Home Health Certification and Plan of Care

Order ID: 1150/16852

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4WQ4R16KV87	01/05/2026	From: 03/06/2026 To: 05/04/2026	20975	217058

6. Patient's Name and Address
Ronald Tabor II
4404 Maine Ave,
BALTIMORE, MD 21207-
202-486-0703

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 12/11/1965 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	01/05/26

13. ICD	Other Pertinent Diagnoses	Date
N18.30	Chronic kidney disease stage 3 unspecified	01/05/26
N32.81	Overactive bladder	01/05/26
G21.4	Vascular parkinsonism	01/05/26
E78.5	Hyperlipidemia unspecified	01/05/26
I42.8	Other cardiomyopathies	01/05/26
K59.00	Constipation unspecified	01/05/26
F32.A	Depression unspecified	01/05/26
F10.10	Alcohol abuse uncomplicated	01/05/26
R73.03	Prediabetes	01/05/26
Z79.82	Long term (current) use of aspirin	01/05/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	01/05/26
Z87.891	Personal history of nicotine dependence	01/05/26

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

Oxybutynin - Oxybutynin 1 tablet, 10 mg by mouth once a day Bladder
Folate - Ferrous Sulfate: Folic Acid 1 tablet, 800 mcg by mouth once a day Supplement
Atorvastatin - Atorvastatin Calcium 80mg oral tablet,take 1 tablet by mouth once a day Cholesterol
Amlodipine - Amlodipine Besylate 10mg oral tablet,take 1 tablet by mouth once a day Blood pressure
Aspirin - Aspirin 80mg oral tablet,take 1 tablet by mouth once a day Heart health
Carvedilol - Carvedilol 25 mg oral tablet,take 1 tablet by mouth twice a day Blood pressure
Hydralazine - Hydralazine Hydrochloride 50 mg oral tablet,take 1 tablet by mouth twice a day Blood pressure

14. DME and Supplies:
grab bars, rolling walker, hospital bed, bath bench, wheelchair

15. Safety Measures:
standard precautions, fall precautions

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation,

18.B. Activities Permitted
No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 3. Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently, ANXIETY: , SOCIAL ISOLATION: 2 independent, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:

20. Prognosis: fair

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

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment
another facility/provider will be responsible for managing treatment

Homebound status:
Due to diagnosis of Hypertensive Chronic Kidney Disease With Stage 1 Through Stage 4 Chronic Kidney Disease, Or Unspecified Chronic Kidney Disease, 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:
Physical therapy start-of-care (SOC) evaluation was completed for this 59-year-old male with a past medical history significant for chronic renal impairment, cerebrovascular accident (CVA), depression, hypertension, hyperlipidemia, vascular parkinsonism, and overactive bladder. The patient was referred for home physical therapy services secondary to functional decline following a recent transition to an assisted living facility (ALF). Prior to relocating to the ALF, the patient resided at home with his wife, ambulated with a rolling walker, and experienced frequent falls. Since moving to the ALF approximately one month ago, staff report a marked decline in functional status characterized by increased requests to remain in bed and worsening rigidity. On assessment, the patient demonstrated significantly decreased bilateral lower extremity strength with manual muscle testing of approximately 2-/5 and currently requires maximal assistance for all functional tasks, including bed mobility and transfers; he is unable to ambulate at this time. The patient reports chronic right-sided pain persisting since his CVA several years ago, as well as discomfort associated with prolonged sitting. ALF staff indicated they have been attempting to increase upright tolerance by encouraging the patient to sit in a chair up to four hours daily; however, the patient is not tolerating this schedule. Education was provided regarding the importance of participation and motivation to support progression toward functional goals, and the patient verbalized understanding. The patient was instructed in an initial home exercise program including knee extension and hip flexion exercises with emphasis on improving range of motion and movement quality; caregiver education and instruction were also provided to support carryover. The plan of care is for the patient to receive skilled physical therapy to address impaired strength, rigidity, balance deficits, and overall safety with functional mobility, with the goal of improving independence and reducing fall risk in order to progress toward his prior level of function. The patient would also benefit from an occupational therapy evaluation to assess activities of daily living (ADL) performance and needs; the physical therapist will contact the signing physician to obtain a verbal order for OT evaluation.
 Date of Order 03/04/2026 Orders Physician Face-to-Face Date: 11/12/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT evaluate and treat due to Hypertensive Chronic Kidney Disease With Stage 1 Through Stage 4 Chronic Kidney Disease, Or Unspecified Chronic Kidney Disease 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 is a 60 year old man with parkinson's who can continue to benefit from continued OT services to address ADLs, transfers and, balance, bilateral upper extremity muscle strength.
 Physician Lotlikar, Jeffrey

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 03/04/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Jeffrey Lotlikar
4660 Wilkens Ave
Baltimore, MD 21229
PHONE: 4102470782 FAX: 18662515693 NPI: 1558323204

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 : 11/12/2025

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.

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PT Careplans

PT 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) ,WK8: 1 (04/19/26-04/25/26) ,WK9: 1 (04/26/26-05/02/26)

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: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * 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 relaxatio, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * strategies to increase socialization, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 03. Partial/moderate assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, Shower/Bathe Self - 03. Partial/moderate assistance

PT Goals

PATIENT-STATED GOAL: To be able to walk again

GOALS
patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpos

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Sit to Stand - 05. Setup or clean-up assistance

Picking Up Object - 04. Supervision or touching assistance

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Toilet Transfer - 03. Partial/moderate assistance

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 relaxatio

Shower/Bathe Self - 03. Partial/moderate assistance

Walk 10 Feet - 02. Substantial/maximal assistance

OT Careplans

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) ,WK8: 1 (04/19/26-04/25/26)

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:

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, 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; 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

OT Goals

PATIENT-STATED GOAL: Patient wants to get stronger, dress self and stand

GOALS
Upper Body Dressing - 03. Partial/moderate assistance

Patient will demonstrate improved bilateral upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

Eating - 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 medicatio

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 relaxatio

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
03/04/2026

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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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating, constipation, poor muscle tone, balance deficit

PROCEDURES: ADLs , Patient/caregiver recalls related purpose and schedule of medications: Medication review , therapeutic exercises, 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, * 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 relaxatio, Oral Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Eating - 06. Independent, Patient will demonstrate improved bilateral upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

Oral Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/04/2026