Home Health Certification and Plan of Care

Order ID: 1150/16276

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2GM5N12RG63	12/23/2025	From: 12/23/2025 To: 02/20/2026	20502	217058

6. Patient's Name and Address

Calvin Carter
239 Eisenhower Ct,
ODENTON, MD 21113-
410-977-0559

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 07/27/1927 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G93.41	Metabolic encephalopathy	12/23/25

13. ICD	Other Pertinent Diagnoses	Date
R13.10	Dysphagia unspecified	12/23/25
I10.	Essential (primary) hypertension	12/23/25
E03.9	Hypothyroidism unspecified	12/23/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	12/23/25
E78.5	Hyperlipidemia unspecified	12/23/25
G62.9	Polyneuropathy unspecified	12/23/25
H40.9	Unspecified glaucoma	12/23/25
B35.1	Tinea unguium	12/23/25
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	12/23/25
K21.9	Gastro-esophageal reflux disease without esophagitis	12/23/25
Z51.5	Encounter for palliative care	12/23/25
Z79.82	Long term (current) use of aspirin	12/23/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	12/23/25
Z87.440	Personal history of urinary (tract) infections	12/23/25

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

Acetaminophen - Acetaminophen 500 MG Oral Tablet ,Take 1 tablet by mouth every 8 hours for Mild Pain
Amlodipine Besylate - Amlodipine Besylate 10 MG Oral Tablet,take 1 tablet by mouth once a day for Essential HTN
Atorvastatin Calcium - Atorvastatin Calcium 40 MG Oral Tablet,Take 1 tablet by mouth at bedtime for HLD
Dorzolamide HCl -Timolol 2- 0.5% Ophthalmic Solution, Instill 1 drop both eyes every 12 hours for Glaucoma
Finasteride - Finasteride 5 MG Oral Tablet,Take 1 tablet by mouth once a day for BPH
Gabapentin - Gabapentin 100 MG Oral Capsule,Take 1 capsule by mouth twice a day or Neuropathy
Latanoprost - Latanoprost 0.005% Ophthalmic Solution,Instill 1 drop both eyes once a day for Glaucoma
Levothyrodne 175 MCG Oral Tablet ,Take 1 tablet by mouth in the morning for Hypothyroidism
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 17 GM Oral Packet,Take 1 packet by mouth once a day as needed for Constipation Prevention
Aspirin - Aspirin 81 MG ,Take 1 tablet by mouth once a day for S/P CVA
Sennosides - Senna 8.6 MG Oral Tablet ,Take 2 tablet by mouth once a day for Bowel Regimen
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 MCG Oral Tablet,take 1 tablet by mouth once a day for Supplement for Vit D Definciency
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG Oral Capsule ,take 1 tablet by mouth at bedtime for Urinary Retention R/T BPH
Famotidine - Famotidine 40 mg 20 MG Oral Tablet ,Take 1 tablet by mouth twice a day Take one half tablet by mouth twice a day. for GERD

Order

14. DME and Supplies:

commode, hospital bed, bath bench, wheelchair, , , grab bars

15. Safety Measures:

aspiration precautions, supervision at all times, standard precautions, wheelchair precautions, fall precautions, cardiac precautions, bathroom safety

16. Nutrition:

soft

17. Allergies:

no known allergies

18.A. Functional Limitations

Speech, Hearing, Bowel/Bladder Incontinence

18.B. Activities Permitted

Transfer bed/Chair, , Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

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
family/caregiver will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Metabolic encephalopathy, 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 98-year-old male with a significant past medical history including CVA (2020), moderate dysphagia, hypertension, hyperlipidemia, coronary artery disease, benign prostatic hyperplasia, recurrent UTIs, neuropathy, hypothyroidism, GERD, glaucoma, and generalized weakness. He presented to the emergency department on 11/13/25 with altered mental status and was diagnosed with sepsis secondary to a UTI, for which he received IV antibiotics. He was subsequently transferred to Autumn Lake Rehabilitation and discharged home on 12/18/25. Upon skilled nursing arrival, the patient was resting comfortably in a wheelchair with his daughter-in-law present. He resides in a multi-level single-family home with his son and daughter-in-law and has a paid caregiver assisting with ADLs during the week. The home is equipped with a ramp and stair lift for accessibility. The patient ambulates short distances with a walker and has a history of multiple falls, including one during rehab and three within the past year. He demonstrates decreased strength in bilateral lower extremities, impaired balance, unsteady gait, decreased endurance, difficulty with transfers, reduced safety awareness, and increased fall risk, requiring assistance and an assistive device to safely leave the home. Pain is currently well controlled with medications. Bilateral foot edema, neuropathy symptoms, and reduced plantar sensation were noted, along with visual impairment requiring contact guard to minimal assistance during ambulation. Medications were reviewed with no discrepancies or refill needs identified. The patient and caregivers were educated on edema management, fall prevention, safe transfers, ambulation with a walker, and the importance of regular mobility. Gait assessments were completed, and a walking program was initiated. The patient and caregivers agreed with the plan of care, and skilled home health services, including nursing and physical therapy, are medically necessary to address functional deficits, improve mobility and safety,

