Home Health Certification and Plan of Care

Order ID: 1150/15876

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3XM2DG4DT82	12/03/2025	From: 02/01/2026 To: 04/01/2026	19790	217058

6. Patient's Name and Address

Larry Smith
2825 Indiana St,
BALTIMORE, MD 21230-
410-501-9738

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 07/28/1956 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G93.40	Encephalopathy unspecified	12/03/25

13. ICD	Other Pertinent Diagnoses	Date
E11.65	Type 2 diabetes mellitus with hyperglycemia	12/03/25
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	12/03/25
I50.20	Unspecified systolic (congestive) heart failure	12/03/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	12/03/25
N18.31	Chronic kidney disease stage 3a	12/03/25
D63.1	Anemia in chronic kidney disease	12/03/25
I69.351	Hemiplga following cerebral infrc aff right dominant side	12/03/25
I69.322	Dysarthria following cerebral infarction	12/03/25
S03.2XXD	Dislocation of tooth subsequent encounter	12/03/25
S00.531D	Contusion of lip subsequent encounter	12/03/25
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	12/03/25
E78.5	Hyperlipidemia unspecified	12/03/25
E87.1	Hypo-osmolality and hyponatremia	12/03/25
E87.5	Hyperkalemia	12/03/25
R79.89	Other specified abnormal findings of blood chemistry	12/03/25
Z79.82	Long term (current) use of aspirin	12/03/25
Z79.899	Other long term (current) drug therapy	12/03/25
Z79.4	Long term (current) use of insulin	12/03/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	12/03/25
Z91.81	History of falling	12/03/25

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

Aspirin - Aspirin 81 mg tablet, Take 1 tablet by mouth once a day
Atorvastatin - Atorvastatin Calcium 40 mg oral tablet Take 1 tablet by mouth once a day
Calcitriol - Calcitriol l 0.25 mcg oral capsule, Take 1 capsule by mouth every other day
docusate-senna 50 mg-8.6 mg oral tablet, take 2 tablet by mouth twice a day PRN constipation
Jardiance - Empagliflozin 10 mg oral tablet, Take 1 tab by mouth once a day
Gabapentin - Gabapentin 300 mg oral capsule , Take 1 capsule by mouth twice a day
Humalog - Insulin Lispro Recombinant 100 units/mL injectable solution intravenous three times a day Special Instructions
150 - 199 - 1 unit Insulin
200 - 249 - 2 units Insulin
250 - 299 - 3 units Insulin
300 - 349 - 4 units Insulin
greater than 349 - 5 units Insulin
Basaglar - Insulin Glargine (insulin glargine 100 units/mL subcutaneous solution)8 units intravenous once a day
Metformin - Metformin Hydrochloride 500 mg oral tablet , take 1 tablet by mouth twice a day
Risperidone - Risperidone 1 mg oral tablet Take 1 tablet by mouth twice a day
sacubitril-valsartan Entresto 24 mg-26 mg Tab, take 1 tablet by mouth twice a day
Calcium With Vitamin D - Calcium Acetate gummie by mouth once a day supplement
Lacosamide - Lacosamide 50 mg by mouth twice a day Caregiver reported for Seizures/TIA
Metoprolol Succinate - Metoprolol Succinate eq 50 mg tartrate 1 tab by mouth once a day

14. DME and Supplies:
wheelchair, rolling walker, hospital bed, grab bars, cane, commode, bath bench

15. Safety Measures:
standard precautions, fall precautions

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: 1 Requires assistance, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: N/A, MOBILITY: N/A

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status:
Due to diagnosis of Encephalopathy 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 69-year-old male who continues to benefit from occupational therapy services to address activities of daily living, transfers, and bilateral upper extremity strength. He demonstrates bilateral upper extremity weakness with muscle strength graded at 4/5 on manual muscle testing. The patient performed sit-to-stand transfers with minimal to moderate assistance and required verbal cues for proper limb placement. His performance is limited by balance deficits. He denied pain during the session. Functionally, he requires moderate assistance for upper body dressing and maximal assistance for lower body dressing tasks.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 01/29/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 11/18/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Encephalopathy Unspecified
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
 4 - Recertification OT Notes: due to weakness of bilateral upper extremity<o:p></o:p> Physician: Allen, John

