Home Health Certification and Plan of Care

Order ID: 1150/15715

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
83166276	01/15/2026	From: 01/15/2026 To: 03/15/2026	19149	217058

6. Patient's Name and Address

Charles Clarke
993 St Johns Drive,
ANNAPOLIS, MD 21409-
443-875-7037

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 02/10/1946 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
K92.2	Gastrointestinal hemorrhage unspecified	01/15/26

13. ICD	Other Pertinent Diagnoses	Date
I50.23	Acute on chronic systolic (congestive) heart failure	01/15/26
N18.31	Chronic kidney disease stage 3a	01/15/26
D63.1	Anemia in chronic kidney disease	01/15/26
I48.20	Chronic atrial fibrillation unspecified	01/15/26
I21.A1	Myocardial infarction type 2	01/15/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	01/15/26
I42.9	Cardiomyopathy unspecified	01/15/26
J45.20	Mild intermittent asthma uncomplicated	01/15/26
E78.5	Hyperlipidemia unspecified	01/15/26
M10.9	Gout unspecified	01/15/26
Z86.16	Personal history of COVID-19	01/15/26
Z79.01	Long term (current) use of anticoagulants	01/15/26
Z85.51	Personal history of malignant neoplasm of bladder	01/15/26
Z95.1	Presence of aortocoronary bypass graft	01/15/26

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

Allopurinol - Allopurinol 300 MG, Take 1 Tablet (300 mg total) by mouth once a day
Fluticasone - Fluticasone Furoate 100-50 MCG, inhaling 1 puff inhalant every 12 hours ** Patient reports inhaling 1 puff by mouth every 12 hours as needed, however unable to verify. **
Losartan Potassium - Losartan Potassium 25 MG, Take 1 Tablet (25 mg total) by mouth once a day
Rosuvastatin Zinc - Rosuvastatin Zinc 40 MG, Take 1 Tablet (40 mg total) by mouth once a day Take 1 Tablet (40 mg total) by mouth daily
Acetaminophen - Acetaminophen 325 MG tablet by mouth as necessary
Torsemide - Torsemide 20 mg by mouth in the morning Hold if weight is less than 179, Take 1 tab if weight is 170 to 175lbs. And give 2 tabs if weight is greater than 175.
Pantoprazole - Pantoprazole Sodium 40 mg by mouth in the morning Gerd
Metoprolol Succinate - Metoprolol Succinate eq 25 mg tartrate e tablet, Take 1/2 Tablet (50 mg total) by mouth once a day For HTN

14. DME and Supplies:

rolling walker, grab bars, cane

15. Safety Measures:

avoid temperature extremes, , walker precautions, smoke detectors , bathroom safety

16. Nutrition:

low sodium

17. Allergies:

atorvastatin aldactone hmg-coa reducatase inhibitors pravastatin zetia

18.A. Functional Limitations

None of the above

18.B. Activities Permitted

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

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Gastrointestinal Hemorrhage Unspecified , 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 a 79-year-old male previously followed by this clinician who has experienced multiple hospital readmissions since 11/25. His most recent hospitalization occurred on 01/09/26 after his spouse found him on the floor during the night and activated emergency medical services. The patient was transported to the hospital due to hypotension, elevated temperature, and atrial fibrillation. He was hospitalized for one day and subsequently discharged home. The reason for the delay in referral receipt by this agency remains unclear. The patient's past medical history is significant for asthma, hypertension, gout, coronary artery disease, gastroesophageal reflux disease, atrial fibrillation managed with Pradaxa, congestive heart failure, and bladder cancer. The patient resides with his spouse, Jean, who is present with him at all times, in a single-level home with two steps to enter the residence and an additional two steps within the home. He ambulates primarily without an assistive device inside the home, utilizes a cane for outdoor ambulation, and has a walker available if needed. The patient reports one fall within the past two months, though he has had several hospital admissions during that timeframe. At the time of <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient reported that he does not feel home physical therapy services are necessary and declined further physical therapy intervention. After completion of a full <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, both the patient and caregiver declined the need for physical and occupational therapy services at this time.
 Date of Order 01/15/2026 Orders Physician Face-to-Face Date: 01/05/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat due to Gastrointestinal Hemorrhage Unspecified 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 - PT Notes: soc
 Physician Decicco , Vincent

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/15/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Vincent DeCicco
695 Kinkaid Rd
Annapolis, MD 21402
PHONE: 443-270-8600 FAX: 14432708990 NPI: 1841262953

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 : 01/05/2026

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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Charles Clarke 993 St Johns Drive, ANNAPOLIS, MD 21409- 443-875-7037	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

PT Careplans

PT WK1: 1 (01/15/26-01/17/26)

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: 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: , GG0170D1 - Sit to Stand, 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, GG0170E1 - Chair to Bed to Chair, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea

PROCEDURES: 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, * 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, 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 - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

PT Goals

PATIENT-STATED GOAL: To be independent

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 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

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

Sit to Stand - 06. Independent

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

Oral Hygiene - 06. Independent

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

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 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 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/15/2026