

Home Health Certification and Plan of Care				Order ID: 1150/16785	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
AA00024422		03/03/2026		From: 03/03/2026 To: 05/01/2026	
4. Medical Record No.		5. Provider No.			
22989		217058			
6. Patient's Name and Address Johnnie Jackson 8406 Charles Valley Court Apt D, TOWSON, MD 21204- 718-790-7531			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 11/27/1949 9.Sex Male			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD Principal Diagnosis Date M21.371 Foot drop right foot 03/03/26			Norvasc - Amlodipine Besylate 10 mg / 1 tablet by mouth once a day Namenda - Memantine Hydrochloride 10 mg / 1 tablet by mouth twice a day Multivitamins - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpantenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day Seroquel - Quetiapine Fumarate 50 mg / 1 tablet by mouth in the evening CRESTOR 10 mg / 1 tablet by mouth in the evening		
13. ICD Other Pertinent Diagnoses Date F03.90 Unsp dementia unsp severity without beh/psych/mood/anx 03/03/26					
I10. Essential (primary) hypertension 03/03/26					
E78.5 Hyperlipidemia unspecified 03/03/26					
M48.02 Spinal stenosis cervical region 03/03/26					
Z79.899 Other long term (current) drug therapy 03/03/26					
14. DME and Supplies: walker			15. Safety Measures: transfer with assist, , activity supervision, ambulates with assistance, ambulates with device,		
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET			17. Allergies: no known allergies		
18.A. Functional Limitations Endurance, Ambulation			18.B. Activities Permitted Walker, Exercises Prescribed, Up As Tolerated		
19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 8. Patient unable to respond, 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 Foot Drop Right Foot, 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:<div>The patient is a 76-year-old African American male with a medical history significant for dementia, ataxia, right foot drop, and associated cognitive impairment. The patient resides with his son in a third-floor apartment and requires assistance with multiple activities of daily living, including personal hygiene, transfers, and ambulation, due to impaired balance, coordination deficits, and decreased safety awareness related to his neurological condition. These limitations significantly impact the patient's ability to perform daily tasks independently and increase his risk for falls. During the evaluation, the patient demonstrated gait abnormalities consistent with right foot drop and ataxia, contributing to difficulty with foot clearance during ambulation. Functional mobility deficits necessitate assistance and supervision to ensure safe transfers and movement within the home environment. Education was provided to the patient and caregiver regarding compensatory gait strategies, specifically the use of a high-steppage gait pattern to improve foot clearance and reduce the risk of tripping. In addition, a home exercise program was initiated and demonstrated, focusing on strengthening, coordination, and mobility to improve overall functional performance and safety. The patient and caregiver were instructed on the importance of continued participation in therapeutic exercises and safe mobility techniques. Ongoing skilled therapy services are indicated to address gait deficits, improve balance and strength, reinforce safety strategies, and support the patient in maintaining the highest possible level of independence with functional mobility and daily activities within the home setting.</div><div> </div><div>Date of Order</div><div>03/03/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 01/06/2026</div><div>Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat due to Foot Drop Right Foot</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div>1 - SOC - PT Notes: soc</div><div> </div><div>Physician</div><div>Baxter, Maria</div></div>					
SN Careplans			SN Goals		
PT Careplans			PT Goals		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 03/03/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address Maria Baxter 6701 North Charles St Towson, MD 21204 PHONE: 4438493184 FAX: 14438498367 NPI: 1770903601			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 : 01/06/2026		
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 2		

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PT WK1: 2 (03/03/26-03/07/26) ,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 (03/29/26-03/31/26) 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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 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: GG0130B1 - Oral Hygiene, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, M1700 - Cognition, M1745 - Behavioral Issues, M2020 - Oral Med Management, M1400 - Dyspnea, limited endurance, muscle weakness, balance deficit PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, home exercise program: Straight leg raising, long arc , side kicks and mini squats --10x2 reps, 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 medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver*, 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, patient self-administers medications as prescribed, 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 - 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, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching 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 - 05. Setup or clean-up assistance			PATIENT-STATED GOAL: To walk with out foot drop GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent patient/caregiver recalls * how to keep home safe for patient with dementia * coping strategies for the caregiver* 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 * 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 patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule Sit to Stand - 06. Independent Car Transfer - 06. Independent 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 Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance Oral Hygiene - 05. Setup or clean-up assistance Toileting Hygiene - 05. Setup or clean-up assistance Shower/Bathe Self - 04. Supervision or touching 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 - 05. Setup or clean-up assistance		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/03/2026