Home Health Certification and Plan of Care

Order ID: 1150/15185

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4NJ0C26XN36	12/18/2025	From: 12/18/2025 To: 02/15/2026	20581	217058

6. Patient's Name and Address

Anthony Cook
22 Richmar Rd Apt J1,
OWINGS MILLS, MD 21117-
443-422-0637

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 06/16/1989 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G80.9	Cerebral palsy unspecified	12/18/25

13. ICD	Other Pertinent Diagnoses	Date
J96.01	Acute respiratory failure with hypoxia	12/18/25
E11.65	Type 2 diabetes mellitus with hyperglycemia	12/18/25
I11.0	Hypertensive heart disease with heart failure	12/18/25
I50.84	End stage heart failure	12/18/25
I50.43	Acute on chronic combined systolic and diastolic hrt fail	12/18/25
S91.105D	Unsp opn wnd left lesser toe(s) w/o damage to nail subs	12/18/25
I42.9	Cardiomyopathy unspecified	12/18/25
E78.5	Hyperlipidemia unspecified	12/18/25
D50.9	Iron deficiency anemia unspecified	12/18/25
M54.16	Radiculopathy lumbar region	12/18/25
G89.29	Other chronic pain	12/18/25
F17.210	Nicotine dependence cigarettes uncomplicated	12/18/25
E66.01	Morbid (severe) obesity due to excess calories	12/18/25
Z68.42	Body mass index [BMI] 45.0-49.9 adult	12/18/25
Z79.82	Long term (current) use of aspirin	12/18/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	12/18/25
Z79.891	Long term (current) use of opiate analgesic	12/18/25

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

Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg orla tablet,Take 2 tablet by mouth every 4 hours as needed for pain
Sennosides - Senna 8.6mg orla tablet,Take 2 tablet by mouth at bedtime for bowel regimen hold for losse stool
Nystatin - Nystatin 100000 units/gm topical once a day for rush until
Furosemide - Furosemide 80mg oral tablet,Take 1 tablet by mouth twice a day for chf
Carvedilol - Carvedilol 6.25mg oral tablet,Take 1 tablet by mouth twice a day for HTN hold for sbp less than 110 and hr less than 60
sodium chioride 1 gm oral tablet,Take 1 tablet by mouth twice a day for hyponatremia
Glucagon - Glucagon Hydrochloride inject 1 ml intravenous as necessary intramuscularly as needed fr hypoglycemia less than 60 and unconscious or unresponsive and call md
Farxiga - Dapagliflozin Propanediol 10mg oral tablet,Take 1 tablet by mouth once a day for diabetes
Docusate Sodium - Docusate Sodium 100mg Take 1 capsule by mouth twice a day for bowel regimen
Gabapentin - Gabapentin 600mg oral tablet,Take 1 tablet by mouth every 8 hours as needed for neuropathic pain
Gabapentin - Gabapentin 300mg oral capsule by mouth at bedtime for neuropathic pain related to pain in left foot (m79.672) for 30days
Atorvastatin - Atorvastatin Calcium 20 mg tablet,Take 1 tablet by mouth at bedtime for high cholesterol
dietary managment 15 gm oral packet,take 2 packet by mouth twice a day for supplement given in 6-8 ounces of luids
eplerenore 25mg oral tablet,Take 1 tablet by mouth once a day for CHF/HTN
enalaprill 10mg oral tablet ,Take 1 tablet by mouth once a day for hypertension hold is bp is lower than 110/60

14. DME and Supplies:

wound care supplies, bath bench, wheelchair

15. Safety Measures:

infectious material management, fall precautions, diabetic precautions, medication safety, wheelchair precautions, bathroom safety

