Home Health Certification and Plan of Care

Order ID: 1150/16097

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
19258580	02/06/2026	From: 02/06/2026 To: 04/06/2026	22285	217058

6. Patient's Name and Address

Perry Austin
4720 Chatford Ave,
Baltimore, MD 21206
443-414-3839

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 10/22/1998 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
M35.2	Behcet's disease	02/06/26

13. ICD	Other Pertinent Diagnoses	Date
G81.91	Hemiplegia unspecified affecting right dominant side	02/06/26
D84.9	Immunodeficiency unspecified	02/06/26
G47.00	Insomnia unspecified	02/06/26
R73.9	Hyperglycemia unspecified	02/06/26
T38.0X5D	Adverse effect of glucocort/synth analog subs	02/06/26
F03.93	Unsp dementia unspecified severity with mood disturb	02/06/26
F32.9	Major depressive disorder single episode unspecified	02/06/26
F90.8	Attention-deficit hyperactivity disorder other type	02/06/26
F39.	Unspecified mood [affective] disorder	02/06/26
E55.9	Vitamin D deficiency unspecified	02/06/26
H20.9	Unspecified iridocyclitis	02/06/26
R41.841	Cognitive communication deficit	02/06/26
F17.210	Nicotine dependence cigarettes uncomplicated	02/06/26
F12.90	Cannabis use unspecified uncomplicated	02/06/26
Z86.16	Personal history of COVID-19	02/06/26
Z91.81	History of falling	02/06/26

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

Pantoprazole - Pantoprazole Sodium 40 mg / 1 Tablet by mouth once a day Commonly known as: PROTONIX
Sertraline - Sertraline Hydrochloride 50 mg / 1 Tablet by mouth at bedtime Commonly known as: ZOLOFT
Memantine Hydrochloride - Memantine Hydrochloride 10 mg 10 mg / 1 Tablet by mouth twice a day Commonly known as: NAMENDA
Prednisone - Prednisone 10 mg / 1 Tablet by mouth once a day Take 6 tablets by mouth daily for 5 days,
THEN 4 tablets daily for 3 days, THEN 2
tablets daily for 3 days.
Start taking on: January 28, 2026
What changed:
medication strength
See the new instructions.
Azathioprine - Azathioprine Sodium 50 mg / 1 Tablet by mouth once a day Take 150 mg by mouth daily.
Commonly known as: IMURAN
Trazadone - Trazodone Hydrochloride 50mg by mouth at bedtime 1 tab at bedtime for sleep
Amjevita - Adalimumab-Atto 40 MG/0.4ML Soaj Inject into the skin every 14 days Generic drug: Adalimumab-atto
Administered every other Thursday

14. DME and Supplies:

hospital bed, 4 wheeled walker, commode, walker, wheelchair, rolling walker, hand held shower

15. Safety Measures:

wheelchair precautions, , hand rails, bathroom safety, activity supervision, ambulates with assistance, bedrails up while in bed, emergency phone # clearly displayed, supervision at all times, transfer with assist, walker precautions, , , ambulates with device

16. Nutrition:

regular

17. Allergies:

lisinopril

18.A. Functional Limitations

Endurance, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted

Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time., ANXIETY: 4. Constantly, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions!5. Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions), HISTORY OF DEPRESSION: Yes

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status:

