Home Health Certification and Plan of Care

Order ID: 1150/16331

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
65309844	02/15/2026	From: 02/15/2026 To: 04/15/2026	4362	217058

6. Patient's Name and Address

Mark Sokalski
1600 CLIFF DR,
EDGEWATER, MD 21037-
301-366-8588

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 12/26/1958 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S82.831D	Oth fx upr & low end r fibula subs for clos fx w routn heal	02/15/26

13. ICD	Other Pertinent Diagnoses	Date
E11.621	Type 2 diabetes mellitus with foot ulcer	02/15/26
L97.519	Non-prs chronic ulcer oth prt right foot w unsp severity	02/15/26
I11.0	Hypertensive heart disease with heart failure	02/15/26
I50.9	Heart failure unspecified	02/15/26
E11.69	Type 2 diabetes mellitus with other specified complication	02/15/26
E78.5	Hyperlipidemia unspecified	02/15/26
F03.B0	Unspecified dementia moderate without beh/psych/mood/anx	02/15/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	02/15/26
R33.8	Other retention of urine	02/15/26
K59.00	Constipation unspecified	02/15/26
E87.1	Hypo-osmolality and hyponatremia	02/15/26
Z79.01	Long term (current) use of anticoagulants	02/15/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	02/15/26
Z79.4	Long term (current) use of insulin	02/15/26
Z91.81	History of falling	02/15/26

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

Levemir - Insulin Detemir Recombinant 100unit/ml injection administer 20 units subcutaneous at bedtime Generic drug insulin detemir
Norvasc - Amlodipine Besylate 10mg tablet , take 1 tablet by mouth once a day
Lipitor - Atorvastatin Calcium 40mg tablet , take 1 tablet by mouth once a day
Zestril - Lisinopril 40mg tablet , take 1 tablet by mouth once a day
Glucotrol - Glipizide 5mg tablet , take 1 tablet by mouth twice a day take 1 tablet (5mg total) by mouth 2 times daily 8mg
Glucophage - Metformin Hydrochloride 1000mg tablet , take 1 tablet by mouth twice a day With meals
Tylenol - Acetaminophen 325mg tablet, take 2 tablets by mouth every 6 hours As needed
Cardura - Doxazosin Mesylate eq 1 mg base 1 mg by mouth once a day
Aricept - Donepezil Hydrochloride 5 mg 5 mg by mouth once a day dementia
Flomax - Tamsulosin Hydrochloride 0.4 mg 0.4mg by mouth once a day BPH

14. DME and Supplies:

hospital bed, wheelchair

15. Safety Measures:

supervision at all times, , bedrails up while in bed, diabetic precautions, , ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

low cholesterol, low sodium

17. Allergies:

no known allergies

18.A. Functional Limitations

Amputation, Ambulation, Bowel/Bladder Incontinence, Endurance

18.B. Activities Permitted

Wheelchair, 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, HISTORY OF DEPRESSION: No

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

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

Homebound status: Due to diagnosis of Other Fracture Of Upper And Lower End Of Right Fibula, Subsequent Encounter For Closed Fracture With Routine Healing, 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 67-year-old male admitted to home health services following hospitalization and inpatient rehabilitation related to a right lower extremity injury and diabetic foot infection. Paper consents were obtained due to technical difficulties with the electronic tablet. The patient sustained a closed fracture of the distal right fibula on 12/31/2025, status post open reduction and internal fixation (ORIF), and remains non-weight bearing (NWB) on the right lower extremity with a protective boot in place, per orthopedic precautions for 6-8 weeks. He also underwent bedside incision and drainage of a diabetic foot infection during hospitalization and completed a course of antibiotics. The right foot fracture is noted to be healed; however, the patient continues NWB per current medical orders. He has a history of bilateral great toe amputations and presents with dry skin to the feet. An open wound on the right toes was previously reported and delayed in healing due to NWB status; at today's assessment, no active wounds were observed. The patient denies pain at this time and reports no abnormal bleeding. No falls have been reported since returning home, although there is a history of two falls within the past year. Past medical history is significant for insulin-dependent type 2 diabetes mellitus, diabetic foot infection, dementia (onset approximately one year ago per caregiver report), hypertension, hyperlipidemia, benign prostatic hyperplasia, urinary retention, constipation, and urinary incontinence. The patient is prescribed Levemir 20 units subcutaneously daily, administered by caregiver. A random blood glucose obtained by the caregiver during the visit was 106 mg/dL. The caregiver demonstrated appropriate technique for blood glucose monitoring. Medications were reviewed with the caregiver, including indication and action of each medication, with verbalized understanding. The patient and caregiver report adequate hydration; however, appetite is reduced per caregiver report, and the patient prefers finger foods. The patient reports discomfort with hand movement and exhibits tremors at rest. Cognitively, the patient is alert and able to state the correct day of the week but demonstrates significant short-term memory impairment, reduced affect, limited facial expression, and requires frequent redirection and repetition of instructions. He follows visual cues and directions primarily from his domestic partner and caregiver, Dana Johnson (301-366-8588). Due to dementia and impaired safety awareness, he requires supervision at all times. He is considered a poor historian. The patient is incontinent of urine and has been toileting in absorbent briefs. The