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/29/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
John Allen
419 W Redwood St Ste 600
Baltimore, MD 21201
PHONE: 667-214-1515 FAX: 14103283577 NPI: 1023436839

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 : 11/18/2025

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Larry Smith 2825 Indiana St, BALTIMORE, MD 21230- 410-501-9738	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

SN WK1: 1 (02/01/26-02/07/26) ,WK3: 1 (02/15/26-02/21/26) ,WK5: 1 (03/01/26-03/07/26)

PROCEDURES: physician-ordered wound care: #1 - Diabetic Ulcer - Other - Right 2nd Toe. - Soak foot in warm water for 30 minutes, dry foot, and in between toes, apply Vaseline to foot and Neosporin ointment to the second Toe daily., physician-ordered wound care: #2 - Diabetic Ulcer - Other - Left 2nd Toe. - Soak foot in warm water for 30 minutes, dry foot, and in between toes, apply Vaseline to the foot, and neosporin to the wound on the 2nd toe daily, Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor, monitor intake & output, coordinate/arrange patient access to adequate toileting facilities: New doctor's order for Bilateral 2nd Toe wounds per caregiver: Soak bilateral feet in warm water for 30 minutes, pat dry the feet very well, and between Toes, apply Vaseline to feet and Neosporin ointment to the 2nd toes on bilateral feet.

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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 medication(s) purpose, schedule, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * low cholesterol dietary guidelines, related medication(s) purpose, schedule, * 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, related medication(s) purpose, schedule, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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 patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

PATIENT-STATED GOAL: to be able to stand on his own

GOALS

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low cholesterol dietary guidelines
* 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 medication(s) purpose, schedule

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* 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

meal preparation is available to patient for all meals

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* 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/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/29/2026

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

OT Careplans

OT WK1: 1 (02/01/26-02/07/26) ,WK2: 1 (02/08/26-02/14/26) ,WK3: 1 (02/15/26-02/21/26) ,WK4: 1 (02/22/26-02/28/26) ,WK5: 1 (03/01/26-03/07/26) ,WK6: 1 (03/08/26-03/14/26)

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, blood sugar < 60 > 300

CAREGIVER:

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 7. Currently taking 5 or more medications

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

PROBLEMS IDENTIFIED ON ASSESSMENT: open sores/lesions

PROCEDURES: equipment training, work simplification/energy conservation, therapeutic exercises, ADLs , Patient/caregiver recalls related purpose and schedule of medications: Medications review, 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 medication(s) purpose, schedule, Oral Hygiene - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent, Patient will demonstrate improved bilateral upper extremity

OT Goals

PATIENT-STATED GOAL: Patient wants to get stronger and stand up longer

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 medication(s) purpose, schedule

Oral Hygiene - 05. Setup or clean-up assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 03. Partial/moderate assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Patient will demonstrate improved bilateral upper extremity muscle strength from 4-/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks

Eating - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
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muscle strength from 4-/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks

HHA Careplans	HHA Goals
HHA WK1: 1 (02/01/26-02/07/26) ,WK2: 1 (02/08/26-02/14/26) ,WK3: 1 (02/15/26-02/21/26) ,WK4: 1 (02/22/26-02/28/26) ,WK5: 1 (03/01/26-03/07/26) PROCEDURES: assist with bathing: Bathe in shower using tub bench or bedside/sink side, assist with toilet transferring, assist with toileting hygiene, assist with transferring, assist with mobility, assist with seizure precautions prn, assist with infection control, assist with fall prevention, assist with lower body dressing, assist with upper body dressing	

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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