Home Health Certification and Plan of Care

Order ID: 1150/15072

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
15306208	12/22/2025	From: 12/22/2025 To: 02/19/2026	20641	217058

6. Patient's Name and Address
Tyrome Myster
2406 Tionesta Rd,
HALETHORPE, MD 21227-
443-922-3305

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 11/24/1951 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J90.	Pleural effusion not elsewhere classified	12/22/25

13. ICD	Other Pertinent Diagnoses	Date
C34.90	Malignant neoplasm of unsp part of unsp bronchus or lung	12/22/25
I10.	Essential (primary) hypertension	12/22/25
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	12/22/25
E87.1	Hypo-osmolality and hyponatremia	12/22/25
G89.29	Other chronic pain	12/22/25
Z79.82	Long term (current) use of aspirin	12/22/25
Z87.891	Personal history of nicotine dependence	12/22/25

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

Aspirin 81Mg - Aspirin 81 MG chewable tablet Take 1 tablet by mouth once a day
Furosemide - Furosemide 20 MG tablet Take 1 tablet by mouth once a day 20 MG tablet
Take 1 tablet by mouth daily.
Solifenacin Succinate - Solifenacin Succinate 5 MG tablet Take 5 mg by mouth once a day 5 MG tablet
Take 5 mg by mouth daily.
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG capsule Take 0.8 mg by mouth once a day 0.4 MG capsule
Take 0.8 mg by mouth daily
Ondansetron - Ondansetron 8 mg 1 tab sublingual twice a day 1 tablet on the tongue2 times a day as needed for Nausea or vomiting

14. DME and Supplies:
hand held shower, grab bars, cane

15. Safety Measures:
transfer with assist, supervision at all times, hand rails, , , avoid temperature extremes, ambulates with device, , ambulates with assistance, smoke detectors , , bathroom safety

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Cane, Exercises Prescribed, Transfer bed/Chair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, 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

Homebound status: Due to diagnosis of Pleural Effusion Not Elsewhere Classified, 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 74-year-old male admitted to home health services for skilled physical therapy following a recent hospitalization of approximately one week due to shortness of breath, during which he was diagnosed with stage IV lung cancer. Prior to hospitalization, the patient lived independently; however, he is currently residing in a ground-level, single-floor apartment with his ex-spouse, Sandra, who remains with him at all times and provides caregiver support. The patient is ambulatory with a single-point cane and reports two falls within the past two months, with no additional falls reported. His past medical history is also significant for a left total hip replacement performed two years ago, and he currently reports pain in the right hip. Upon start-of-care admission, informed consent was obtained, medication reconciliation was completed, and a comprehensive home safety assessment was performed. The patient handbook was reviewed, and the physical therapy plan of care was discussed and developed collaboratively with the patient and caregiver. The patient presents with decreased endurance and overall mobility, requiring assistance from another person and the use of an assistive device to safely leave the home, placing him at increased risk for falls. Identified deficits include right hip pain, decreased bilateral lower extremity strength, impaired functional mobility, difficulty negotiating steps, unsteady gait, impaired balance, difficulty with transfers, history of falls, decreased safety awareness, and an overall increased fall risk. Skilled instruction was provided using the patient handbook, including education on home safety, fall prevention, risk factors for falls, and strategies to reduce fall risk within the home environment. The patient was instructed in safe transfer techniques using a single-point cane, including proper hand and foot placement, forward weight shift, and reaching back for the chair prior to sitting. During transfer training, the patient required minimal assistance to standby assistance for safety. Gait training was provided on level surfaces using the single-point cane, with the patient requiring standby assistance and verbal cues to increase bilateral step height and step length and to maintain overall safety during ambulation. Standardized gait assessments, including the Tinetti Performance-Oriented Mobility Assessment and the Timed Up and Go (TUG), were performed to further evaluate balance and fall risk. Education was also provided regarding the importance and benefits of daily ambulation, including improved circulation and prevention of complications related to inactivity. The patient was instructed to initiate a walking program consisting of short walks within the home every 1-2 hours, one to two times daily, with longer walks beginning at 3-5 minutes and progressing gradually as tolerated. For management of right hip pain, the patient was instructed to apply ice to the affected area for 20 minutes using an appropriate barrier, with skin checks every five minutes. The patient demonstrates a need for continued skilled physical therapy services to improve strength, balance, functional mobility, transfer safety, gait stability, stair negotiation, and overall safety awareness in order to reduce fall risk, prevent further functional decline, and promote independence within the home environment. Without skilled intervention, the patient remains at high risk for falls, loss of independence, and further decline. The physical therapy plan of care was reviewed in detail with the patient and caregiver, and both verbalized understanding of and agreement with the plan. The patient is scheduled to receive home physical therapy beginning 12/22/25 at a frequency of once weekly for two weeks, twice weekly for two weeks, and once weekly for four weeks. The referring physician, Dr. Maria Wiisichong Madah, was notified that the admission has been completed.
 Date of Order 12/22/2025 Orders Physician Face-to-Face Date: 12/16/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to Pleural Effusion Not Elsewhere Classified Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 12/22/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Daljeet Saluja
821 N Eutaw St
Baltimore, MD 21201
PHONE: 410-358-6450 FAX: 18777511761 NPI: 1326011024

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 : 12/16/2025

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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 1 - SOC - PT Notes: soc Physician Saluja, Daljeet

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (12/22/25-12/27/25) ,WK2: 1 (12/28/25-01/03/26) ,WK3: 2 (01/04/26-01/10/26) ,WK4: 2 (01/11/26-01/17/26) ,WK5: 2 (01/18/26-01/24/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 50 > 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), 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, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 7. Currently taking 5 or more medications, 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
Advance Directive:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130G1 - Lower Body Dressing, 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, GG0170F1 - Toilet Transfer, GG0130H1 - Don/Doff Footwear, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1033 - Unintentional Weight Loss, coughing, M1400 - Dyspnea, muscle weakness, limited endurance, headache, Pain Interference with ADLs

PROCEDURES: therapeutic modalities: Apply ice to R hip x 20 minutes with necessary barrier and skin assessments q 5 minutes., work simplification/energy conservation, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, 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, assist with fall prevention

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, * strategies to increase caloric intake, related medication(s) purpose, schedule, * how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, related medication(s) purpose, schedule, * how to manage symptoms of nicotine withdrawal and nicotine cravings, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver performs medical/rehabilitation treatments with adequate competence, 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06.

PT Goals

PATIENT-STATED GOAL: I want to be able to walk unaided

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

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 minimize chemotherapy and radiation side-effects including management of nausea or vomiting
* diarrhea
* appetite loss
* hair loss
* fatigue
* insomnia
* 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

patient/caregiver recalls
* how to manage symptoms of nicotine withdrawal and nicotine cravings
* recalls related medication(s) purpose, schedule

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

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

caregiver performs medical/rehabilitation treatments with adequate competence

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/22/2025

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Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent	Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
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