Home Health Certification and Plan of Care

Order ID: 1150/16768

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
29160883	03/02/2026	From: 03/02/2026 To: 04/30/2026	23103	217058

6. Patient's Name and Address
Richard Hackney
2917 Davis Ridge Ct,
HANOVER, MD 21076-
202 345 2529

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 11/13/1946 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
K57.30	Dvrtclos of lg int w/o perforation or abscess w/o bleeding	03/02/26

13. ICD	Other Pertinent Diagnoses	Date
K55.069	Acute infarction of intestine part and extent unspecified	03/02/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	03/02/26
K21.9	Gastro-esophageal reflux disease without esophagitis	03/02/26
N28.1	Cyst of kidney acquired	03/02/26
I70.0	Atherosclerosis of aorta	03/02/26
M51.369	Oth intvrt disc degen lum rgn w/o lum bck or lw extrm painOth intvrt disc degen lum rgn w/o lum bck or lw extrm pain	03/02/26
E66.01	Morbid (severe) obesity due to excess calories	03/02/26
Z79.01	Long term (current) use of anticoagulants	03/02/26
Z79.82	Long term (current) use of aspirin	03/02/26
Z91.81	History of falling	03/02/26

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

Lipitor - Atorvastatin Calcium eq 40 mg base / 1 Tablet by mouth once a day to prevent heart attack and stroke
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1,000 unit / 1 Tablet by mouth once a day 2 QD
Fluticasone - Fluticasone Furoate 50 mcg/actuation Nasl SpSn nasal once a day
FISH OIL 0 1,200-144-216 mg / 1 Capsule by mouth once a day Heart health
Cetirizine Oral Tab 10 mg by mouth as necessary Daily for seasonal allergies
Pradaxa - Dabigatran Etexilate Mesylate 150 mg 1 capsule by mouth twice a day Blood thinner
Tylenol Es 500 Mg - Acetaminophen 1 tablet by mouth as necessary Daily for mild pain
Areds 2 1 tablet by mouth once a day For my vision

14. DME and Supplies:
walker

15. Safety Measures:
activity supervision, , ambulates with assistance

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Dyspnea With Minimal Exertion, Ambulation

18.B. Activities Permitted
Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, 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
patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status:
Due to diagnosis of Diverticulosis Of Large Intestine Without Perforation Or Abscess Without Bleeding, 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 admitted to home health services for skilled nursing and therapy following a recent hospitalization and decline in functional status associated with multiple falls and medical complications. Approximately three weeks prior to admission to home health, the patient experienced two falls within a two-day period while ascending the steps at his home. Following these incidents, he sought medical evaluation at Kaiser, where laboratory studies revealed a significantly elevated white blood cell count, prompting hospital admission to Saint Joseph Medical Center for an eight-day inpatient stay. During hospitalization, diagnostic imaging including CT of the chest, abdomen, and pelvis revealed a thrombus occluding and distending much of the superior mesenteric vein, colonic diverticulosis with rectosigmoid thickening and surrounding fat stranding, and mesenteric abnormalities concerning for possible carcinomatosis. Imaging also demonstrated irregular mass-like thickening of the rectosigmoid colon. The patient also had a rectal polyp removed during evaluation. His past medical history is significant for obstructive sleep apnea (OSA), severe obesity, gastroesophageal reflux disease (GERD), prior cataract removal, and reported episodes of shortness of breath beginning approximately four months prior to the recent falls. The patient currently resides with his spouse, who serves as his primary caregiver, in a multilevel townhouse. The home environment includes two steps outside the entrance and multiple interior staircases, including approximately 19 steps to the main living level and additional stairs to access the bedroom. The patient ambulates independently within the home without an assistive device but utilizes a cane when ambulating outside the home. He reports decreased stamina compared to his prior baseline and experiences shortness of breath with mobility and exertion. He also reports difficulty rising from low-seated surfaces such as low chairs. Due to impaired endurance, decreased strength, history of falls, and safety concerns when negotiating stairs, leaving the home requires assistance and significant effort, qualifying the patient as homebound. At the time of assessment, the patient was alert and oriented and able to participate appropriately in conversation. He wears glasses for reading but reports no significant hearing or visual deficits otherwise. The patient denied pain at the time of assessment. Head-to-toe examination revealed skin that was clean, dry, and intact. Bilateral foot swelling was noted without pitting edema. The patient demonstrated shortness of breath when descending stairs during the visit, indicating decreased cardiopulmonary endurance with activity. Functional assessment indicates decreased bilateral lower extremity strength, reduced balance, decreased endurance, unsteady gait, and difficulty negotiating stairs and performing certain transfers, all of which contribute to an increased risk for falls. Given these deficits and the patient's recent fall history, skilled physical therapy services are indicated to improve lower extremity strength, balance, endurance, gait safety, stair negotiation, and overall functional mobility in order to restore independence and reduce fall risk. The patient is scheduled to receive home physical therapy beginning 03/05/2026 with a frequency of one visit for one week, followed by two <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> per week for two weeks (Monday and Wednesday), and then one visit per week for three weeks (Wednesday). Ongoing therapy services will be assigned to PTA Jennifer Foster, with a physical therapy follow-up evaluation planned during the week of 03/23/2026 through 03/27/2026. Skilled nursing services will continue to monitor the patient's cardiopulmonary status, edema, functional tolerance, and overall medical condition while providing education regarding fall prevention, activity pacing, and safety within the home. The overall plan of care focuses on improving strength, endurance, mobility, and safety with

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 03/02/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Sarah Lichenstein
7070 Samuel Morse Dr
21046, MD 21046
PHONE: 410-309-4600 FAX: NPI: 1649857947

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 : 02/26/2026

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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activities of daily living while supporting the patient and caregiver in safely managing the patient's medical needs within the home environment.
 Date of Order 03/02/2026 Orders Physician Face-to-Face Date: 02/26/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Diverticulosis Of Large Intestine Without Perforation Or Abscess Without Bleeding 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 Lichenstein, Sarah

SN Careplans

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

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: 7. Currently taking 5 or more medications, 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: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, weak pulses in feet, limited strength, limited endurance

PROCEDURES: Medication Reconciled/teaching : Nurse to do follow-up teaching on Pradaxa., cough/deep breathing exercises, incentive spirometer, 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 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, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: "To be more independent while walking and not be out breath.

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
* 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

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (03/02/26-03/07/26) ,WK2: 2 (03/08/26-03/14/26) ,WK3: 2 (03/15/26-03/21/26) ,WK4: 1 (03/22/26-03/28/26) ,WK5: 1 (03/29/26-04/04/26) ,WK6: 1 (04/05/26-04/11/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: cough/deep breathing exercises, home exercise program: Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., 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., gait training on uneven surfaces, 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 medication(s) purpose, schedule, Chair to Bed to Chair - 06. Independent, Sit to Stand - 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 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

PT Goals

PATIENT-STATED GOAL: To improve myself to the max mobility I can achieve.

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

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

OT Careplans

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

03/02/2026

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OT WK1: 1 (03/02/26-03/07/26) ,WK2: 1 (03/08/26-03/14/26) ,WK3: 1 (03/15/26-03/21/26) ,WK4: 1 (03/22/26-03/28/26) ,WK5: 1 (03/29/26-04/04/26) ,WK6: 1 (04/05/26-04/11/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation, gait training on uneven surfaces, 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 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 - 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

PATIENT-STATED GOAL: To reduce sob

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

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

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	03/02/2026