Home Health Certification and Plan of Care

Order ID: 1150/16051

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
03236963	02/02/2026	From: 02/02/2026 To: 04/02/2026	21685	217058

6. Patient's Name and Address
Deante Chisley
12 North Gillmore Street,
BALTIMORE, MD 21223-
202-213-6385

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 01/19/1985 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S82.141D	Displ bicondylar fx r tibia subs for clos fx w routn heal	02/02/26

13. ICD	Other Pertinent Diagnoses	Date
S82.852F	Displ trimalleol fx l low leg 7thF	02/02/26
G80.8	Other cerebral palsy	02/02/26
G81.91	Hemiplegia unspecified affecting right dominant side	02/02/26
Z79.82	Long term (current) use of aspirin	02/02/26

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

Tylenol - Acetaminophen 500 mg / 1 Tablet by mouth every 6 hours Take 2 tablets
(1,000 mg
total) by mouth
every 6 (six)
hours for 10
days
Aspirin (ECOTRIN LOW STRENGTH) 81 mg Oral TBEC DR Tab 1 Tablet by mouth in the morning
Senna - Senna 8.6 mg / 1 Tablet by mouth in the morning Take 1 tablet
(8.6 mg total)
by mouth in
the morning
and 1 tablet
(8.6 mg total)
before
bedtime.
Robaxin - Methocarbamol 500 mg 500 mg1 Tablet by mouth every 6 hours
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5 mg by mouth every 4 hours Prn 4 hours for pain
Gabapentin - Gabapentin 100 mg 1 tab by mouth three times a day

14. DME and Supplies:
commode, wheelchair, Knee immobilizer

15. Safety Measures:
wheelchair precautions, , remove environmental barriers, non-weight bearing RLE, non-weight bearing LLE, knee precautions, , , , activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Exercises Prescribed, Wheelchair, 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
patient will be responsible for managing treatment

Homebound status:
Due to diagnosis of Displaced Bicondylar Fracture Of Right Tibia, Subsequent Encounter For Closed 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:
The patient is a 41-year-old individual who sustained significant orthopedic injuries after being struck as a pedestrian by a motor vehicle. Injuries include a right tibial plateau fracture and a left trimalleolar ankle fracture. The patient's past medical history is notable for cerebral palsy, which may further impact baseline mobility and neuromuscular function. Initially, an external fixator was placed on the left ankle for stabilization. The patient subsequently underwent open reduction and internal fixation (ORIF) of the left ankle on January 30, 2026. At present, the patient remains non-weight bearing (NWB) on both lower extremities and has been instructed to wear a right knee immobilizer for additional stabilization. Functionally, the patient is independent with bed mobility and is able to transfer from bed to wheelchair with supervision, demonstrating appropriate safety awareness and adherence to weight-bearing precautions. Ambulation is not currently feasible due to bilateral NWB status. The patient resides with a friend in a townhouse that requires ascending five steps to enter, with both bedroom and bathroom located on the third floor. Given the current mobility limitations and bilateral NWB restrictions, a first-floor setup has been recommended, including the provision of a hospital bed to facilitate safe positioning, transfers, and activities of daily living. The patient is considered homebound, as leaving the residence requires considerable and taxing effort and necessitates transportation via ambulance due to mobility restrictions. Skilled home therapy services are medically necessary to address strength deficits, maintain joint integrity and range of motion within precautions, prevent deconditioning, and improve overall functional mobility. Ongoing therapy will focus on transfer training, safety education, equipment management, and progressive strengthening in preparation for advancement of weight-bearing status when medically cleared. Education has been provided regarding strict adherence to NWB precautions, proper use of the knee immobilizer, safe transfer techniques, and environmental modifications to reduce fall risk. Continued interdisciplinary coordination is recommended to support recovery and optimize functional outcomes.
 Date of Order 02/02/2026 Orders Physician Face-to-Face Date: 01/18/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and treat due to Displaced Bicondylar Fracture Of Right Tibia, Subsequent Encounter For Closed 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
 1 - SOC - PT Notes: soc
 Physician Maestas, Travis

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 02/02/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Travis Maestas
700 2Nd St Ne
Washington, DC 20002
PHONE: FAX: NPI: 1073977542

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 : 01/18/2026

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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SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (02/02/26-02/07/26) ,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) ,WK7: 1 (03/15/26-03/21/26) ,WK8: 1 (03/22/26-03/28/26) ,WK9: 1 (03/29/26-04/02/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 8

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: , GG0170D1 - Sit to Stand, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, 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, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, limited range of motion, limited strength, Pain Effect on Sleep, Pain Interference with ADLs, #1 - Non-Observable Surgical Wound - Anterior Right Ankle -

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Right Ankle -, train caregiver(s) to perform medical/rehabilitation treatments, wheelchair training, home exercise program: Prone knee flexion, hip extension. Sitting knee extension, ankle pumps. Supine hip flexion, straight leg raise, hip abduction, 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: I would like to walk like normal

GOALS
Toilet Transfer - 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
* 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/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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

caregiver performs medical/rehabilitation treatments with adequate competence

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

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

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Signature of Physician:

Date

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

Date
02/02/2026