Home Health Certification and Plan of Care

Order ID: 1150/16513

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1D27T89GW30	02/20/2026	From: 02/20/2026 To: 04/20/2026	5232	217058

6. Patient's Name and Address

Jean Altema
6127 Jerrys Drive,
COLUMBIA, MD 21045-
443-285-1454

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 01/14/1952 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
F03.A0	Unspecified dementia mild without beh/psych/mood/anx	02/20/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	02/20/26
Z79.82	Long term (current) use of aspirin	02/20/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	02/20/26
Z91.81	History of falling	02/20/26

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

Flomax - Tamsulosin Hydrochloride 0.4 mg, Take 1 capsule by mouth once a day
Tylenol - Acetaminophen 500 mg, Take 1 tablet by mouth every 6 hours
cloNIDine (CATAPRES- TTS 2) 0.2 mg/24 hr TD,Apply 1 Patch topical once a week
Cozaar - Losartan Potassium 50 mg,Take 2 tablets by mouth once a day
Lipitor - Atorvastatin Calcium 20 mg Oral Tab, take 1 tablet by mouth once a day For cholesterol and heart protection.
Apresoline - Hydralazine Hydrochloride 25 mg Oral Tab, Take 1 tablet by mouth twice a day
Norvasc - Amlodipine Besylate 10 mg , Take 1 tablet by mouth at bedtime For blood pressure.
Xalatan - Latanoprost 0.005 % Opht Drop, Instill 1 Drop drops as necessary Drop in affected eye(s) every evening.
Timoptic - Timolol Maleate 0.5 % Opht ,Instill 1 Drop both eyes twice a day
Pepcid - Famotidine 40 mg Oral, Take 1 tablet by mouth once a day
Glucophage Xr - Metformin Hydrochloride 500 mg tablet by mouth as necessary Take 1 tablet by mouth every morning with a meal AND 2 tablets every evening with a meal. for diabetes.
Zoloft - Sertraline Hydrochloride eq 50 mg base 1 tablet by mouth once a day for treatment of depression

14. DME and Supplies:

diabetic supplies, bath bench, walker, cane

15. Safety Measures:

diabetic precautions, sharps precautions, supervision at all times, , cardiac precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

low sodium, diabetic,

17. Allergies:

hctz lisinopril

18.A. Functional Limitations

Endurance, Dyspnea With Minimal Exertion, Ambulation

18.B. Activities Permitted

Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, 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: fair

22. A Rehabilitation Potential:

SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Unspecified Dementia, Mild, Without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, And Anxiety, 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: Jean Altema is a 74-year-old male referred to home health services for skilled nursing and therapy following a recent telehealth visit with his primary care provider due to increased pain and functional decline after a fall on 02/04/2025. The patient has a past medical history significant for type 2 diabetes mellitus, hypertension, chronic low back pain with lumbar radiculopathy (sciatica), osteopenia, benign prostatic hyperplasia, microalbuminuria, and mild dementia. He also has a history of recurrent weakness and recent fall while attempting to sit down. Since the incident, he reports persistent sciatic pain contributing to difficulty with mobility. He is alert and oriented but demonstrates intermittent confusion consistent with his diagnosis of mild dementia. The patient primarily speaks a language other than English and requires his daughter to assist with translation to ensure comprehension of care instructions. The patient previously lived alone but is currently residing temporarily with his daughter and her family for supervision and assistance. The home environment includes stairs leading to the bedrooms, and his daughter provides assistance with stair negotiation. There is a pet in the home. The daughter serves as the primary caregiver and manages the patient's medication regimen. Medication reconciliation was completed. Education was provided to both the patient and caregiver regarding pain management strategies, fall prevention, safe mobility techniques, and the importance of medication adherence. Reinforcement was also given regarding monitoring of blood pressure and blood glucose levels due to his history of hypertension and diabetes. On physical therapy evaluation, the patient demonstrated bilateral lower extremity weakness, impaired standing balance, decreased endurance, and reduced activity tolerance. These deficits contribute to difficulty with bed mobility, sit-to-stand transitions, chair transfers, and safe household ambulation. He was able to ambulate approximately 50 feet indoors without an assistive device but required contact guard assistance and verbal cues for posture, weight shifting, and pacing. Transfers required contact guard assistance with cueing for proper sequencing and energy conservation. Although he is currently ambulating without an assistive device, he would benefit from consistent use of a walker to enhance safety and reduce fall risk. Occupational therapy evaluation revealed that the patient is modified independent with upper and lower body dressing and requires supervision for bathing. He is independent with sit-to-stand and toilet transfers without the need for verbal cues for limb placement. Bilateral upper extremity strength is within normal limits at 5/5 on manual muscle testing. At this time, no further skilled occupational therapy services are indicated. The patient is considered homebound due to pain, lower extremity weakness, impaired balance, cognitive deficits, and the need for caregiver assistance and supervision, making leaving the home a considerable and taxing effort. Skilled nursing services are indicated for ongoing assessment of medical status, pain management, medication compliance, and chronic disease management. Skilled physical therapy is medically necessary to address progressive lower extremity strengthening, balance retraining, transfer safety, gait re-education, and endurance training to reduce fall risk, prevent further functional decline, and promote a safe return to his prior level of independence within the home environment.
 Date of Order 02/20/2026 Orders Physician Face-to-Face Date: 02/11/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat, OT eval and treat due to

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/20/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Pardeep Dhanoa
7070 Samuel Morse Drive
Columbia, MD 21046
PHONE: FAX: NPI: 1730295155

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 : 02/11/2026

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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Unspecified Dementia, Mild, Without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, And Anxiety 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: OT Eval Notes:
 Physician Dhanoa, Pardeep

SN Careplans

SN WK1: 1 (02/20/26-02/21/26) ,WK2: 1 (02/22/26-02/28/26) ,WK3: 1 (03/01/26-03/07/26)

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: 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, 8. Currently reports exhaustion

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: M1745 - Behavioral Issues, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, meal preparation, M2020 - Oral Med Management, M1033 - Exhaustion, abnormal blood pressure, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, heartburn/indigestion, urine retention, muscle weakness, limited range of motion, poor muscle tone, limited strength, limited endurance, B1000 - Vision Deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, rough/scaly/cracked skin

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired

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, * 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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 administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: "I want to be able to go back to my home"

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 medication(s) purpose, schedule

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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient is adequately supervised

meal preparation is available to patient for all meals

PT Careplans

PT WK2: 1 (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) ,WK6: 2 (03/22/26-03/28/26) ,WK7: 1 (03/29/26-04/04/26) ,WK8: 1 (04/05/26-04/11/26)

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

PROCEDURES: HEP: 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. , gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, 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

PT Goals

PATIENT-STATED GOAL: Be safe around the house

GOALS
Chair to Bed to Chair - 06. Independent

Sit to Stand - 06. Independent

Toilet Transfer - 05. Setup or clean-up assistance

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/20/2026

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OT Careplans

OT WK2: 1 (02/22/26-02/28/26)

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

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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 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 - 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: Eval only

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 medication(s) purpose, schedule

Sit to Stand - 06. Independent

Car Transfer - 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 - 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	02/20/2026