Home Health Certification and Plan of Care

Order ID: 1150/16204

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
14177234	02/11/2026	From: 02/11/2026 To: 04/11/2026	22466	217058

6. Patient's Name and Address

William Beil
419 Country Ridge Circle,
BEL AIR, MD 21015
443-613-5278

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 03/21/1942 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.89	Encounter for other orthopedic aftercare	02/11/26

13. ICD	Other Pertinent Diagnoses	Date
M48.02	Spinal stenosis cervical region	02/11/26
G95.9	Disease of spinal cord unspecified	02/11/26
M48.062	Spinal stenosis lumbar region with neurogenic claudication	02/11/26
M47.26	Other spondylosis with radiculopathy lumbar region	02/11/26
I11.0	Hypertensive heart disease with heart failure	02/11/26
I50.30	Unspecified diastolic (congestive) heart failure	02/11/26
G43.B0	Ophthalmoplegic migraine not intractable	02/11/26
E03.9	Hypothyroidism unspecified	02/11/26
I70.0	Atherosclerosis of aorta	02/11/26
M72.0	Palmar fascial fibromatosis [Dupuytren]	02/11/26
H53.2	Diplopia	02/11/26
E78.5	Hyperlipidemia unspecified	02/11/26
H81.92	Unspecified disorder of vestibular function left ear	02/11/26
K44.9	Diaphragmatic hernia without obstruction or gangrene	02/11/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	02/11/26
Z98.1	Arthrodesis status	02/11/26
Z85.828	Personal history of other malignant neoplasm of skin	02/11/26
Z87.891	Personal history of nicotine dependence	02/11/26

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

JOBST KNEE-HI STOCKINGS 1 Each Please provide below-knee (Patient not taking: Reported on 1/28/2026)
Hyzaar - Hydrochlorothiazide: Losartan Potassium 12.5 mg Oral once a day Take 1 tablet by mouth daily for 30 days
Levothroid - Levothyroxine Sodium 25 mcg Tablet by mouth in the morning Take half tablet by mouth every morning 30 minutes before a meal
Vitamin B Complex - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 Capsule by mouth once a day Take 1capsule by mouth daily (Patient not taking: Reported on 1/28/2026)
Tylenol - Acetaminophen 500+650mg Tablet by mouth every 6 hours Take 650mg+500mg 8n the AM and around 1300 and 500mg at night.
Benzonatate - Benzonatate 100mg per tab by mouth every 4 hours Take 1 tab every four hours as needed for cough
Cyclobenzaprine - Cyclobenzaprine Hydrochloride 10mg per tab by mouth every 8 hours Take 10mg (1 tab) every 8 hours as needed for muscle spasms.
Ondansetron - Ondansetron 4 mg 4mg per tab sublingual every 8 hours Take one tab under tongue every 8 hours as needed for nausea
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg =1tab by mouth every 4 hours Take 1 5mg tab every 4 hours as needed for pain
Naloxone - Naloxone Hydrochloride 4mg/0.1ml nasal as necessary Spray 1 spray as single dose in one nostril. May repeat every 3 minutes in alternating nostrils until medical assistance becomes available.

14. DME and Supplies:

4 wheeled walker, rolling walker, hand held shower, bath bench

15. Safety Measures:

walker precautions, smoke detectors , restricted ROM, , , ambulates with device, emergency phone # clearly displayed, ambulates with assistance, supervision at all times, transfer with assist, , no bending, hand rails, bathroom safety, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Walker, Exercises Prescribed, 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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment**patient will be res**

Homebound status:

