Home Health Certification and Plan of Care

Order ID: 1150/15940

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2PK0Y94RG42	01/28/2026	From: 01/28/2026 To: 03/28/2026	21853	217058

6. Patient's Name and Address
Ovalee Barefoot
22 HADDINGTON ROAD,
LUTHERVILLE TIMONIUM, MD 21093-
410-321-6453

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 11/15/1931 | **9.Sex** Male

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

Eliquis - Apixaban 5 mg oral 2 times daily Start: 01/20/26 2339
Lipitor - Atorvastatin Calcium eq 20 mg base 1 Tablet by mouth in the evening Start: 1/23/26
Lasix - Furosemide 40 mg 1 Tablet by mouth once a day Start: 1/24/26
Toprol Xl - Metoprolol Tartrate 100 mg / 1 Tablet by mouth twice a day Start: 1/25/26 Admin Instructions: DO NOT crush tablet.
Tylenol - Acetaminophen 650 mg / 1 Tablet by mouth every 6 hours as needed PRN Reason: mild pain (1-3) Start: 1/20/26 Admin Instructions: DO NOT EXCEED 4 grams Acetaminophen per day

11. ICD	Principal Diagnosis	Date
I48.91	Unspecified atrial fibrillation	01/28/26

13. ICD	Other Pertinent Diagnoses	Date
M79.662	Pain in left lower leg	01/28/26
I11.0	Hypertensive heart disease with heart failure	01/28/26
I50.32	Chronic diastolic (congestive) heart failure	01/28/26
D47.2	Monoclonal gammopathy	01/28/26
H91.90	Unspecified hearing loss unspecified ear	01/28/26
Z85.46	Personal history of malignant neoplasm of prostate	01/28/26
Z85.828	Personal history of other malignant neoplasm of skin	01/28/26
Z79.01	Long term (current) use of anticoagulants	01/28/26
Z89.422	Acquired absence of other left toe(s)	01/28/26
Z87.440	Personal history of urinary (tract) infections	01/28/26

14. DME and Supplies:
reacher, rolling walker

15. Safety Measures:
None of the above

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
NKA

18.A. Functional Limitations
Endurance, Ambulation

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 Unspecified atrial fibrillation, 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 94-year-old male with a past medical history significant for heart failure with preserved ejection fraction (HFpEF), hypertension, monoclonal gammopathy of undetermined significance (MGUS), prostate cancer, recurrent urinary tract infections, and atrial fibrillation. He was referred for skilled home health physical therapy evaluation due to difficulty breathing and functional decline associated with atrial fibrillation. The patient presents with bilateral lower-extremity weakness (MMT approximately 4-/5), impaired balance (dynamic standing balance rated Fair+), and altered gait mechanics, resulting in difficulty with bed mobility, functional transfers, and household ambulation. He is able to ambulate approximately 100-200 feet using a cane with contact guard assistance but demonstrates reduced endurance and decreased safety awareness. Skilled home health physical therapy is medically necessary to address deficits in strength, balance, gait, and transfer safety in order to reduce fall risk and promote safe functional independence within the home.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 01/28/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 01/20/2026
 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat DX: Unspecified atrial fibrillation
 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>
 1 - SOC - SN Notes: <o:p></o:p> Physician:<span style="font-size: 10.5pt; background-image: initial; background-position: initial; background-size: initial; background-repeat: initial; background-attachment: initial; background-origin: initial; background-clip: initial;"> Tawil, Camille

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (01/28/26-01/31/26) ,WK2: 1 (02/01/26-02/07/26)

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: 0. No assistance needed - patient is independent or does not have needs in this area

PT Goals

PATIENT-STATED GOAL: To get my endurance back

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/28/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Camille Tawil
1734 York Rd
Timonium, MD 21093
PHONE: 4102522273 FAX: 14103859393 NPI: 1144225053

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 : 01/20/2026

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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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: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, GG0170F1 - Toilet Transfer, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, urine retention, muscle weakness, limited endurance, B0200 - Hearing Deficit

01/29/2026 : GG0130A1 - Eating, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene

PROCEDURES: HEP, Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , B LE strengthening, cough/deep breathing exercises, gait training on uneven surfaces, 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, * 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 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

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

Signature of Physician:

Date

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

Date
01/28/2026