Home Health Certification and Plan of Care

Order ID: 1150/16975

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
53231939	03/08/2026	From: 03/08/2026 To: 05/06/2026	21398	217058

6. Patient's Name and Address

William Hoffman
1706 Spence St,
BALTIMORE, MD 21230-
410-215-2383

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 05/15/1953 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S72.142D	Displ intertroch fx l femur subs for clos fx w routn heal	03/08/26

13. ICD	Other Pertinent Diagnoses	Date
I48.91	Unspecified atrial fibrillation	03/08/26
E11.9	Type 2 diabetes mellitus without complications	03/08/26
I10.	Essential (primary) hypertension	03/08/26
F32.1	Major depressive disorder single episode moderate	03/08/26
E46.	Unspecified protein-calorie malnutrition	03/08/26
I69.354	Hemiplga following cerebral infrc affecting left nondom side	03/08/26
I69.328	Oth speech/lang deficits following cerebral infarction	03/08/26
E78.5	Hyperlipidemia unspecified	03/08/26
R32.	Unspecified urinary incontinence	03/08/26
R15.9	Full incontinence of feces	03/08/26
L89.626	Pressure-induced deep tissue damage of left heel	03/08/26
L89.611	Pressure ulcer of right heel stage 1	03/08/26
L98.8	Oth disrd of the skin and subcutaneous tissue	03/08/26
G47.00	Insomnia unspecified	03/08/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	03/08/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	03/08/26
Z87.01	Personal history of pneumonia (recurrent)	03/08/26
Z87.891	Personal history of nicotine dependence	03/08/26

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

CELEXA 20 mg / 1 Tablet by mouth once a day
ARTIFICIAL TEARS 0.5-0.6 % Opht Drop / Instill 1 Drop Ophthalmic once a day in affected eye(s) daily
Glucophage - Metformin Hydrochloride 1gm / 1 Tablet by mouth twice a day with meals
Glucotrol - Glipizide 10 mg / 1 Tablet by mouth in the morning Take 2 tablets in the morning and 1 tablet in the evening 30 minutes before meals.
Lipitor - Atorvastatin Calcium eq 80 mg base / 1 Tablet by mouth once a day for cholesterol
Plavix - Clopidogrel Bisulfate eq 75 mg base / 1 Tablet by mouth once a day
Wellbutrin Sr - Bupropion Hydrochloride 150 mg / 1 Tablet by mouth once a day Take 2 tablets with food for mood
Jardiance - Empagliflozin 25 mg / 1 Tablet by mouth in the morning Take half tablet
Zestril - Lisinopril 20 mg / 1 Tablet by mouth once a day for blood pressure
mv-min-folic-K1-lycopen-lutein (CENTRUM SILVER ULTRA MEN'S) 300-60-600-300 mcg / 1 Tablet by mouth once a day

14. DME and Supplies:

diabetic supplies, grab bars, walker, wheelchair, cane

15. Safety Measures:

transfer with assist, sharps precautions, diabetic precautions, fall precautions, ambulates with device, wheelchair precautions, standard precautions, infectious material management, ambulates with assistance, walker precautions, bathroom safety

16. Nutrition:

diabetic

17. Allergies:

skelaxin

18.A. Functional Limitations

Bowel/Bladder Incontinence,

18.B. Activities Permitted

Wheelchair, Walker, Cane, , 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: Yes

