

Home Health Certification and Plan of Care				Order ID: 1150/16883	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
8U97UT2MJ45		03/06/2026		From: 03/06/2026 To: 05/04/2026	
				4. Medical Record No.	
				22829	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
William Lacy 3820 Taylor Avenue, NOTTINGHAM, MD 21236- 443-956-8399				HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239	
8. DOB				9. Sex	
09/12/1936				Male	
11. ICD		Principal Diagnosis		Date	
F03.918		Unsp dementia unsp severity with other behavioral disturb		03/06/26	
13. ICD		Other Pertinent Diagnoses		Date	
I10.		Essential (primary) hypertension		03/06/26	
M25.569		Pain in unspecified knee		03/06/26	
M25.559		Pain in unspecified hip		03/06/26	
R29.6		Repeated falls		03/06/26	
R35.0		Frequency of micturition		03/06/26	
R39.15		Urgency of urination		03/06/26	
R35.1		Nocturia		03/06/26	
Z91.81		History of falling		03/06/26	
14. DME and Supplies:				15. Safety Measures:	
wheelchair, rolling walker, hand held shower, bath bench, commode, grab bars, walker, 4 wheeled walker				ambulates with device, , fall precautions, medication safety, non-slip surface in tub, walker precautions, smoke detectors , emergency phone # clearly displayed, ambulates with assistance, supervision at all times, transfer with assist, wheelchair precautions, standard precautions, hand rails, bathroom safety, activity supervision	
16. Nutrition:				17. Allergies:	
Z. NO PHYSICIAN-ORDERED DIET				No Information Available	
18.A. Functional Limitations				18.B. Activities Permitted	
Ambulation, Hearing, Bowel/Bladder Incontinence, Endurance				Exercises Prescribed, Walker, Up As Tolerated	
19. Mental & Pyschosocial Status: COGNITION: 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium., ANXIETY: 4. Constantly, 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!4. Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects)!5. Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions)!6. Delusional, hallucinatory, or paranoid behavior, HISTORY OF DEPRESSION: No					
20. Prognosis: fair					
22. A Rehabilitation Potential:				22.B.Discharge Plans	
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.				family/caregiver will be responsible for managing treatment	
Homebound status: Due to diagnosis of Unspecified dementia, unspecified severity, with other behavioral disturbance, 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">The patient was referred for home health services following a recent fall and diagnosis of a urinary tract infection (UTI). The primary care provider noted bilateral lower extremity weakness and recommended physical therapy (PT), occupational therapy (OT), home health aide (HHA), and social work (SW) services for additional resources. The patient resides with his wife in the basement of their son's home, where they have a private bedroom and bathroom; however, the kitchen is located on the main level, requiring the patient to navigate approximately 18 steps. His past medical history is significant for unspecified dementia with behavioral disturbance, repeated falls, unspecified knee and hip pain, unspecified bradycardia, urinary frequency, urgency, nocturia, essential hypertension, and altered mental status. The patient is primarily cared for by his wife during the day, who also has her own health conditions. During today's visit, the patient had difficulty remaining awake and dozed off multiple times, and he was a poor historian, so most information was provided by his wife. All medications were present in the home, the patient has no known drug allergies (NKDA), and he is a full code. He ambulates slowly with a walker and requires one-person assistance. The current UTI is likely related to inadequate fluid intake. The patient demonstrates decreased standing balance, standing tolerance, bilateral upper extremity strength, and activity tolerance, resulting in reduced ability to perform self-care, functional transfers, and ambulation. Skilled OT services are recommended to address these deficits and assist the patient in returning to his prior level of function, and the caregiver will require extensive education on dementia care protocols.</o:p></p> <p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">Bottom of Form<o:p></o:p></p> <p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">03/06/2026 Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 02/18/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat OT eval and treat, HHA daily adl's SW community resources. DX: Unspecified dementia, unspecified severity, with other behavioral disturbance 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">OT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Rollins Mrs., Lawanda</p>					
SN Careplans				SN Goals	
SN WK1: 1 (03/06/26-03/07/26) ,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)				PATIENT-STATED GOAL: Patient states he wants to be able to walk outside with his walker again	
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 patient/caregiver recalls * how to keep home safe for patient with dementia * coping strategies for the caregiver* recalls related medication(s) purpose, schedule	
CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance				patient/caregiver recalls	
HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 03/06/2026					
24. Physician's Name and Address				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.	
Lawanda Rollins Mrs. 8831 Satyr Hill Rd Ste 100 Parkville, MD 21234 PHONE: 443-946-1896 FAX: 14434952902 NPI: 1003384165				F2F date : 02/18/2026	
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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months), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 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, 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; 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:No Advance Directive PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M1700 - Cognition, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, M1033 - Unintentional Weight Loss, M1620 - Bowel Incontinence, foul-smelling urine, M1610 - Urinary Incontinence, M1600 - UTI, muscle weakness, limited strength, limited endurance, difficulty sleeping, daytime fatigue, lethargy, balance deficit, B0200 - Hearing Deficit, B1000 - Vision Deficit PROCEDURES: incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, monitor intake & output, bladder training, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange resources for vision-impaired, coordinate/arrange home modifications for hearing impaired, i.e. alarms 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, * strategies to increase caloric intake, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately	* 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/caregiver recalls * strategies to increase caloric intake * recalls related medication(s) purpose, schedule - patient/caregiver recalls * bowel incontinence management including dietary changes * bowel training * skin care * recalls related medication(s) purpose, schedule - patient/caregiver recalls * prevention including increase fluid intake * increase Vitamin C intake to promote acidic bladder environment (cranberry juice) * perineal hygiene * 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/caregiver recalls * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms * recalls related medication(s) purpose, schedule - patient/caregiver recalls * how to keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids - patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule - caregiver administers and/or packages medications appropriately
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OT Careplans	OT Goals
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/06/2026

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OT 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) ,WK7: 1 (04/12/26-04/18/26) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170I1 - Walk 10 Feet, GG0130A1 - Eating, 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, GG0130B1 - Oral Hygiene, 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 PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation, 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 - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, 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 - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance		PATIENT-STATED GOAL: Walk better 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 Sit to Stand - 05. Setup or clean-up assistance Chair to Bed to Chair - 05. Setup or clean-up assistance 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 - 05. Setup or clean-up assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance Oral Hygiene - 03. Partial/moderate assistance Toileting Hygiene - 03. Partial/moderate assistance Shower/Bathe Self - 03. Partial/moderate assistance Upper Body Dressing - 03. Partial/moderate assistance Lower Body Dressing - 03. Partial/moderate assistance Don/Doff Footwear - 03. Partial/moderate assistance Eating - 05. Setup or clean-up assistance		
HHA Careplans HHA WK2: 1 (03/08/26-03/14/26) ,WK3: 2 (03/15/26-03/21/26) ,WK4: 2 (03/22/26-03/28/26) ,WK5: 2 (03/29/26-04/04/26) ,WK6: 2 (04/05/26-04/11/26) PROCEDURES: assist with bathing: Mod A, assist with toilet transferring: Cga, assist with toileting hygiene: Min A, assist with transferring: Min A, assist with feeding/eating: Min A, assist with lower body dressing: Mod A, assist with upper body dressing: Mod a		HHA Goals		
Signature of Physician:		Date		
		PAGE 3 of 3		
Optional Name/Signature of Nurse/Therapist:		Date		
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