Home Health Certification and Plan of Care

Order ID: 1150/16548

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5TR1ME6GJ99	12/28/2025	From: 02/26/2026 To: 04/26/2026	20763	217058

6. Patient's Name and Address
Richard Bailey
8620 Kelso Drive Apt 311,
ESSEX, MD 21221-
4438502439

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 05/20/1946 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
C61.	Malignant neoplasm of prostate	12/28/25

13. ICD	Other Pertinent Diagnoses	Date
G20.A1	Parkinson's dis w/o dyskinesia w/o mention of fluctuations	12/28/25
M84.552D	Path fx in neopltc dis l femur subs for fx w routn heal	12/28/25
J43.9	Emphysema unspecified	12/28/25
K44.9	Diaphragmatic hernia without obstruction or gangrene	12/28/25
G47.00	Insomnia unspecified	12/28/25
K22.70	Barrett's esophagus without dysplasia	12/28/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	12/28/25
E55.9	Vitamin D deficiency unspecified	12/28/25
M19.90	Unspecified osteoarthritis unspecified site	12/28/25
R60.9	Edema unspecified	12/28/25
Z79.82	Long term (current) use of aspirin	12/28/25
Z91.81	History of falling	12/28/25

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

Carbidopa - Carbidopa 25 mg-levodopa 100 mg tablet,Take 1 tablet by mouth three times a day
Lisinopril - Lisinopril 5 mg tablet,Take 1 tablet by mouth once a day
Acetaminophen - Acetaminophen 500 mg tablet,Take 2 tablet by mouth every 8 hours
Magnesium/Zinc/Calcium - by mouth once a day supplement
Lasix - Furosemide 20 mg 1 tablet by mouth once a day Daughter called doctor today due to swelling and doctor told her to give him 1 pill.

14. DME and Supplies:
rolling walker

15. Safety Measures:
transfer with assist, , activity supervision, ambulates with device, ambulates with assistance,

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
ibuprofen

18.A. Functional Limitations
Ambulation, Bowel/Bladder Incontinence

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

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: wfl, HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

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 Malignant Neoplasm Of Prostate, 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 79-year-old male who lives alone and presents with malignant neoplasm of the prostate with ambulatory difficulty requiring the use of an assistive device for safety and fall prevention, making it a taxing effort for him to leave the home and meeting homebound criteria. His past medical history is significant for Parkinson's disease with dyskinesia, prostate cancer with osseous metastases, status post left subtrochanteric femur fracture with surgical repair (healed), repeated falls, generalized weakness and debility, chronic obstructive pulmonary disease/emphysema, heart disease including atherosclerosis of the heart and hypertension, anemia, osteoarthritis, diaphragmatic hernia, Barrett's esophagitis, insomnia, vitamin D deficiency, edema, and a history of falls. Family and social support include his daughter, Michelle, and granddaughter who reside in Pennsylvania and were present at the start-of-care visit; an 80-year-old sister who assists weekly with cleaning; and a family friend and floor representative who check on the patient daily. The caregiver reports that the patient is more communicative and alert than during his recent rehabilitation stay. The patient was previously independent with basic self-care, functional transfers, and functional ambulation but now demonstrates a decline in functional status following a prolonged hospitalization and skilled nursing facility stay from 07/25/25 to 11/25/25. Current assessment reveals bilateral lower extremity weakness with manual muscle testing grossly 3-/5 to 3/5, impaired balance with high fall risk, and altered gait mechanics characterized by a shuffling gait, decreased step length and cadence, poor foot clearance, instability, and improper use of a front-wheeled walker. Functional limitations include impaired bed mobility requiring maximal assistance, transfers requiring maximal assistance with a front-wheeled walker, increased time, and frequent cues, and gait limited to approximately 40-60 feet with maximal assistance, fatigue, and Parkinsonian motor deficits. Occupational therapy evaluation further identified decreased standing balance and tolerance, reduced bilateral upper extremity strength, and decreased overall activity tolerance, resulting in impaired self-care, functional transfers, and functional ambulation. The patient has durable medical equipment in the home including a shower chair and a recliner with lift assistance. Appetite is reported as good. The last bowel movement occurred two days prior following an episode of diarrhea, which resolved with prior use of loperamide; no ongoing gastrointestinal distress or abnormal bleeding is reported. No falls have occurred since discharge. The patient is currently prescribed three medications, managed via a weekly pill box for compliance; medications were reviewed with the caregiver for understanding, and the patient demonstrated appropriate use of an emergency pill box. The primary care provider is Mrs. Rollins, NP. The patient is insured under Medicare PPS. Based on current findings, skilled home health services are medically necessary. Skilled nursing is ordered at a frequency of 1 visit per week for 6 weeks for ongoing assessment, medication management, patient and caregiver education, and monitoring of medical status. Skilled home health physical therapy is required to address therapeutic exercise, balance training, gait and transfer training, and safety education to reduce fall risk, improve household mobility, and prevent rehospitalization. Skilled occupational therapy is recommended to address deficits in standing balance, upper extremity strength, activity tolerance, and functional independence with self-care and transfers. A medical social work evaluation is ordered to assess psychosocial needs and community resources, and the patient would benefit from home health aide services to support activities of daily living and promote safety within the home.
 Date of Order 02/25/2026 Orders Physician Face-to-Face Date:

