Home Health Certification and Plan of Care

Order ID: 1150/15619

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6DF2MT3MQ85	01/14/2026	From: 01/14/2026 To: 03/14/2026	21087	217058

6. Patient's Name and Address
Alan Courduff
806 Seaword Road,
TOWSON, MD 21286-
410-262-5906

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 09/29/1950 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	01/14/26

13. ICD	Other Pertinent Diagnoses	Date
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	01/14/26
I11.0	Hypertensive heart disease with heart failure	01/14/26
I50.20	Unspecified systolic (congestive) heart failure	01/14/26
E11.9	Type 2 diabetes mellitus without complications	01/14/26
E78.00	Pure hypercholesterolemia unspecified	01/14/26
I25.5	Ischemic cardiomyopathy	01/14/26
I35.0	Nonrheumatic aortic (valve) stenosis	01/14/26
K21.9	Gastro-esophageal reflux disease without esophagitis	01/14/26
Z79.82	Long term (current) use of aspirin	01/14/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	01/14/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	01/14/26
Z95.1	Presence of aortocoronary bypass graft	01/14/26

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

Tylenol - Acetaminophen 325 mg tablet,Take 2 tablets by mouth every 6 hours Take 2 tablets by mouth every 6 hours as needed for Fever (temp in PRN comment) (> 38.5 C).
Cordarone - Amiodarone Hydrochloride 200 MG tablet,Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Aspirin - Aspirin 81 MG tablet,Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Calcium Citrate-Vitamin D (CALCIUM + D PO) Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Cinnamon - Cinnamon 500 MG CAPS ,Take 1,000 mg by mouth once a day Take 1,000 mg by mouth daily
Jardiance - Empagliflozin Take 25 MG TABS tablet by mouth once a day Take 25 mg by mouth daily
Glucophage - Metformin Hydrochloride 500 MG tablet,Take 2 tablets by mouth twice a day Take 2 tablets by mouth 2 times daily
Toprol Xl - Metoprolol Tartrate 25 MG tablet,Take 1.5 tablets by mouth once a day Take 1.5 tablets by mouth daily
Centrum Silver - Ascorbic Acid: Biotin: Cyanocobalamin: Ergocalciferol: Folic Acid: Niacinamide: Pantothenic Acid: Phytonadione: Pyridoxine: Ribo Take 1 tablet by mouth once a day Take 1 tablet by mouth daily.
Quinidine Gluconate - Quinidine Gluconate 324 MG TBCR,Take 2 tablets by mouth twice a day Take 2 tablets by mouth 2 times daily.
Crestor - Rosuvastatin Calcium 40 MG tablet,Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Brilinta - Ticagrelor 90 MG tablet,Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times daily
Ambien - Zolpidem Tartrate Take 10 MG tablet, by mouth at bedtime Take 10 mg by mouth nightly as needed for Sleep
Vit B12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 500mcg by mouth once a day Take 1 tab 500 mcg daily for B12 repletion
Lasix - Furosemide 20 mg 1 tab by mouth as necessary Give 1 tab 20mg I'd patient gains 3lbs in 2 days or 5lbs in a week and notify the heart failure clinic.

14. DME and Supplies:
diabetic supplies, commode, 4 wheeled walker

15. Safety Measures:
bathroom safety, anticoagulant precautions, ambulates with device, smoke detectors , walker precautions, transfer with assist, sharps precautions, medication safety, hand rails, cardiac precautions, ambulates with assistance, standard precautions, fall precautions, bleeding precautions, diabetic precautions, activity supervision

16. Nutrition:
cardiac diet, low sodium, diabetic,

17. Allergies:
nitroclycerin

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Transfer bed/Chair, Exercises Prescribed, Up As Tolerated, Walker