16. Nutrition:

low sodium, diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

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: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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 Cerebral palsy unspecified, 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 36-year-old male with a significant past medical history including cerebral palsy, type 2 diabetes mellitus, acute respiratory failure, hyperlipidemia, cardiomegaly, morbid obesity, and multiple additional comorbidities. He was admitted to home health services for skilled wound care of a diabetic ulcer on the left great toe and for physical and occupational therapy to address impaired mobility and self-care deficits. On assessment, the patient was alert and oriented 4 and reported severe pain (10/10) at the left great toe wound, while denying shortness of breath or chest pain. He resides with his mother in a third-floor apartment and reports significant difficulty with stair negotiation, requiring seated descent and step-by-step ascent. Although the patient reports independence with bathing, his mother indicates he requires assistance. Wound assessment revealed necrotic tissue centrally with light pink to beefy red tissue at the edges, discoloration of surrounding toes, and +2 to +3 edema of the left foot; pulses were faint but palpable with delayed capillary refill. The right lower extremity showed trace to +1 edema with intact skin. The wound was measured, photographed, and redressed using a wet-to-dry technique due to limited supplies; additional wound care supplies were ordered, and the patient and caregiver were encouraged to request a podiatry referral. Physical therapy evaluation noted decreased bilateral lower extremity strength (3-/5 MMT), need for contact guard assistance with transfers and short-distance ambulation, and altered gait with weight bearing limited to the left heel due to wounds. Occupational therapy evaluation identified recent prolonged hospitalization and rehabilitation stay, current wheelchair use, need for adaptive equipment for bathing, and safety concerns with ADLs; education was provided to the patient and mother, and continued skilled OT was recommended to improve independence, safety, and functional performance.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 12/18/2025<o:p></o:p> Physician Face-to-Face Date: 12/15/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Cerebral palsy unspecified
 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: Roggen, David

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/18/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

David Roggen
1008 Red Run Blvd
Owings Mills, MD 21117
PHONE: 4106530000 FAX: 14106535531 NPI: 1992713622

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 : 12/15/2025

27. Attending Physician's Signature and Date Signed **01/08/2026**: 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.

Home Health Certification and Plan of Care

Order ID: 1150/15185

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4NJ0C26XN36	12/18/2025	From: 12/18/2025 To: 02/15/2026	20581	217058

6. Patient's Name and Address
Anthony Cook
22 Richmar Rd Apt J1,
OWINGS MILLS, MD 21117-
443-422-0637

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

SN Careplans

SN WK1: 1 (12/18/25-12/20/25) ,WK2: 2 (12/21/25-12/27/25)

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: 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, 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: D0160 - Depression, Home Safety, Home Safety, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, D0700 - Social Isolation, M2102c - Med Admin, M1400 - Dyspnea, weak pulses in feet, dependent edema, abnormal blood pressure, swelling in the arms/legs, M1610 - Urinary Incontinence, limited strength, limited endurance, muscle weakness, swelling of affected area, balance deficit, Pain Interference with ADLs, Pain Effect on Sleep, rough/scaly/cracked skin, swell/redness surround. skin, open sores/lesions, #1 - Other - Other - Left Greater Toe -

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: To left great to wound, Wrap toe with fluffed moistened Dakins gauze, ABD pad, and wrap with kerlix gauze. Change Daily., bladder training, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for maintenance of clean/uncluttered living area

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 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, * 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, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient's enviroment has adequate stairs railings, patient's living environment is clean/uncluttered, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: "I want my toe to heal and this pain to go away!"

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 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
* 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 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
* 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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient's enviroment has adequate stairs railings

patient's living environment is clean/uncluttered

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

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT Goals

Signature of Physician:

Date

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

Date
12/18/2025

Home Health Certification and Plan of Care

Order ID: 1150/15185

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4NJ0C26XN36	12/18/2025	From: 12/18/2025 To: 02/15/2026	20581	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Anthony Cook 22 Richmar Rd Apt J1, OWINGS MILLS, MD 21117- 443-422-0637	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

PT WK2: 1 (12/21/25-12/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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: Medication Review: - medications reviewed with patient/caregiver, 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, * 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, 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 - 06. Independent, Chair to Bed to Chair - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Medication Review

PATIENT-STATED GOAL: To be able to walk without pain

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

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

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 06. Independent

Chair to Bed to Chair - 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

Medication Review

Picking Up Object - 04. Supervision or touching assistance

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

OT Careplans

OT WK2: 1 (12/21/25-12/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene - 03. Partial/moderate assistance, GG0130F1 - Upper Body Dressing - 03. Partial/moderate assistance, GG0130G1 - Lower Body Dressing - 03. Partial/moderate assistance, GG0130H1 - Don/Doff Footwear - 03. Partial/moderate assistance, GG0130E1 - Shower/Bathe Self - 03. Partial/moderate assistance, GG0130C1 - Toileting Hygiene - 03. Partial/moderate assistance, GG0130A1 - Eating - 06. Independent

PROCEDURES: equipment training, work simplification/energy conservation, therapeutic exercises, cough/deep breathing exercises, 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, 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

OT Goals

PATIENT-STATED GOAL: to take a shower

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
* 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

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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/18/2025