Home Health Certification and Plan of Care

Order ID: 1150/15899

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
11430057990	01/22/2026	From: 01/22/2026 To: 03/22/2026	21692	217058

6. Patient's Name and Address
Craig Pullen
915 Trayer Avenue,
SYKESVILLE, MD 21784-
443-720-9340

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 08/02/1970 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
M47.815	Spondyls w/o myelopathy or radiculopathy thoracolum region	01/22/26

13. ICD	Other Pertinent Diagnoses	Date
M51.379	Other intervertebral disc degeneration lumbosacral region	01/22/26
E11.9	Type 2 diabetes mellitus without complications	01/22/26
J44.9	Chronic obstructive pulmonary disease unspecified	01/22/26
J96.11	Chronic respiratory failure with hypoxia	01/22/26
M19.90	Unspecified osteoarthritis unspecified site	01/22/26
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	01/22/26
E03.9	Hypothyroidism unspecified	01/22/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	01/22/26
E78.5	Hyperlipidemia unspecified	01/22/26
K21.9	Gastro-esophageal reflux disease without esophagitis	01/22/26
E66.2	Morbid (severe) obesity with alveolar hypoventilation	01/22/26
Z68.43	Body mass index [BMI] 50.0-59.9 adult	01/22/26
Z79.4	Long term (current) use of insulin	01/22/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	01/22/26
Z79.52	Long term (current) use of systemic steroids	01/22/26
Z79.890	Hormone replacement therapy	01/22/26

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

budesonide/glycopyrr/formoterol 160-9-4.8 mcg/actuation 2 Puffs Inhalation 2 TIMES A DAY controller inhaler
semaglutide 0.5 mg 0.5 mg Subcutaneous EVERY 7 DAYS
Pantoprazole - Pantoprazole Sodium 40 mg 1 Tablet by mouth once a day Commonly known as: PROTONIX
Gabapentin - Gabapentin 300 mg 1 Capsule by mouth twice a day Take 3 Capsules (900 mg total) by mouth 2 times daily Commonly known as: NEURONTIN
Cyclobenzaprine - Cyclobenzaprine Hydrochloride 5 mg / 1 Tablet by mouth three times a day as needed for Muscle Spasms for up to 10 days Commonly known as: FLEXERIL
Prednisone - Prednisone 50 mg 1 Tablet by mouth once a day for 5 days Commonly known as: DELTASONE
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5 MG immediate release tablet by mouth every 8 hours as needed for Pain Max Daily Amount: 15 mg Commonly known as: OXY-IR
Aspirin Low Dose 81 MG EC delayed release tablet 1 Tablet by mouth once a day Generic drug: aspirin
Atorvastatin - Atorvastatin Calcium 40 mg / 1 Tablet by mouth once a day for cholesterol and heart protection Commonly known as: LIPITOR
insulin glargine 100 UNIT/ML injection subcutaneous at bedtime Administer 50 Units by subcutaneous injection nightly, at bedtime Commonly known as: LANTUS
insulin glargine -YFGN 0100 UNIT/ML pen subcutaneous in the morning Administer 0.6 mL (60 Units total) by subcutaneous injection daily in the morning Commonly known as: SEMGLEE
ipratropium-albuterol Soln nebulizer solution 3 mL inhalant every 6 hours Take 3 mL by nebulization every 6 Hours as needed for Wheezing or Shortness of Breath Commonly known as: DUONEB
Jardiance - Empagliflozin 25 mg / 1 Tablet by mouth in the morning Take 0.5 Tablets (12.5 mg total) by mouth daily in the morning Generic drug: Empagliflozin
Acetaminophen - Acetaminophen 325 mg / 1 Tablet by mouth every 6 hours Take 2 Tablets (650 mg total) by mouth every 6 Hours as needed Commonly known as: TYLENOL
Levothyroxine - Levothyroxine Sodium 25 mcg / 1 Tablet by mouth once a day Take 1 Tablet (25 mcg total) by mouth daily (30 minutes before

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/22/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Francis Freisinger
655 Watkins Mill Rd
Gaithersberg, MD 20879
PHONE: FAX: NPI: 1669694618

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 : 01/19/2026

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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breakfast) Commonly known as:
SYNTHROID
Metformin - Metformin Hydrochloride 500 mg / 1 Tablet by mouth twice a day Take 2 Tablets
(1,000 mg total)
by mouth 2
times daily (with
meals) Commonly known as:
GLUCOPHAGE
Tamsulosin 0.4 MG / 1 Capsule by mouth at bedtime Commonly known as:
FLOMAX
Torsemide - Torsemide 20 mg / 1 Tablet by mouth twice a day Take 2 Tablets
(40 mg total) by
mouth 2 times
daily Commonly known as:
DEMADEX

14. DME and Supplies:
reacher, , oxygen supplies, rolling walker

15. Safety Measures:
O2 precautions, ambulates with device, standard precautions, ambulates with assistance

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Dyspnea With Minimal Exertion, 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: fair

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 Spondylosis without myelopathy or radiculopathy, thoracolumbar region, 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 55-year-old male with a past medical history significant for insulin-dependent type II diabetes mellitus, COPD with chronic hypoxic respiratory failure on 4 L of oxygen, obesity hypoventilation syndrome (BMI 56.6), osteoarthritis, diabetic neuropathy, hypothyroidism, and GERD. He was referred for a skilled home health physical therapy evaluation following hospitalization for acute low back pain and shortness of breath. The patient presents with bilateral lower-extremity weakness (grossly 3+/5), impaired balance, decreased endurance, and altered gait mechanics secondary to pain, deconditioning, and cardiopulmonary limitations. These deficits result in significant difficulty with bed mobility (max assist), transfers (mod assist), and limited household ambulation of approximately 20-30 feet with frequent rest breaks and dyspnea. Skilled home health physical therapy is medically necessary to address deficits in strength, balance, gait, endurance, pain management, and safety in order to reduce fall risk and prevent rehospitalization.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 01/22/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 01/19/2026
 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat DX: Spondylosis without myelopathy or radiculopathy, thoracolumbar region
 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 - PT 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;"> Freisinger, Francis

SN Careplans

SN Goals

PT Careplans

PT Goals

Signature of Physician:

Date

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

Date
01/22/2026

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PT WK1: 1 (01/22/26-01/24/26) ,WK2: 1 (01/25/26-01/31/26)

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

HOSPITALIZATION RISKS: 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: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, 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, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, lung sounds not clear, cramping calves/thighs/hips, wheezing, M1400 - Dyspnea, muscle spasms, muscle weakness, limited range of motion, limited strength, limited endurance, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, difficulty sleeping, daytime fatigue, pain radiating to arms/legs, extremity burn/tingle/numb, balance deficit, obesity

PROCEDURES: HEP: Provide HEP for pelvic bridging/stabiling exercises. , Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , cough/deep breathing exercises, home exercise program, 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, * 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 self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, 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

PATIENT-STATED GOAL: to manage my pain

GOALS
Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 05. Setup or clean-up assistance

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

Car Transfer - 04. Supervision or touching 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
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Car Transfer - 04. Supervision or touching assistance

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