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: fair

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

Homebound status: Due to diagnosis of Non-ST elevation (NSTEMI) myocardial infarction, 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 75-year-old male with a significant past medical history including bradycardia with ICD/pacemaker placement, coronary artery disease status post CABG, recent NSTEMI with high-risk PCI, ischemic cardiomyopathy with reduced ejection fraction (approximately 25-35%), history of ventricular tachycardia arrest, diabetes mellitus on insulin, hyperlipidemia, GERD, hypertension, recurrent falls, and deconditioning. He was recently rehospitalized for bradycardia, hypotension, and syncope and was evaluated by cardiology. The patient's wife was educated that blood pressure readings are acceptable as long as systolic blood pressure remains 80 mmHg and heart rate 40 bpm, provided the patient remains asymptomatic; if symptoms occur, she was instructed to place the patient in Trendelenburg position until vital signs stabilize. The patient resides in a split-level single-family home with his wife and daughter, who serve as primary caregivers, and a paid daytime aide assists with ADLs seven days per week. The patient's bedroom is located in the basement, and a bedside commode has been recommended for nighttime use. He ambulates with a front-wheeled walker and demonstrates an unsteady gait. Physical therapy evaluation reveals bilateral lower extremity weakness (approximately 3-/5), impaired balance, reduced endurance, and altered gait mechanics, requiring moderate assistance for bed mobility, transfers, and limited household ambulation of approximately 25-40 feet with frequent rest breaks due to fatigue and shortness of breath, placing him at high risk for falls. Occupational therapy is indicated to address ADL training, adaptive equipment use, functional mobility, upper extremity strengthening, home exercise

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/14/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
J Todd Baldanza
10751 Falls Rd
Lutherville, MD 21093
PHONE: 4105832844 FAX: 14105832841 NPI: 1841261427

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 : 01/02/2026

27. Attending Physician's Signature and Date Signed **01/28/2026**: 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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program, and safety education. Skilled nursing, physical therapy, and occupational therapy services are medically necessary to improve strength, balance, endurance, functional mobility, and safety, reduce fall risk, and prevent rehospitalization.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 01/14/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 01/02/2026
 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat dx: Non-ST elevation (NSTEMI) myocardial infarction
 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:
 PT Eval Notes:
 OT Eval Notes:<o:p></o:p> Physician: Baldanza, J Todd

SN Careplans

SN WK1: 1 (01/14/26-01/17/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 40 > 110, respiratory rate < 8 > 22, blood pressure systolic < 80 > 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), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 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; 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: M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, lightheadedness, dizziness/syncope, abnormal blood pressure, limited endurance, limited strength, muscle weakness, balance deficit, lethargy, difficulty sleeping, daytime fatigue, loss of appetite

PROCEDURES: Daily Weights: Teach CG how to perform daily dry weights and record them., Medication Review- : Medications reviewed with patient/caregiver. , Vital sign safety: Educate patient and CG on how to properly perform trendellenberg. Educate patient and CG how to properly take blood pressure and heart rate. If patients HR below 40 and symptomatic or BP systolocally below 80 educated patient and CG on proper placement and how to recheck HR and BP after patient in trendellenberg. If HR or BP do not improve and patient is symptomatic educate how to contact MD or call 911. , cough/deep breathing exercises, incentive spirometer, glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * how to take the patient's blood pressure record the reading, 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: Patient wants to rebuild his strength up so he can walk with his walker by himself.

GOALS
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 take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (01/14/26-01/17/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: HEP: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 1-2 minutes continuously per exercise. 1-2 set per day. Emphasis on improving right knee ROM, reducing stiffness. Patient instructed on proper technique, pacing, and safe frequency throughout the day. Patient verbalized understanding and demonstrated good carryover., Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , cough/deep breathing exercises, 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06.

PT Goals

PATIENT-STATED GOAL: To get the best out of my CV endurance

GOALS
Chair to Bed to Chair - 06. Independent

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/14/2026

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Independent, Picking Up Object - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

OT Careplans

OT WK1: 1 (01/14/26-01/17/26)

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: cough/deep breathing exercises, incentive spirometer, therapeutic exercises, equipment training, work simplification/energy conservation, 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: to get my strength back

GOALS
Chair to Bed to Chair - 06. Independent

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

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	01/14/2026