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/15/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Vincent DeCicco
695 Kinkaid Rd
Annapolis, MD 21402
PHONE: 443-270-8600 FAX: 14432708990 NPI: 1841262953

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 : 02/02/2026

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
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caregiver reports that although a urinal is available, the patient forgets to use it. The patient currently remains primarily bedbound and spends most of the day in a hospital bed with rails up. He returned home via EMS following a five-week inpatient rehabilitation stay, during which minimal functional progress was reported. Prior to the fracture, the patient was ambulatory within the home and moderately active. The home environment includes four steps at the front entrance and one step inside the home. The patient resides on the main level with bathroom access. Durable medical equipment includes a hospital bed, wheelchair, and right lower extremity boot. The patient currently requires maximal assistance for transfers and is dependent for functional ambulation and basic activities of daily living. Assessment reveals decreased bilateral lower extremity strength, impaired balance, inability to safely transfer independently, dizziness in seated position, poor safety awareness, and high fall risk. He is unable to safely leave the home without human assistance due to non-weight-bearing restrictions, cognitive impairment, and significant fall risk, making leaving the home a considerable and taxing effort. A follow-up appointment with podiatry is scheduled for 03/02/2026. The patient does not currently have a primary care provider appointment scheduled. The patient demonstrates significant functional decline related to recent right lower extremity fracture, diabetic complications, and progressive dementia. He presents with impaired strength, balance, mobility, and safety awareness, placing him at high risk for falls and further functional deterioration. Skilled home physical therapy is medically necessary to address lower extremity strengthening, transfer training, gait training when weight-bearing status allows, balance retraining, stair negotiation as appropriate, and caregiver education to improve safety and maximize functional independence within the home. Without skilled intervention, the patient remains at high risk for falls, rehospitalization, and further loss of independence. Home physical therapy services are scheduled to begin 02/19/2026 with a frequency of 1 visit per week for 2 weeks (Thursday), followed by 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> per week for 3 weeks (Monday/Wednesday), then 1 visit per week for 4 weeks (Thursday). Ongoing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> to be assigned to PTA Jen Foster. Caregiver education will continue regarding fall prevention, weight-bearing precautions, safe transfers, glucose monitoring, skin inspection, and incontinence management. The patient remains homebound due to dementia, impaired mobility, non-weight-bearing status, and need for continuous supervision for safety.
 Date of Order 02/15/2026 Orders Physician Face-to-Face Date: 02/02/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Other Fracture Of Upper And Lower End Of Right Fibula, Subsequent Encounter For Closed Fracture With Routine Healing 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 OT Eval Notes: PT Eval Notes:
 Physician Decicco , Vincent

SN Careplans

SN WK1: 1 (02/15/26-02/21/26) ,WK3: 1 (03/01/26-03/07/26) ,WK5: 1 (03/15/26-03/21/26)

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

HOSPITALIZATION RISKS: 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

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 ; 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.

