Home Health Certification and Plan of Care

Order ID: 1150/15569

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
91213144	01/20/2026	From: 01/20/2026 To: 03/20/2026	21635	217058

6. Patient's Name and Address

Frank Eisel
7406 SAINT PATRICIA CT,
DUNDALK, MD 21222-
352-562-9702

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 12/14/1933 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S62.101D	Fx unsp carpal bone right wrist subs for fx w routn heal	01/20/26

13. ICD	Other Pertinent Diagnoses	Date
M19.011	Primary osteoarthritis right shoulder	01/20/26
J11.00	Flu due to unidentified flu virus w unsp type of pneumonia	01/20/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	01/20/26
N18.32	Chronic kidney disease stage 3b	01/20/26
D63.1	Anemia in chronic kidney disease	01/20/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	01/20/26
I25.2	Old myocardial infarction	01/20/26
E78.5	Hyperlipidemia unspecified	01/20/26
M18.11	Unil primary osteoarth of first carpometacarp joint r hand	01/20/26
H25.11	Age-related nuclear cataract right eye	01/20/26
Z91.81	History of falling	01/20/26
Z79.82	Long term (current) use of aspirin	01/20/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	01/20/26

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

Crestor - Rosuvastatin Calcium 10 mg Oral once a day to prevent heart attack and stroke
Tamiflu - Oseltamivir Phosphate eq 30 mg base 1 Tablet by mouth twice a day for 5 days
Vantin - Cefpodoxime Proxetil eq 200 mg base 1 Tablet by mouth in the morning for 5 days
(LYMEPAK) Doxycycline Hyclate 100 mg / 1 Tablet by mouth in the morning for 5 days
Proscar - Finasteride 5 mg 1 Tablet by mouth once a day
Lopressor - Metoprolol Tartrate 25 mg Oral Tablet by mouth twice a day
(TESSALON PERLES) Benzonatate 100 mg Oral Capsule by mouth every 8 hours as needed for cough
Flomax - Tamsulosin Hydrochloride 0.4 mg / 1 Capsule by mouth once a day
Take 2 capsules by mouth daily. Consider taking before bed, as it can Cause some dizzyness. Also can cause Retrograde ejaculation.
Aspirin - Aspirin 81 mg / 1 Tablet by mouth once a day

14. DME and Supplies:

cane, walker

15. Safety Measures:

walker precautions, knee precautions, , activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

atorvastatin azithromycin cholestyramine losartan pravastatin

18.A. Functional Limitations

Hearing

18.B. Activities Permitted

Walker, 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: Yes

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

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Fracture Of Unspecified Carpal Bone, Right Wrist, Subsequent Encounter For Fracture With Routine Healing, 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 92-year-old male who presents following three reported falls within the past week, resulting in injuries to the right shoulder, right wrist, head, and ribs. The patient also reports a persistent deep cough ongoing for approximately one month, with noted worsening over the past week that has been disrupting sleep. Past medical history is significant for hypokalemia, right wrist fracture, influenza, pneumonia, nontraumatic acute kidney injury, hypertension, and chronic kidney disease stage 3B. Prior to the recent decline, the patient resided alone in a two-story home with four steps to enter and was independent with basic self-care, instrumental activities of daily living, functional transfers, and functional ambulation. He was also driving daily to visit his wife, who is a long-term care resident at a nursing facility. Currently, the patient demonstrates decreased standing balance, reduced standing tolerance, diminished bilateral upper extremity strength, and overall decreased activity tolerance. These impairments are contributing to reduced independence and safety with self-care tasks, functional ambulation, and functional transfers. Vital signs and current medication regimen were not documented at the time of <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>. Based on the evaluation findings, the patient exhibits a significant decline from prior level of function and is at increased risk for further falls. Skilled occupational therapy services are recommended to address deficits in strength, balance, endurance, and functional mobility, as well as to provide education on safety strategies and fall prevention, with the goal of improving functional independence and promoting safe participation in daily activities.
 Date of Order 01/20/2026 Orders Physician Face-to-Face Date: 01/17/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat, OT-eval & treat due to Fracture Of Unspecified Carpal Bone, Right Wrist, Subsequent Encounter For Fracture With Routine Healing 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 - OT Notes:

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/20/2026

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 : 01/17/2026

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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soc PT Eval Notes:
 Physician Mathur, Rita

SN Careplans	SN Goals

OT Careplans	OT Goals
OT WK1: 1 (01/20/26-01/24/26) ,WK2: 1 (01/25/26-01/31/26) ,WK3: 1 (02/01/26-02/07/26) ,WK4: 1 (02/08/26-02/14/26) ,WK5: 1 (02/15/26-02/21/26) ,WK6: 1 (02/22/26-02/28/26)	PATIENT-STATED GOAL: Drive to visit my wife
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	GOALS Chair to Bed to Chair - 06. Independent
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance	Toilet Transfer - 06. Independent
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion	Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 05. Setup or clean-up assistance Shower/Bathe Self - 05. Setup or clean-up assistance
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; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed. Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day. Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions. Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake. Provide education content at patient's level of health literacy. Assess/Instruct Pt/Pcg: Safety measures to prevent injury. Assess: Musculoskeletal status. Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage. Pt/Pcg educated in pain management techniques including positioning and relaxation techniques Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,. Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing. ; 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	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 * 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 * 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 incorporate lifestyle modifications to optimize renal condition including renal-specific diet * exercise * monitoring of blood pressure * blood sugar * home * recalls related medication(s) purpose, sch patient/caregiver recalls * lifestyle modification to manage blood condition including dietary changes * bleeding precautions * 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
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, GG0170E1 - Chair to Bed to Chair, 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,	patient/caregiver recalls * depression-prevention strategies including avoidance of isolation * healthy eating * sleeping habits * identification of activities that bring pleasure * preventive care * recalls related medication(s) purpos

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/20/2026

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D0160 - Depression, M2020 - Oral Med Management, Home Safety, M1033 - Exhaustion, M1400 - Dyspnea, balance deficit, B0200 - Hearing Deficit

PROCEDURES: Medication Review : Medication reviewed with patient and patient's son. All medications noted in the home., incentive spirometer, equipment training, work simplification/energy conservation, transfers training, assist with bathing, assist with transferring, assist with meal preparation

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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, sch, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * 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, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient living environment has safe floor coverings, 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 - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

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

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

patient living environment has safe floor coverings

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

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
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