

Home Health Certification and Plan of Care				Order ID: 1150/15950	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
2AX9F37QK55		01/30/2026		From: 01/30/2026 To: 03/30/2026	
				4. Medical Record No.	
				21895	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Charles Petsche				HomeCentris Healthcare LLC	
980 Stonington Drive,				10 Crossroads Drive, Suite 102	
Arnold, MD 21012-				Owings Mills, MD 21117-8284	
443-949-5227				410-321-8448	
				1487113239	
8. DOB 03/14/1953 9.Sex Male				10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
				There are no Medications for this Plan of Care	
11. ICD		Principal Diagnosis		Date	
Z48.812		Encntr for surgical afctr following surgery on the circ sys		01/30/26	
13. ICD		Other Pertinent Diagnoses		Date	
I10.		Essential (primary) hypertension		01/30/26	
R73.03		Prediabetes		01/30/26	
Z95.0		Presence of cardiac pacemaker		01/30/26	
Z86.74		Personal history of sudden cardiac arrest		01/30/26	
Z79.899		Other long term (current) drug therapy		01/30/26	
14. DME and Supplies:				15. Safety Measures:	
None of the above				cardiac precautions	
16. Nutrition:				17. Allergies:	
cardiac diet				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
Endurance				Exercises Prescribed	
19. Mental & COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations					
Pyschosocial Status: only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: good					
22. A Rehabilitation Potential:				22.B.Discharge Plans	
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.				patient will be responsible for managing treatment	
Homebound status: Due to diagnosis of Encounter for surgical aftercare following surgery on the circulatory system, 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: <p class="MsoNoSpacing">The patient is a 72-year-old male recently hospitalized for cardiogenic shock, bradycardia, and loss of peripheral vision, status post peripheral veno-arterial ECMO on 1/6/26 and subsequent placement of a single-chamber pacemaker on 1/8/26 via the left internal jugular vein. His past medical history is significant for hypertension, stable prediabetes, prior cardiac arrest, and left total knee replacement. The patient lives in a multilevel home with his spouse and grandson and has continuous family support. He is alert and oriented 3, pleasant, denies pain or shortness of breath, has clear lung sounds, good appetite, and a reported bowel movement on the day of assessment. He ambulates independently without an assistive device, negotiates stairs with a reciprocal gait pattern, and has no history of falls. He is independent with ADLs and requires assistance with some IADLs, with the goal of returning to full independence and resuming work, which he has begun remotely. The patient has postoperative left upper extremity restrictions, including no lifting greater than one gallon and no shoulder flexion or abduction beyond 90 degrees at this time. He reports persistent visual disturbances in the left eye, including blurriness and impaired peripheral vision. At present, the patient takes no medications and will follow up with cardiology. A home safety assessment was completed, and no skilled physical therapy needs were identified; the patient and spouse agreed with a one-time PT visit and discharge, and the physician was notified. PT and OT evaluations were ordered primarily for reinforcement of postoperative care and safety education.<o:p></o:p></p> <p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">01/30/2026 Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 01/22/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat dx: Encounter for surgical aftercare following surgery on the circulatory system 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></p> <p class="MsoNoSpacing"> 1 - SOC - SN Notes: <o:p></o:p></p> <p class="MsoNoSpacing">PT Eval Notes: OT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician:Henry, Anise</p>					
SN Careplans				SN Goals	
SN WK1: 1 (01/30/26-01/31/26)				PATIENT-STATED GOAL: TO GET BACK TO WORK	
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	
CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area				patient/caregiver recalls	
HOSPITALIZATION RISKS: 10. None of the above				* lifestyle modifications to manage respiratory condition including	
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 physcal theranist will remove aquacel dressing leaving OTA: if incision is draining educate				* diet changes and regular exercise	
				* strategies to control shortness of breath	
				* home remedies to keep lungs healthy	
				* recalls related medicatio	
				patient self-administers medications as prescribed	
				* recalls related medication(s) purpose, schedule	
				meal preparation is available to patient for all meals	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 01/30/2026					
24. Physician's Name and Address				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.	
Anise Henry				F2F date : 01/22/2026	
888 Annapolis Rd					
Annapolis, MD 21401					
PHONE: FAX: NPI: 1376768184					
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.	
				PAGE 1 of 3	

Home Health Certification and Plan of Care				Order ID: 1150/15950
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2AX9F37QK55	01/30/2026	From: 01/30/2026 To: 03/30/2026	21895	217058
6. Patient's Name and Address Charles Petsche 980 Stonington Drive, Arnold, MD 21012- 443-949-5227		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		
; nurse or physical therapist will remove aquaphor dressing (if any) if infection 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:No Advance Directive PROBLEMS IDENTIFIED ON ASSESSMENT: , M2020 - Oral Med Management, meal preparation, M1400 - Dyspnea, limited endurance PROCEDURES: cough/deep breathing exercises, physician-ordered wound care: RIGHT SC PACEMAKER SITE WITH STERI STRIPS INTACT. KEEP OPEN TO AIR. 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals				
PT Careplans PT WK2: 1 (02/01/26-02/07/26) PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object PROCEDURES: gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: 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		PT Goals PATIENT-STATED GOAL: To return to work GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Sit to Stand - 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		
OT Careplans OT WK2: 1 (02/01/26-02/07/26) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/DoFF Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating PROCEDURES: to improve endurance , cough/deep breathing exercises, equipment training, work simplification/energy conservation		OT Goals PATIENT-STATED GOAL: Able to use left ue in more functional manner and improve endurance 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		
Signature of Physician:		Date PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist: Electronically Signed by Messick, Charles RN		Date 01/30/2026		

Home Health Certification and Plan of Care				Order ID: 1150/15950
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2AX9F37QK55	01/30/2026	From: 01/30/2026 To: 03/30/2026	21895	217058
6. Patient's Name and Address Charles Petsche 980 Stonington Drive, Arnold, MD 21012- 443-949-5227		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		
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, 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		* recalls related medicatio 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		

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/30/2026