of care, and skilled home health services, including nursing and physical therapy, are medically necessary to address functional deficits, improve mobility and safety,			
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 12/23/2025					
24. Physician's Name and Address				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.	
Matthew Israel Adler MD				F2F date : 12/10/2025	
7556 Teague Rd					
Hanover, MD 21076					
PHONE: 4105510499 FAX: 14107999070 NPI: 1063617975					
27. Attending Physician's Signature and Date Signed 12/30/2025 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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prevent falls, and support continued recovery at home.

Order Date: 12/23/2025

Physician Face-to-Face Date: 12/10/2025

Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management

pt-eval & treat ot-eval & treat dx: Metabolic encephalopathy

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:

PT Eval Notes:

OT Eval Notes:

Physician: Adler MD, Matthew Israel

SN Careplans

SN WK1: 1 (12/23/25-12/27/25) ,WK2: 1 (12/28/25-01/03/26) ,WK3: 1 (01/04/26-01/10/26) ,WK4: 1 (01/11/26-01/17/26) ,WK5: 1 (01/18/26-01/24/26)

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, 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, meal preparation, M2020 - Oral Med Management, M1400 - Dyspnea, M1620 - Bowel Incontinence, constipation, M1600 - UTI, M1610 - Urinary Incontinence, swelling of affected area, limited range of motion, limited strength, impaired speech, Pain Interference with ADLs, B0200 - Hearing Deficit, B1000 - Vision Deficit, Pain Interference with Therapy activities, Pain Effect on Sleep

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, bladder training, coordinate/arrange for adequate patient supervision, coordinate/arrange resources for vision-impaired, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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 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, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation recalls, * how to keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize genito-urinary condition including diet exercise home remedies, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: To get better

GOALS

patient/caregiver recalls

- * how to optimize mental status with cognition therapy
- * home safety
- * optimize mobility with active and passive range of motion therapeutic exercises
- * diet and fluids to optimize peripheral circulation
- * recalls

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

- * how to keep home safe for patient with vision loss including eliminating hazards
- * enhancing lighting
- * using mechanical aids

patient/caregiver recalls

- * how to incorporate lifestyle modifications to optimize genito-urinary condition including diet
- * exercise
- * home remedies
- * 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 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

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

- * bowel incontinence management including dietary changes
- * bowel training
- * skin care
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * prevention including increase fluid intake
- * increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
- * perineal hygiene
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * urinary incontinence management including bladder training
- * Kegel exercises
- * skin care
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
- * recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/23/2025

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	patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient is adequately supervised meal preparation is available to patient for all meals caregiver performs medical/rehabilitation treatments with adequate competence
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PT Careplans PT WK1: 1 (12/23/25-12/27/25) ,WK2: 1 (12/28/25-01/03/26) ,WK3: 2 (01/04/26-01/10/26) ,WK4: 2 (01/11/26-01/17/26) ,WK5: 2 (01/18/26-01/24/26) ,WK6: 1 (01/25/26-01/31/26) ,WK7: 1 (02/01/26-02/07/26) ,WK8: 1 (02/08/26-02/14/26) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, GG0170F1 - Toilet Transfer - 03. Partial/moderate assistance, GG0170D1 - Sit to Stand - 02. Substantial/maximal assistance, GG0170E1 - Chair to Bed to Chair - 02. Substantial/maximal assistance, GG0170G1 - Car Transfer - 02. Substantial/maximal assistance, GG0170I1 - Walk 10 Feet - 02. Substantial/maximal assistance, GG0170J1 - Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, GG0170K1 - Walk 150 Feet - 02. Substantial/maximal assistance, GG0170L1 - Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, GG0170M1 - 1 - Step (curb) - 02. Substantial/maximal assistance, GG0170N1 - 4 Steps - 02. Substantial/maximal assistance, GG0170O1 - 12 Steps - 02. Substantial/maximal assistance, GG0170P1 - Picking Up Object - 02. Substantial/maximal assistance PROCEDURES: train caregiver(s) to perform medical/rehabilitation treatments, 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., gait training/stair training, transfers training, assist with mobility, assist with fall prevention 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, 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 - 05. Setup or clean-up assistance, Chair to Bed to Chair - 02. Substantial/maximal assistance, Sit to Stand - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance	PT Goals PATIENT-STATED GOAL: To be able to safely walk without feeling unsteady on feet, and to walk more 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 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 - 05. Setup or clean-up assistance Chair to Bed to Chair - 02. Substantial/maximal assistance Sit to Stand - 02. Substantial/maximal assistance Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance
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OT Careplans OT WK1: 1 (12/23/25-12/27/25) ,WK2: 1 (12/28/25-01/03/26) ,WK3: 2 (01/04/26-01/10/26) ,WK4: 2 (01/11/26-01/17/26) ,WK5: 2 (01/18/26-01/24/26) ,WK6: 2 (01/25/26-01/31/26) ,WK7: 1 (02/01/26-02/07/26) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene - 03. Partial/moderate assistance, GG0130F1 - Upper Body Dressing - 05. Setup or clean-up assistance, GG0130G1 - Lower Body Dressing - 05. Setup or clean-up assistance, GG0130H1 - Don/Doff Footwear - 05. Setup or clean-up assistance, GG0130E1 - Shower/Bathe Self - 03. Partial/moderate assistance, GG0130C1 - Toileting Hygiene - 03. Partial/moderate assistance, GG0130A1 - Eating - 05. Setup or clean-up assistance PROCEDURES: cough/deep breathing exercises, incentive spirometer, 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 - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 05. Setup or clean-up assistance, Upper Body Dressing - 06. Independent	OT Goals PATIENT-STATED GOAL: Be more independent 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 Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Eating - 05. Setup or clean-up assistance Upper Body Dressing - 06. Independent
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/23/2025