After undergoing Cervical And Lumbar Laminectomy With Spinal Fusion, 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 an 83-year-old male status post cervical and lumbar laminectomy with spinal fusion performed on 02/05/2026 for cervical spinal stenosis with myelopathy and lumbar spondylosis with radiculopathy. He is currently recuperating at his niece's single-family home in Bel Air, Maryland, where he is residing on the third floor, requiring navigation of approximately 12-15 stairs. He has access to a private bathroom equipped with a walk-in shower and bench. The patient is a full code with MOLST documentation on file. He reports no known drug allergies, and all prescribed medications are present in the home. His past medical history is significant for diastolic heart failure (HFpEF, diagnosed 12/25/2025), cervical spinal stenosis with myelopathy, lumbar spondylosis with radiculopathy (08/04/2025), disequilibrium (08/04/2025), atherosclerosis of the aorta (06/05/2018), ophthalmic migraine, hypothyroidism, diplopia (04/20/2017), left vestibular function disorder (04/20/2017), history of basal cell carcinoma (08/11/2021), Dupuytren's contracture (07/04/2013), trigger finger (07/03/2013), hiatal hernia with reflux (03/29/2013), and benign prostatic hyperplasia (03/29/2013). These comorbidities contribute to balance impairment and increase fall risk. At the time of assessment, the patient was wearing a cervical collar and reported minimal pain but demonstrated restricted range of motion consistent with recent spinal surgery and prescribed precautions. He ambulates with a rolling walker and requires one-person assistance for safety. His niece's husband provides daytime caregiving support. Although he has a shower bench, he will require a shower chair to optimize safety during bathing. Skilled nursing assessment included removal of surgical dressings from the cervical and lumbar incision sites. Staples were noted to be clean, dry, and intact without signs or symptoms of infection. Photographs were obtained and uploaded to the medical record. Current wound care orders are to leave both incisions open to air. Staple removal is scheduled at the postoperative appointment on 02/20. The patient was educated on incision care, signs and symptoms of infection, activity restrictions,

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/11/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Chetan Sharma
1447 York Rd
Lutherville-Timonium, MD 21093
PHONE: FAX: NPI: 1477734341

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 : 02/06/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/16204

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
14177234	02/11/2026	From: 02/11/2026 To: 04/11/2026	22466	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
William Beil 419 Country Ridge Circle, BEL AIR, MD 21015 443-613-5278	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

spinal precautions, and safe mobility techniques. He verbalized understanding. Given his recent extensive spinal surgery, cervical immobilization, cardiac history, balance deficits, and multilevel home environment with stairs, the patient remains at elevated risk for falls and postoperative complications. Skilled nursing services are indicated for ongoing incision assessment, cardiopulmonary monitoring related to HFpEF, medication management, and reinforcement of postoperative precautions. Skilled physical therapy is medically necessary to address gait training, stair negotiation, strengthening, balance retraining, adherence to spinal precautions, and progression of functional mobility toward independence. The patient's stated goal is to return to his own home, where he previously lived independently, once cleared by therapy. The plan of care focuses on promoting safe recovery, preventing complications, restoring functional mobility, and facilitating a safe transition back to independent living.
 Date of Order 02/11/2026 Orders Physician Face-to-Face Date: 02/06/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat due to Cervical And Lumbar Laminectomy With Spinal Fusion 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:
 Physician Sharma, Chetan

SN Careplans

SN WK1: 1 (02/11/26-02/14/26) ,WK2: 1 (02/15/26-02/21/26)

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: 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: M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, muscle weakness, limited range of motion, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, bruising/discoloration, swell/redness surround. skin, #1 - Observable Surgical Wound - Other - Lower back - Surgical spinal fusion closed with 15 staples, #2 - Observable Surgical Wound - Other - Neck - Neck surgical laminectomy closed with 12 staples

PROCEDURES: physician-ordered wound care: #2 - Observable Surgical Wound - Other - Neck - Neck surgical laminectomy closed with 12 staples, physician-ordered wound care: #1 - Observable Surgical Wound - Other - Lower back - Surgical spinal fusion closed with 15 staples, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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

SN Goals

PATIENT-STATED GOAL: Patient states he wants to heal from his surgery and get stronger so he is able to go back to his home and live indeoendently

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
* 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

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	02/11/2026

Home Health Certification and Plan of Care

Order ID: 1150/16204

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
14177234	02/11/2026	From: 02/11/2026 To: 04/11/2026	22466	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
William Beil 419 Country Ridge Circle, BEL AIR, MD 21015 443-613-5278	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

works best to relieve pain teach relaxatio, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

PT Careplans

PT WK1: 10 (02/11/26-02/14/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, Pain Effect on Sleep, 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, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene

PROCEDURES: cough/deep breathing exercises, home exercise program, equipment training, work simplification/energy conservation, dynamic standing balance exercises, 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent

PT Goals

PATIENT-STATED GOAL: I want to get stronger and get back to golfing.

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

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

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/11/2026