no wounds noted
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M1700 - Cognition, meal preparation, M2020 - Oral Med Management, M1400 - Dyspnea, abnormal blood pressure, abn

SN Goals

PATIENT-STATED GOAL: caregiver would like for patient to walk

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
* 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
* 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

patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

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

meal preparation is available to patient for all meals

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/15/2026

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cholesterol > 200 mg/dL, abnormal BS < 70/140 > mg/dL, M1620 - Bowel Incontinence, urine retention (GU), poor muscle tone, limited endurance, limited strength, muscle weakness, impaired speech, balance deficit, withdrawal from conversations, Pain Interference with ADLs, Pain Interference with Therapy activities, obesity, red/tender pressure points

PROCEDURES: cough/deep breathing exercises, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor, monitor intake & output, coordinate/arrange preparation of missing meals

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, * how to keep home safe for patient with dementia coping strategies for the caregiver, 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, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (02/15/26-02/21/26) ,WK2: 1 (02/22/26-02/28/26) ,WK3: 1 (03/01/26-03/07/26) ,WK4: 1 (03/08/26-03/14/26) ,WK5: 1 (03/15/26-03/21/26) ,WK6: 1 (03/22/26-03/28/26) ,WK7: 1 (03/29/26-04/04/26) ,WK8: 1 (04/05/26-04/11/26) ,WK9: 1 (04/12/26-04/15/26)

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: train caregiver(s) to perform medical/rehabilitation treatments, wheelchair training, home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze., static standing balance exercises, gait training/stair training: When pt has a weight bearing clearance, pt currently NWB, transfers training, assist with fall prevention

TEACH PATIENT/CAREGIVER: Sit to Stand - 02. Substantial/maximal assistance, Car Transfer - 02. Substantial/maximal assistance, Chair to Bed to Chair - 02. Substantial/maximal assistance, Toilet Transfer - 03. Partial/moderate assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, 1 - Step (curb) - 02. Substantial/maximal assistance, 12 Steps - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

PT Goals

PATIENT-STATED GOAL: To get stronger so I can walk or safely transfer

GOALS
Sit to Stand - 02. Substantial/maximal assistance

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

Car Transfer - 02. Substantial/maximal assistance

Toilet Transfer - 03. Partial/moderate assistance

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

1 - Step (curb) - 02. Substantial/maximal assistance

12 Steps - 02. Substantial/maximal assistance

4 Steps - 02. Substantial/maximal assistance

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 Feet - 02. Substantial/maximal assistance

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

Walk 150 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

OT Careplans

OT WK1: 1 (02/15/26-02/21/26) ,WK2: 1 (02/22/26-02/28/26) ,WK3: 1 (03/01/26-03/07/26) ,WK4: 1 (03/08/26-03/14/26) ,WK5: 1 (03/15/26-03/21/26) ,WK6: 1 (03/22/26-03/28/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: , M1400, 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: Bed mobility training , cough/deep breathing exercises, incentive spirometer, 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 medicatio, Car Transfer - 02. Substantial/maximal assistance, Chair to Bed to Chair - 02. Substantial/maximal assistance, Sit to Stand - 02. Substantial/maximal assistance, Toilet Transfer - 01. Dependent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, 1 - Step (curb) - 02. Substantial/maximal assistance, 12 Steps - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06.

OT Goals

PATIENT-STATED GOAL: Pt PCG to be in wheelchair and not bedfast

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

Sit to Stand - 02. Substantial/maximal assistance

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

Car Transfer - 02. Substantial/maximal assistance

Toilet Transfer - 01. Dependent

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

1 - Step (curb) - 02. Substantial/maximal assistance

12 Steps - 02. Substantial/maximal assistance

4 Steps - 02. Substantial/maximal assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/15/2026

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Independent

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 Feet - 02. Substantial/maximal assistance

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

Walk 150 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

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

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

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

HHA Careplans

HHA WK2: 2 (02/22/26-02/28/26) ,WK3: 2 (03/01/26-03/07/26) ,WK4: 2 (03/08/26-03/14/26) ,WK5: 1 (03/15/26-03/21/26)

HHA Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

02/15/2026