Home Health Certification and Plan of Care

Order ID: 1150/16221

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5JK1V75RA37	10/09/2025	From: 02/06/2026 To: 04/06/2026	5997	217058

6. Patient's Name and Address

Donald Morton
9329 Lyonswood Dr,
OWINGS MILLS, MD 21117-
410-363-0443

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 12/04/1948 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
K26.9	Duodenal ulcer unsp as acute or chronic w/o hemor or perf	10/09/25

13. ICD	Other Pertinent Diagnoses	Date
D51.9	Vitamin B12 deficiency anemia unspecified	10/09/25
K59.00	Constipation unspecified	10/09/25
E11.65	Type 2 diabetes mellitus with hyperglycemia	10/09/25
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	10/09/25
N13.8	Other obstructive and reflux uropathy	10/09/25
F20.9	Schizophrenia unspecified	10/09/25
I10.	Essential (primary) hypertension	10/09/25
E78.5	Hyperlipidemia unspecified	10/09/25
G47.30	Sleep apnea unspecified	10/09/25
E55.9	Vitamin D deficiency unspecified	10/09/25
R26.89	Other abnormalities of gait and mobility	10/09/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	10/09/25
Z87.440	Personal history of urinary (tract) infections	10/09/25
Z87.891	Personal history of nicotine dependence	10/09/25
Z79.82	Long term (current) use of aspirin	10/09/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	10/09/25

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

Vit D - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 MCG (1000 UT) 1 capsule by mouth once a day
Docusate Sodium - Docusate Sodium 100 MG 1 capsule by mouth once a day
Aquaphor Advanced Apply to B/L LEGS AND FEET topical once a day Apply to B/L LEGS AND FEET topically every day and evening shift for DRY SKIN WASH B/L LOWER EXTREMITES, PAT DRY AND APPLY AQUAPHOR
Olanzapine - Olanzapine 2.5 mg 1 tablet by mouth once a day For schizophrenia
Carvedilol - Carvedilol 25 mg 1 tablet by mouth twice a day For HTN
Benztropine Mesylate - Benztropine Mesylate 0.5 mg 1 tablet by mouth at bedtime For schizophrenia
Finasteride - Finasteride 5 mg 1 tablet by mouth once a day Prostate
Amlodipine Besylate - Amlodipine Besylate eq 10 mg base 1 tablet by mouth once a day HTN
Ketotifen Fumarate - Ketotifen Fumarate 1 drop drops twice a day Instill 1 drop in both eyes two times a day for dry eyes
Glipizide - Glipizide 5 mg 1 tablet by mouth twice a day DM
Metformin - Metformin Hydrochloride 1000mg by mouth twice a day DM
Cardura - Doxazosin Mesylate eq 4 mg base by mouth once a day For Prostate and HTN
Milk Of Magnesia - Simethicone 400 MG/5ML 30 ml by mouth by mouth every 8 hours As needed
Guaifenesin - Guaifenesin 600 MG 2 tablet by mouth twice a day For cough as needed
Albuterol Sulfate - Albuterol Sulfate 108 (90 Base) MCG/ACT 2 puff inhalant every 8 hours As needed for breathing
Tylenol - Acetaminophen 650 mg 325 MG 2 tablet by mouth every 4 hours As needed for pain
Cyclobenzaprine - Cyclobenzaprine Hydrochloride 010 mg tablet by mouth three times a day As needed for muscle spasms

14. DME and Supplies:

walker, wheelchair, commode

15. Safety Measures:

diabetic precautions, ambulates with device, activity supervision, medication safety, standard precautions, walker precautions, wheelchair precautions, fall precautions

16. Nutrition:

regular,

17. Allergies:

lisinopril

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Up As Tolerated, Transfer bed/Chair, Wheelchair, Walker

19. Mental & Pyschosocial Status: COGNITION: 3. Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently, ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Duodenal ulcer unspecified as acute or chronic without hemorrhage or perforation, 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 was asleep upon arrival and is alert and oriented 3. Skin is intact except for the right knee and ankle. He uses a wheelchair for mobility and has a history of diabetes, knee contractures, and constipation. A physical therapy evaluation was completed. The patient previously received skilled PT services focused on improving range of motion and strengthening, with emphasis on hamstring stretching to promote knee extension in preparation for standing. He has been trained in the safe use of a sliding board and is now able to transfer from bed to wheelchair with supervision. He would benefit from continued skilled PT to further increase strength, improve balance, and enhance safety and independence with functional mobility to return to his prior level of function. The patient is a 77-year-old man who would also benefit from ongoing occupational therapy to address activities of daily living (ADLs), transfers, and bilateral upper extremity strength. He is limited by bilateral knee contractures, requires maximal assistance for squat-to-stand transfers, minimal assistance for sliding board transfers, is dependent for lower body dressing, and requires moderate to minimal assistance for upper body dressing.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 02/03/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 09/30/2025
 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat DX: Duodenal ulcer unspecified as acute or chronic without hemorrhage or perforation
 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>
 4 - Recertification SN Notes: due to gastrointestinal ulcer
 PT Eval Notes:
 OT Eval Notes:<o:p></o:p> Physician: Weiner, Shoshana

