Home Health Certification and Plan of Care

Order ID: 1150/15965

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
19115965	01/30/2026	From: 01/30/2026 To: 03/30/2026	21824	217058

6. Patient's Name and Address

Charles Milburn
1 Mopec Circle Apt B,
NOTTINGHAM, MD 21236-
443-467-8273

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 10/15/1946 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S32.000D	Wedge comprsn fx unsp lum vertebra subs for fx w routn heal	01/30/26

13. ICD	Other Pertinent Diagnoses	Date
S22.42XD	Multiple fx of ribs left side subs for fx w routn heal	01/30/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	01/30/26
F17.210	Nicotine dependence cigarettes uncomplicated	01/30/26
N18.31	Chronic kidney disease stage 3a	01/30/26
J42.	Unspecified chronic bronchitis	01/30/26
E78.5	Hyperlipidemia unspecified	01/30/26
M75.41	Impingement syndrome of right shoulder	01/30/26
H54.40	Blindness one eye unspecified eye	01/30/26
I70.0	Atherosclerosis of aorta	01/30/26
R91.1	Solitary pulmonary nodule	01/30/26
E55.9	Vitamin D deficiency unspecified	01/30/26
I72.3	Aneurysm of iliac artery	01/30/26
I77.811	Abdominal aortic ectasia	01/30/26
Z86.0101	Personal history of adeno	01/30/26
Z95.5	Presence of coronary angioplasty implant and graft	01/30/26
Z91.81	History of falling	01/30/26

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

Azasite - Azithromycin 250 mg Oral on day 1, then daily for 4 days
Meloxicam - Meloxicam 7.5 mg Oral EVERY 8 HOURS AS NEEDED
Alendronate Sodium - Alendronate Sodium 70 MG ORAL TAB every week Take in the morning with 8 ounces of water at least 30 minutes before the first food, drink or other medication of the day. Do not lie down for at least 30 minutes after swallowing this medication
Dupixent - Dupilumab 300 MG/2 ML SUBQ PEN INJECTOR every 2 weeks Inject 1 pen under the skin
Clobetasol Propionate - Clobetasol Propionate 0.05 % TOP OINT 2 times a day for 2 weeks Apply to affected area(s) as needed for itchy dry eczema skin (Steroid)
Crestor - Rosuvastatin Calcium 20 MG ORAL TAB daily for cholesterol
Accuneb - Albuterol Sulfate 90 MCG/ACTUATION INHL HFAA every 4 hours as needed Inhale 2 Puffs by mouth for wheezing (rescue inhaler). Take sparingly.
WIXELA INHUB 250-50 MCG/DOSE INHL DISK W/DEVI 2 times a day Inhale 1 Puff by mouth (controller inhaler)
Acetaminophen - Acetaminophen 650 mg 2 tablets by mouth three times a day
Astelin - Azelastine Hydrochloride 137 mcg per spray nasal twice a day Running nose
Astelin - Azelastine Hydrochloride 137 mcg per spray nasal twice a day Running nose
Cheratussin Ac Syrup - Dextromethorphan Hydrobromide: Guaifenesin 10 ml by mouth four times a day Cough and chest

14. DME and Supplies:
rolling walker, commode, bath bench

15. Safety Measures:
ambulates with assistance,

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
cialis lipitor lisinopril

18.A. Functional Limitations
None of the above

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: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, 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
patient will be responsible for managing treatment

Homebound status:
Due to diagnosis of Wedge compression fracture of unspecified lumbar vertebra, 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:
Charles W. Milburn is a 79-year-old male presenting with right shoulder pain, limited right-hand grip, and difficulty with ambulation due to pain. He reports discomfort when lying on his sides, sitting in a chair, and changing positions. His past medical history is significant for eczema, impaired fasting glucose, history of retinal detachment, coronary artery disease without angina, and the presence of a left coronary artery stent. The patient previously lived in a basement apartment with seven steps, assisted by his daughter for instrumental activities of daily living (IADLs) while performing basic self-care tasks, including bathing and laundry, with some supervision. He currently demonstrates decreased standing balance and tolerance, reduced bilateral upper extremity strength, and limited activity endurance, contributing to impaired self-care, transfers, and ambulation. He is post-fall with a rib fracture and lumbar compression fracture, exhibiting generalized weakness and an unsteady gait with foot dragging. The patient resides with his daughter on the first floor, and skilled occupational therapy is recommended to address deficits preventing a return to prior level of function. Therapeutic exercises including straight leg raises, lower extremity abduction/adduction, long arc quadriceps, marching, mini squats, and heel raises (102 reps each) were taught.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 01/30/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 01/21/2026
 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat dx: Wedge compression fracture of unspecified lumbar vertebra, 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<o:p></o:p>
 1 - SOC - OT Notes: <o:p></o:p> PT Eval 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;"> Chase, Shanita

SN Careplans | SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/30/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Shanita Chase
3319 W Belvedere Ave
Baltimore, MD 21215
PHONE: 410-737-5000 FAX: 14107375401 NPI: 1487650891

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 : 01/21/2026

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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PT Careplans

PT WK2: 1 (02/01/26-02/07/26) ,WK3: 2 (02/08/26-02/14/26) ,WK4: 2 (02/15/26-02/21/26) ,WK5: 2 (02/22/26-02/28/26) ,WK6: 1 (03/01/26-03/07/26) ,WK7: 1 (03/08/26-03/14/26) ,WK8: 1 (03/15/26-03/21/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400 - Dyspnea, 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: cough/deep breathing exercises, incentive spirometer, gait training on uneven surfaces, gait training/stair training, 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, 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

PT Goals

PATIENT-STATED GOAL: To get stronger and walk straight .

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

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

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

OT Careplans

OT WK1: 6 (01/30/26-01/31/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) 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

OT Goals

PATIENT-STATED GOAL: Walk better

GOALS
Shower/Bathe Self - 05. Setup or clean-up 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 enviroment has adequate stairs railings

patient has access to necessary nutrition considering patient inability to pay

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

01/30/2026

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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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: , GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130C1 - Toileting Hygiene, GG0130H1 - Don/Doff Footwear, GG0130B1 - Oral Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, Financial, Financial, M2020 - Oral Med Management, Home Safety, M2102c - Med Admin, Financial, Financial, Financial, M1400 - Dyspnea, coughing, frequent urination, weak hand grips, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep

PROCEDURES: Medication Review : Medication reviewed with patient and patient's daughter. All medications in the home , equipment training, work simplification/energy conservation, transfers training, assist with bathing, assist with toilet transferring, assist with lower body dressing, assist with upper body dressing

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 enviroment has adequate stairs railings, patient has access to necessary nutrition considering patient inability to pay, patient has access to necessary medical care considering inability to pay, patient has access to medicine/medical supplies considering inability to pay, patient has access to rent/utility assistance considering inability to pay, patient has access to co-pay assistance considering inability to pay, caregiver administers and/or packages medications appropriately, 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 has access to necessary medical care considering inability to pay

patient has access to medicine/medical supplies considering inability to pay

patient has access to rent/utility assistance considering inability to pay

patient has access to co-pay assistance considering inability to pay

caregiver administers and/or packages medications appropriately

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