Home Health Certification and Plan of Care

Order ID: 1150/17133

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30954666000	03/11/2026	From: 03/11/2026 To: 05/09/2026	23248	217058

6. Patient's Name and Address

Marion Dennis
124 W Franklin Street Apt 301,
BALTIMORE, MD 21201-
667-417-8862

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 03/20/1950 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.65	Type 2 diabetes mellitus with hyperglycemia	03/11/26

13. ICD	Other Pertinent Diagnoses	Date
M62.82	Rhabdomyolysis	03/11/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	03/11/26
I10.	Essential (primary) hypertension	03/11/26
M19.011	Primary osteoarthritis right shoulder	03/11/26
K21.9	Gastro-esophageal reflux disease without esophagitis	03/11/26
G89.4	Chronic pain syndrome	03/11/26
E87.0	Hyperosmolality and hypernatremia	03/11/26
R74.01	Elevation of levels of liver transaminase levels	03/11/26
F10.10	Alcohol abuse uncomplicated	03/11/26
E78.5	Hyperlipidemia unspecified	03/11/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	03/11/26
R33.8	Other retention of urine	03/11/26
H54.7	Unspecified visual loss	03/11/26
R05.1	Acute cough	03/11/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	03/11/26
Z79.4	Long term (current) use of insulin	03/11/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	03/11/26
Z87.891	Personal history of nicotine dependence	03/11/26
Z66.	Do not resuscitate	03/11/26
Z91.81	History of falling	03/11/26

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

AMILODIPINE 10 MG Oral Give one time a day for HTN
Metformin - Metformin Hydrochloride 1000mg by mouth twice a day Take 1 tab twice daily with meals for diabetes
Lipitor - Atorvastatin Calcium eq 40 mg base 40mg by mouth at bedtime Take 1 tab nightly for cholesterol
Vitamin D - Ergocalciferol 50,000 International Units 1.25 MG (50000 UT) by mouth once a week Take one tab weekly on Sundays for vitamin D repletion
Thiamine - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 100mg by mouth once a day Take 1 tab daily for thiamine repletion
Lidocaine Patch - Lidocaine 4% =1patch transdermal once a day Apply one patch to affected area daily for pain relief
Folic Acid - Folic Acid 1 mg 1mg=1 tab by mouth once a day Take 1 tab daily for folic acid repletion

14. DME and Supplies:

rolling walker, hand held shower, diabetic supplies, bath bench, walker, grab bars, cane, 4 wheeled walker

15. Safety Measures:

walker precautions, smoke detectors , , , diabetic precautions, ambulates with device, ambulates with assistance, emergency phone # clearly displayed, supervision at all times, transfer with assist, , bathroom safety, activity supervision

16. Nutrition:

diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Bowel/Bladder Incontinence, Legally Blind, Endurance

18.B. Activities Permitted

Walker, Exercises Prescribed,

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, 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

family/caregiver will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Type 2 Diabetes Mellitus With Hyperglycemia, 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 75-year-old male recently discharged from hospitalization and inpatient rehabilitation following a mechanical fall associated with alcohol use. His past medical history is significant for hypertension, prior cerebrovascular accident, type 2 diabetes mellitus, benign prostatic hyperplasia, alcohol use disorder, and chronic right eye blindness, contributing to visual impairment and increased fall risk. The patient reported consuming alcohol prior to the fall, during which he tripped, landed on his back, and struck his head and back. Loss of consciousness was unclear. During hospitalization, he presented with generalized body aches and back pain, and laboratory findings revealed significantly elevated creatine kinase levels (>7000), consistent with traumatic rhabdomyolysis, which improved with intravenous fluid therapy and supportive care. Imaging showed no acute fractures; however, evaluation of right shoulder pain revealed a grade 3 acromioclavicular joint injury with moderate glenohumeral osteoarthritis, with orthopedic follow-up recommended. The patient currently resides alone in an elevator-accessible apartment and is legally blind. He reports ongoing alcohol use but has expressed willingness to reduce intake. He has experienced recurrent falls in recent months, likely multifactorial due to visual impairment, gait instability, and substance use. At the time of assessment, the patient reports difficulty obtaining prescribed medications following discharge but plans to have a friend assist with obtaining them. Functionally, the patient ambulates within the home using a mobility cane with supervision for approximately 30 feet and demonstrates the need for supervision with bed mobility and transfers to chair, bed, and toilet. He presents with decreased strength, impaired balance, and reduced endurance, placing him at continued risk for falls. His Tinetti balance and gait assessment score is 15/28, indicating moderate fall risk. Therapeutic exercises initiated during the visit included supine hip flexion, bridging, hooklying rotation, straight leg raises, hip abduction, knee extension, and ankle pumps, with the patient tolerating five repetitions of each. Education was provided on the use of a rollator for improved safety during mobility outside of the apartment. The patient is considered homebound due to the significant effort required to leave the home and reliance on assistive devices. Skilled home health therapy services are recommended to address deficits in strength, balance, and functional mobility, with the goal of restoring independence and reducing fall risk. Additional concerns identified during the visit included evidence of a bed bug infestation observed on the patient's clothing and in the home environment; appropriate notifications were made to building management and the home care agency, and the patient was informed that clearance documentation will be required prior to continuation of certain services. The plan of care includes continued skilled therapy interventions,

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/11/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Lindsey Johnson
6821 Reisterstown Rd Ste 106
Baltimore, MD 21215
PHONE: 4103586450 FAX: 18777511761 NPI: 1568104818

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 : 02/26/2026

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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reinforcement of fall prevention strategies, support for medication access and adherence, and encouragement of reduction in alcohol use to improve overall safety and health outcomes.
 Date of Order 03/11/2026 Orders Physician Face-to-Face Date: 02/26/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat, OT eval and treat HHA daily ADL's due to Type 2 diabetes mellitus with hyperglycemia Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc PT Eval Notes:
 Physician Johnson , Lindsey

SN Careplans

SN WK1: 1 (03/11/26-03/14/26) ,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)

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: 2. Non-agency caregiver(s) need training/supportive services to 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, 4. Multiple emergency department visits (2 or more) in the past 6 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, 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; 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, Home Safety, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, frequent urination, limited endurance, limited strength, muscle weakness, balance deficit, B1000 - Vision Deficit

PROCEDURES: incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange resources for vision-impaired

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, * 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 patient with vision loss including

SN Goals

PATIENT-STATED GOAL: Patient states he wants to continue to live independently in his apartment and do things for himself without falling.

GOALS
patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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
* 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
* 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

patient's living environment is clean/uncluttered

caregiver administers and/or packages medications appropriately

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/11/2026

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eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, caregiver administers and/or packages medications appropriately

PT Careplans

PT WK1: 1 (03/11/26-03/14/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, GG0170I1 - Walk 10 Feet, 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: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, equipment training, 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 relaxation skills and diversional activities, related medication(s) purpose, schedule, Sit to Stand - 06. Independent, Chair to Bed to Chair - 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, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, 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, Upper Body Dressing - 06. Independent

PT Goals

PATIENT-STATED GOAL: To be able to walk better outside now that he has rollator

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Shower/Bathe Self - 05. Setup or clean-up 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 relaxation skills and diversional activities
* 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

Picking Up Object - 04. Supervision or touching assistance

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
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