Due to diagnosis of Behcet's Disease, 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 27-year-old male with a complex medical history significant for Behet's disease complicated by neuro-Behet's syndrome with ADEM-like brainstem involvement, uveitis, avascular necrosis, and major depressive disorder. His neurological baseline includes chronic gait unsteadiness, dysconjugate gaze, and dysarthria. He presented with several days of worsening gait instability, imbalance, generalized weakness, and blurry vision, resulting in recent hospitalization at MedStar Union Memorial Hospital, where he completed a 5-day course of intravenous methylprednisolone. He was discharged home on 1/26 to his father's residence; however, upon arrival home, his mother expressed concerns regarding persistent weakness, inability to ambulate, and increased fall risk, indicating potential need for rehabilitation services. The patient reports several months of medication nonadherence, stating he discontinued adalimumab and azathioprine without a clear reason. All prescribed medications are currently present in the home. He is a full code. He resides in a rowhome shared between parents, with multiple stairs required to access the bedroom and bathroom located on the second floor, presenting a significant safety concern given his current functional status. The home environment is reported to be clean and safe, with no pets. He lives with his 18-year-old brother, who is currently away at college. Durable medical equipment in the home includes a rollator/wheelchair combination device, hospital bed, urinal, and bedside commode. A shower chair is needed to improve safety with bathing. He has a scheduled afternoon physician appointment on Monday, 2/9, and therapy <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> are requested in the morning to accommodate this. Prior to this exacerbation, the patient reports independence with basic self-care, functional transfers, and ambulation. Currently, he presents with generalized weakness, dysfunctional gait characterized by poor postural control and dysconjugate positioning, slurred speech, right hemiplegia, impaired standing balance, and significantly decreased standing tolerance. He is presently unable to ambulate safely and requires maximum assistance for transfers, activities of daily living, and personal hygiene. Functional mobility is markedly reduced compared to prior level of function, and he is at high risk for falls due to neurological deficits and environmental barriers (stairs). During the therapy evaluation, both the patient and his mother were educated on adaptive techniques for safe transfers and mobility within the home environment. A home exercise program was instructed and demonstrated, focusing on strengthening, postural control, and balance training to address deficits in bilateral upper extremity strength, lower extremity stability, and overall activity tolerance. Education was also provided regarding fall

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/06/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Jeffrey Katz
1701 Twin Springs Rd
Halethorpe, MD 21227
PHONE: 800-777-7904 FAX: 14107975401 NPI: 1013954213

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 : 01/28/2026

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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prevention strategies and safe use of assistive devices. Given the patient's significant neurological impairment, recent hospitalization, medication nonadherence history, and substantial decline from baseline function, skilled occupational and physical therapy services are medically necessary to address deficits in strength, balance, endurance, transfer safety, and functional mobility. The plan of care includes progressive therapeutic exercise, neuromuscular re-education, gait training as appropriate, ADL retraining, caregiver instruction, and home safety modifications. The overall goal is to maximize functional independence, reduce fall risk, support safe navigation of the multilevel home environment, and facilitate return toward prior level of function while coordinating care with his medical team.
 Date of Order 02/06/2026 Orders Physician Face-to-Face Date: 01/28/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Behcet's Disease 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 - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Katz , Jeffrey

SN Careplans

SN WK1: 1 (02/06/26-02/07/26) ,WK2: 1 (02/08/26-02/14/26) ,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)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 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, 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; 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M1745 - Behavioral Issues, M1700 - Cognition, D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M2020 - Oral Med Management, abnormal sputum production, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, M1400 - Dyspnea, M1620 - Bowel Incontinence, limited endurance, muscle weakness, limited range of motion, poor muscle tone, limited strength, balance deficit, difficulty sleeping, daytime fatigue, weak hand grips, impaired speech, drooling

PROCEDURES: incentive spirometer, swallowing exercises, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, monitor intake & output,

SN Goals

PATIENT-STATED GOAL: Patient states he wants to be able to walk again so he can go up and down the stairs to his bedroom

GOALS
patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpos

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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related m

patient/caregiver recalls
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* skin care
* 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 administers and/or packages medications appropriately

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/06/2026

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teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related m, * how to keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * strategies to increase caloric intake, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, 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 administers and/or packages medications appropriately

PT Careplans

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

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, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet

PROCEDURES: wheelchair training, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car 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, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: To safely transfer and ambulate

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car 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

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

OT Careplans

OT WK2: 1 (02/08/26-02/14/26) ,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)

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: Medication Review : Medication reviewed with patient and caregiver. All medications noted in the home , cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation

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 - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

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

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	02/06/2026