

Home Health Certification and Plan of Care					Order ID: 1150/16654	
1. Patient s HI claim No.		2. Start Of Care Date	3. Certification Period		4. Medical Record No.	5. Provider No.
91340305		02/27/2026	From: 02/27/2026 To: 04/27/2026		23053	217058
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number			
Tu Tran 349 Bigley Avenue, Halethorpe, MD 21227- 443-708-5902			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239			
8. DOB 03/21/1971			9. Sex Male	10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD C61.	Principal Diagnosis Malignant neoplasm of prostate		Date 02/27/26	Zofran Odt - Ondansetron 8 mg 8 mg / 1 Tablet by mouth every 8 hours as needed for nausea		
13. ICD C79.51	Other Pertinent Diagnoses Secondary malignant neoplasm of bone		Date 02/27/26	Tylenol - Acetaminophen 500mg by mouth every 4-6 hours as needed for pain		
G83.4	Cauda equina syndrome		Date 02/27/26	Folic Acid - Folic Acid 1 mg 1mg; tab by mouth once a day supplement		
M84.48XD	Pathological fracture oth site subs for fx w routn heal		Date 02/27/26	Cyclobenzaprine - Cyclobenzaprine Hydrochloride 10mg; 1 tab by mouth		
M43.24	Fusion of spine thoracic region		Date 02/27/26	three times a day for pain		
14. DME and Supplies: walker, cane				15. Safety Measures: standard precautions, fall precautions, ambulates with device, walker precautions, ambulates with assistance, transfer with assist, supervision at all times		
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET				17. Allergies: no known allergies		
18.A. Functional Limitations Ambulation, Endurance				18.B. Activities Permitted Cane, Walker, Exercises Prescribed		
19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No						
20. Prognosis: poor						
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 patient 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:	<p class="MsoNoSpacing">A 54-year-old male was recently discharged from Autumn Lake following hospitalization for spinal cord compression secondary to a pathologic compression fracture at T11 associated with metastatic prostate cancer to the bone. He is status post thoracic laminectomy and discectomy and has a past medical history significant for malignant neoplasm of the prostate with secondary bone metastases, cauda equina syndrome, and spinal fusion of the thoracic region. The patient is alert and oriented 3 and reports back and leg discomfort managed with acetaminophen. Lung sounds are clear, appetite is fair, and the thoracic surgical incision with staples is open to air without signs of infection; he has a scheduled follow-up appointment for staple removal. He ambulates with a rolling walker or cane and denies recent falls. The patient lives with his sister in a multilevel home with one step to enter and 12 steps to the second floor where the bedroom and full bathroom are located; due to pain and mobility limitations, he has been sleeping in a recliner on the main level and using a half bathroom. His sister provides assistance when available but works most days. The patient reports decreased lower extremity strength, impaired balance, unsteady gait, difficulty with transfers and stair negotiation, and reduced functional mobility, resulting in increased fall risk and dependence with bathing. Skilled home health physical therapy is medically necessary to address strengthening, balance, gait training, transfer training, stair negotiation, and safety awareness in order to improve functional independence and reduce the risk of falls and further functional decline. The patient is considered homebound due to significant effort required to leave the home and the need for an assistive device and human assistance following recent spinal surgery and ongoing cancer treatment.</p><p class="MsoNoSpacing"><o:p> </o:p></p><p class="MsoNoSpacing">Date of Order<o:p></o:p></p><p class="MsoNoSpacing">02/27/2026 Order<o:p></o:p></p><p class="MsoNoSpacing">Physician Face-to-Face Date: 02/20/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat DX: 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<o:p></o:p></p><p class="MsoNoSpacing"> 1 - SOC - SN Notes: <o:p></o:p></p><p class="MsoNoSpacing">PT Eval Notes: OT Eval Notes:<o:p></o:p></p><p class="MsoNoSpacing">Physician:Nong Libend, Christelle</p>					
SN Careplans				SN Goals		
SN WK1: 1 (02/27/26-02/28/26) ,WK2: 1 (03/01/26-03/07/26) ,WK3: 2 (03/08/26-03/14/26) ,WK4: 1 (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) ,WK9: 1 (04/19/26-04/25/26)				PATIENT-STATED GOAL: WANT TO WALK		
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				GOALS		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance				patient/caregiver recalls		
HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion				* lifestyle modifications to manage respiratory condition including		
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				* 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		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 02/27/2026					25. Date HHA Received Signed POT	
24. Physician's Name and Address Christelle Nong Libend 1701 Twin Springs Road Halethorpe, MD 21227 PHONE: FAX: NPI: 1780096446				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 : 02/20/2026		
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. PAGE 1 of 3		

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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: M2020 - Oral Med Management, Home Safety, meal preparation, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, M1610 - Urinary Incontinence, limited endurance, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit, tooth pain/decay/sensitivity, #1 - Observable Surgical Wound - Other - BACK - STAPLES OPEN TO AIR PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Other - BACK - STAPLES OPEN TO AIR: MD TO REMOVE STAPLES, cough/deep breathing exercises, coordinate/arrange for adequate patient supervision, coordinate/arrange for maintenance of clean/uncluttered living area 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, * 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence			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 minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient's living environment is clean/uncluttered patient is adequately supervised meal preparation is available to patient for all meals caregiver performs medical/rehabilitation treatments with adequate competence		
PT Careplans			PT Goals		
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)			PATIENT-STATD GOAL: I want to be ble to get back to work		
PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, 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: home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., therapeutic modalities: Apply ice to R hip x 20 minutes with necessary barrier and skin assessments q 5 minutes., dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance. 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			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		
OT Careplans			OT Goals		
OT WK2: 1 (03/01/26-03/07/26) ,WK3: 1 (03/08/26-03/14/26) ,WK4: 1 (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) ,WK9: 1 (04/19/26-04/25/26)			PATIENT-STATD GOAL: Pt wants to be able to work again		
PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400 - Dyspnea, 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: Home exercise program , Therapeutic exercise , Medication review , cough/deep breathing exercises, equipment training, gait training on uneven surfaces, 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up			GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 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 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		
Signature of Physician:			Date		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			02/27/2026		

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assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 02. Substantial/maximal assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent		Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 05. Setup or clean-up assistance Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance Walk 150 Feet - 05. Setup or clean-up assistance 4 Steps - 05. Setup or clean-up assistance 12 Steps - 05. Setup or clean-up assistance Picking Up Object - 05. Setup or clean-up assistance Oral Hygiene - 05. Setup or clean-up assistance Toileting Hygiene - 06. Independent Shower/Bathe Self - 02. Substantial/maximal assistance Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent Upper Body Dressing - 06. Independent		

Signature of Physician:	Date
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