20. Prognosis: fair

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 Displaced intertrochanteric fracture of left femur, subsequent encounter for closed fracture with routine healing, 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 is a 72-year-old male referred to home health services following hospitalization and a rehabilitation stay after a fall at home that resulted in a left intertrochanteric femur fracture requiring ORIF; surgical incisions are now healed. His past medical history is significant for atrial fibrillation, diabetes mellitus, hypertension, and two prior cerebrovascular accidents with residual left-sided hemiplegia, speech deficits, and incontinence. The patient is alert and oriented and resides with his wife in a multilevel home, where she assists with activities of daily living (ADLs), instrumental ADLs, meal preparation, shopping, and errands. The patient reports left heel pain, and assessment revealed an unstageable pressure ulcer on the left heel measuring 3.8 cm 3.6 cm 0.0 cm, fully covered with black eschar; no wound care orders are currently noted, and the patient has a follow-up appointment scheduled with his primary care provider on Monday. Functionally, the patient ambulates indoors approximately 30 feet with a rolling walker and supervision, negotiates 14 steps with a rail and cane with contact guard assistance, performs bed mobility with supervision using a leg lifter for the left leg, and transfers to bed and toilet with close supervision. The patient lives in a single-family home with one rear step for exit and 13 front steps with a partial rail, with the bedroom and primary bathroom located on the second floor, though a first-floor full bathroom with a walk-in shower is available. He is considered homebound due to the significant effort required to leave the home with an assistive device, as evidenced by a Tinetti score of 12/28. Skilled nursing visits are recommended at a frequency of 2w1 and 1w3 for ongoing assessment and care coordination, with the next visit scheduled for Wednesday. Physical and occupational therapy evaluations have been ordered to address decreased strength, particularly in the left leg, impaired mobility, and fall risk; occupational therapy is recommended 1w6 to focus on ADL training, adaptive equipment use, functional

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/08/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Maria Madah
1701 Twin Springs Rd
Halethorpe, MD 21227
PHONE: (800) 777-7904 FAX: 18559024974 NPI: 1952892846

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 : 01/12/2026

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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mobility, therapeutic exercise, home exercise program development, safety training, and fall prevention to support a return to prior functional independence.<o:p></o:p> <o:p> </o:p> Bottom of Form<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 03/08/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 01/12/2026
 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat, OT eval and treat DX: Displaced intertrochanteric fracture of left femur, subsequent encounter for closed fracture with routine healing
 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>
 1 - SOC -SN Notes: <o:p></o:p> PT Eval Notes<o:p></o:p> OT Eval Notes:<o:p></o:p> Physician:<span style="font-size: 10.5pt; background-image: initial; background-position: initial; background-size: initial; background-repeat: initial; background-attachment: initial; background-origin: initial; background-clip: initial;">Madah, Maria

SN Careplans

SN WK1: 2 (03/08/26-03/14/26) ,WK2: 1 (03/15/26-03/21/26) ,WK3: 1 (03/22/26-03/28/26) ,WK4: 1 (03/29/26-04/04/26)

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), 3. Multiple hospitalizations (2 or more) in the past 6 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

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 ; 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.

NA
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, delayed capillary refill, abnormal thyroid <> 0.40 - 4.50 mIU/mL, heartburn/indigestion, M1610 - Urinary Incontinence, poor muscle tone, limited strength, limited range of motion, muscle weakness, weak hand grips, red/tender pressure points, open sores/lesions, discolored patches of skin, #1 - 6 - Unstageable due to coverage of wound bed by slough and/or eschar. - Posterior Left Heel - no wound care orders present during SOC assessment

PROCEDURES: physician-ordered wound care: #1 - 6 - Unstageable due to coverage of wound bed by slough and/or eschar. - Posterior Left Heel - no wound care orders present during SOC assessment, bladder training, home exercise program

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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

SN Goals

PATIENT-STATED GOAL: I WANT TO BE ABLE TO GET AROUND AND TO THE THINGS THAT I ENJOY

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) 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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

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
* 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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/08/2026

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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

PT Careplans

PT WK1: 2 (03/08/26-03/14/26) ,WK2: 1 (03/15/26-03/21/26) ,WK3: 1 (03/22/26-03/28/26) ,WK4: 1 (03/29/26-04/04/26) ,WK5: 1 (04/05/26-04/11/26) ,WK6: 1 (04/12/26-04/18/26) ,WK7: 1 (04/19/26-04/25/26) ,WK8: 1 (04/26/26-05/02/26) ,WK9: 1 (05/03/26-05/06/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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 : Sitting knee extension, ankle pumps. Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats , gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: 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 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: Be able to get around the house by myself

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

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 WK1: 1 (03/08/26-03/14/26) ,WK2: 1 (03/15/26-03/21/26) ,WK3: 1 (03/22/26-03/28/26) ,WK4: 1 (03/29/26-04/04/26) ,WK5: 1 (04/05/26-04/11/26) ,WK6: 1 (04/12/26-04/18/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400, 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, therapeutic exercises, equipment training, work simplification/energy conservation, dynamic standing balance 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 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: To walk without a walker

GOALS
Shower/Bathe Self - 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

Oral Hygiene - 06. Independent

Toileting Hygiene - 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
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