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/23/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Nishi Das
1 Texas Station Court
Lutherville, MD 21093
PHONE: 4106057000 FAX: 14102098402 NPI: 1730240284

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 : 12/10/2025

27. Attending Physician's Signature and Date Signed **02/19/2026**: 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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prevent falls, and support continued recovery at home.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 12/23/2025<o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 12/10/2025
Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Metabolic encephalopathy
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 - SN Notes:<o:p></o:p> PT Eval Notes:<o:p></o:p> OT Eval Notes:<o:p></o:p> Physician: Adler MD, Das, Nashi

SN Careplans

SN WK1: 1 (12/23/25-12/27/25)

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

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 9. Other risk(s) not listed in 1- 8

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

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, meal preparation, M2020 - Oral Med Management, M1400 - Dyspnea, M1620 - Bowel Incontinence, constipation, M1600 - UTI, M1610 - Urinary Incontinence, swelling of affected area, limited range of motion, limited strength, impaired speech, Pain Interference with ADLs, B0200 - Hearing Deficit, B1000 - Vision Deficit, Pain Interference with Therapy activities, Pain Effect on Sleep

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, bladder training, coordinate/arrange for adequate patient supervision, coordinate/arrange resources for vision-impaired, coordinate/arrange home modifications for hearing impaired, i.e. alarms

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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 optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation recalls, * how to keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize genito-urinary condition including diet exercise home remedies, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: To get better

GOALS
patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls

patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize genito-urinary condition including diet
* exercise
* home remedies
* recalls related medication(s) purpose, schedule

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 keep home safe for patient with dementia
* coping strategies for the caregiver
* 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
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/23/2025

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

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (12/23/25-12/27/25) ,WK2: 1 (12/28/25-01/03/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, GG0170F1 - Toilet Transfer - 03. Partial/moderate assistance, GG0170D1 - Sit to Stand - 02. Substantial/maximal assistance, GG0170E1 - Chair to Bed to Chair - 02. Substantial/maximal assistance, GG0170G1 - Car Transfer - 02. Substantial/maximal assistance, GG0170I1 - Walk 10 Feet - 02. Substantial/maximal assistance, GG0170J1 - Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, GG0170K1 - Walk 150 Feet - 02. Substantial/maximal assistance, GG0170L1 - Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, GG0170M1 - 1 - Step (curb) - 02. Substantial/maximal assistance, GG0170N1 - 4 Steps - 02. Substantial/maximal assistance, GG0170O1 - 12 Steps - 02. Substantial/maximal assistance, GG0170P1 - Picking Up Object - 02. Substantial/maximal assistance

PROCEDURES: train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., gait training/stair training, transfers training, assist with mobility, assist with fall prevention

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, Toilet Transfer - 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, Car Transfer - 05. Setup or clean-up assistance, Chair to Bed to Chair - 02. Substantial/maximal assistance, Sit to Stand - 06. Independent, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

PT Goals

PATIENT-STATED GOAL: To be able to safely walk without feeling unsteady on feet, and to walk more

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

Toilet Transfer - 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

Car Transfer - 05. Setup or clean-up assistance

Chair to Bed to Chair - 02. Substantial/maximal assistance

Sit to Stand - 06. Independent

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

OT Careplans

OT WK1: 1 (12/23/25-12/27/25) ,WK2: 1 (12/28/25-01/03/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene - 03. Partial/moderate assistance, GG0130F1 - Upper Body Dressing - 05. Setup or clean-up assistance, GG0130G1 - Lower Body Dressing - 05. Setup or clean-up assistance, GG0130H1 - Don/Doff Footwear - 05. Setup or clean-up assistance, GG0130E1 - Shower/Bathe Self - 03. Partial/moderate assistance, GG0130C1 - Toileting Hygiene - 03. Partial/moderate assistance, GG0130A1 - Eating - 05. Setup or clean-up assistance

PROCEDURES: 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 - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 05. Setup or clean-up assistance, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Be more independent

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

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Oral Hygiene - 05. Setup or clean-up assistance

Eating - 05. Setup or clean-up assistance

Signature of Physician:

Date

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

Date
12/23/2025