SN Careplans	SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/03/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Shoshana Weiner
1447 York Rd
Lutherville, MD 21093
PHONE: 4106057000 FAX: 14106057912 NPI: 1003133299

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 : 09/30/2025

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Donald Morton 9329 Lyonswood Dr, OWINGS MILLS, MD 21117- 410-363-0443	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

SN 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) ,WK9: 1 (03/29/26-04/04/26)

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: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: foul-smelling urine, poor muscle tone, #1 - Laceration - Anterior Right Below Knee - leave open to air id drainage cover with dry gauze

PROCEDURES: physician-ordered wound care: #1 - Laceration - Anterior Right Below Knee - leave open to air id drainage cover with dry gauze, MEDICATION REVIEW: Medications reviews with patient and caregiver , Ensuregood and proper bowel movements: Ask about color and frequency , Leg contractures: Assess the amount patient can bend and straighten legs at the knee. Patient requires reminders to stretch the legs out and keep legs straight. , Leg contractures: Assess the amount patient can bend and straighten legs at the knee. Patient requires reminders to stretch the legs out and keep legs straight. , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: To left ankle wound-cleanse with saline, apply Foam dressing. Change as needed. , physician-ordered wound care: Laceration below right knee leave open to air if drainage cover with dry gauze, glucose testing via monitor, monitor intake & output: Ensure frequency is leveling out, color and odor is within normal limits, teach/coordinate/arrange medication packaging and/or administration: Caregiver administers medications

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, * 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 medication(s) purpose, schedule, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * low cholesterol dietary guidelines, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, * dietary guidelines lifestyle modifications to manage gastric condition, related medication(s) purpose, schedule, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, 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, * 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 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, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, MEDICATION REVIEW

PATIENT-STATED GOAL: I want to walk with my walker;Bed to Wheelchair

GOALS
caregiver performs medical/rehabilitation treatments with adequate competence

MEDICATION REVIEW

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications
* low-residue dietary guidelines
* alternative medicine options for ulcerative colitis
* recalls related medication(s) purpose, schedule

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 is adequately supervised

caregiver administers and/or packages medications appropriately

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

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

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
* low cholesterol dietary guidelines
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing and prevent constipation

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
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/03/2026

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* recalls related medication(s) purpose, schedule remedies

patient/caregiver recalls
* dietary guidelines
* lifestyle modifications to manage gastric condition
* 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 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

PT Careplans

PT WK2: 1 (02/08/26-02/14/26) ,WK4: 1 (02/22/26-02/28/26) ,WK6: 1 (03/08/26-03/14/26) ,WK8: 1 (03/22/26-03/28/26) ,WK10: 1 (04/05/26-04/06/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170S1 - Wheel 150 feet, GG0170M1 - 1 - Step (curb), GG0170M1 - 1 - Step (curb), 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, GG0130B1 - Oral Hygiene, GG0170R1 - Wheel 50 ft w 2 Turns, 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

PROCEDURES: wheelchair training, 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 medication(s) purpose, schedule, * 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 relaxation skills and diversional activities, related medication(s) purpose, schedule, Chair to Bed to Chair - 04. Supervision or touching assistance, Sit to Stand - 04. Supervision or touching assistance, Walk 10 Feet - 03. Partial/moderate assistance, Walk 50 ft with 2 Turns - 03. Partial/moderate assistance, Medication Review- Patient/caregiver, related purpose and schedule of medications.

PT Goals

PATIENT-STATED GOAL: To stand again

GOALS
Medication Review- Patient/caregiver recalls related purpose and schedule of medications.

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching 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 medication(s) purpose, schedule

Walk 10 Feet - 03. Partial/moderate assistance

Walk 50 ft with 2 Turns - 03. Partial/moderate assistance

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 relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

OT Careplans

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

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, GG0130A1 - Eating

PROCEDURES: cough/deep breathing exercises: Goal met , incentive spirometer: Does not use a 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 medication(s) purpose, schedule, * 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 05. Setup or clean-up assistance, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: Sit up more and do activities

GOALS
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

Oral Hygiene - 06. Independent

Eating - 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 medication(s) purpose, schedule

Toileting Hygiene - 05. Setup or clean-up assistance

Signature of Physician:

Date

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

Date
02/03/2026