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 02/25/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Lawanda Rollins Mrs.
8831 Satyr Hill Rd Ste 100
Parkville, MD 21234
PHONE: 443-946-1896 FAX: 14434952902 NPI: 1003384165

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 : 12/19/2025

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.

Home Health Certification and Plan of Care

Order ID: 1150/16548

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5TR1ME6GJ99	12/28/2025	From: 02/26/2026 To: 04/26/2026	20763	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Richard Bailey 8620 Kelso Drive Apt 311, ESSEX, MD 21221- 4438502439	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

12/19/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat msw due to Malignant Neoplasm Of Prostate Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: The patient who is s/p Parkinson's disease made a little progress in transfer and functional mobility. The patient has potential to continue to make progress in transfer, functional mobility to prevent fall and make the patient safely live alone.
 Physician Rollins Mrs., Lawanda

SN Careplans

SN Goals

PT Careplans

PT WK2: 2 (03/01/26-03/07/26) ,WK3: 2 (03/08/26-03/14/26) ,WK4: 2 (03/15/26-03/21/26) ,WK5: 1 (03/22/26-03/28/26) ,WK6: 1 (03/29/26-04/04/26) ,WK7: 1 (04/05/26-04/11/26) ,WK8: 1 (04/12/26-04/18/26)

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: wfl

HOSPITALIZATION RISKS: 9. Other risk(s) not listed in 1- 8

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; 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.

; 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: muscle weakness, limited strength, impaired speech, balance deficit

PT Goals

PATIENT-STATED GOAL: not to fall at home and walk safely as much as possible

GOALS
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

Toilet Transfer - 05. Setup or clean-up assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Car Transfer - 04. Supervision or touching assistance

Sit to Stand - 06. Independent

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

Picking Up Object - 04. Supervision or touching assistance

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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/25/2026

Home Health Certification and Plan of Care

Order ID: 1150/16548

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5TR1ME6GJ99	12/28/2025	From: 02/26/2026 To: 04/26/2026	20763	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Richard Bailey 8620 Kelso Drive Apt 311, ESSEX, MD 21221- 4438502439	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

PROCEDURES: HEP: duplicate, Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , home exercise program: Straight leg raising, le abd/add, long arc , marching , heel/toe raising --10x2, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: 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 - 04. Supervision or touching assistance, Chair to Bed to Chair - 02. Substantial/maximal assistance, Sit to Stand - 06. Independent, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

OT Careplans

OT WK1: 5 (02/26/26-02/28/26)

PROCEDURES: Medication Review : Medication reviewed with patient, therapeutic exercises, equipment training, 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, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up 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

OT Goals

PATIENT-STATED GOAL: I want to dance again

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up 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

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

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/25/2026