

Home Health Certification and Plan of Care										Order ID: 1150/17230							
1. Patient s HI claim No.			2. Start Of Care Date			3. Certification Period			4. Medical Record No.			5. Provider No.					
6HD4GX0FU86			03/13/2026			From: 03/13/2026 To: 05/11/2026			23378			217058					
6. Patient's Name and Address Charles Cooperman 21 Cobbler Court, PIKESVILLE, MD 21208- 410-241-8611						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 10/06/1947 9.Sex Male						10. Medications: Dose/Frequency/Route (N)ew (C)hanged CARBIDOPA 25 mg 1 tablet by mouth three times a day ESCITALOPRAM 20 mg 20 mg 1 tablet by mouth once a day Midodrine Hydrochloride - Midodrine Hydrochloride 2.5 mg 2.5 mg 1 tablet by mouth twice a day Rosuvastatin Calcium - Rosuvastatin Calcium 20 mg 20 mg 1 tablet by mouth in the evening											
11. ICD G20.B2		Principal Diagnosis Parkinson's disease with dyskinesia with fluctuations				Date 03/13/26		15. Safety Measures: emergency phone number prominently displayed, smoke detectors , , ambulates with device, ambulates with assistance									
13. ICD I95.1 E78.5 F32.A E55.9 Z87.891 Z91.81		Other Pertinent Diagnoses Orthostatic hypotension Hyperlipidemia unspecified Depression unspecified Vitamin D deficiency unspecified Personal history of nicotine dependence History of falling				Date 03/13/26 03/13/26 03/13/26 03/13/26 03/13/26 03/13/26 03/13/26											
14. DME and Supplies: None of the above						17. Allergies: no known allergies											
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET						18.B. Activities Permitted Walker, Transfer bed/Chair, Up As Tolerated											
18.A. Functional Limitations Ambulation						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: Yes											
20. Prognosis: good						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 family/caregiver will be responsible for managing treatment			
Homebound status: Due to diagnosis of Parkinson's Disease With Dyskinesia With Fluctuations, 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 The patient is a 78-year-old male with a past medical history significant for Parkinson's disease with dyskinesia and motor Requiring Homecare:fluctuations, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-16 CE-FMS-hyperlipidemia">hyperlipidemia</mh>, depressive disorder, orthostatic hypotension, and recurrent falls, who was referred by his primary care provider for skilled home health services following multiple recent falls. He presents with notable impairments in functional mobility, including bilateral lower extremity weakness (MMT 3+/5), decreased coordination, tremors, and altered gait mechanics contributing to significant gait instability and elevated fall risk. Additionally, bilateral upper extremity strength is reduced (MMT 4-/5), further impacting his ability to safely perform activities of daily living. On assessment, standing balance is graded as Fair-, requiring upper extremity support for safety. The patient requires supervision to contact guard assistance for bed mobility and transfers, including sit-to-stand and toilet transfers, with the need for verbal cueing for proper limb placement. He also requires minimal to contact guard assistance for bathing and dressing tasks, primarily due to tremors and decreased motor control, and completes showering with assistance as needed. During the evaluation, the patient ambulated approximately 20-25 feet using a rolling walker with caregiver assistance, demonstrating impaired gait and decreased endurance. The patient resides with his wife in a multi-level home equipped with a stair lift, and the home environment is noted to be well maintained without significant safety hazards. Skilled home health physical therapy is medically necessary to address deficits in strength, balance, coordination, and gait in order to improve functional mobility, enhance safety, reduce fall risk, and maximize independence within the home setting. Patient and caregiver education was provided on a home exercise program, fall prevention strategies, medication awareness, and recognition of signs and symptoms requiring physician notification. Date of Order 03/13/2026 Orders Physician Face-to-Face Date: 12/16/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT, OT due to Parkinson's Disease With Dyskinesia With Fluctuations 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 - PT Notes: soc OT Eval Notes: Physician Kerkvliet, Gary																	
SN Careplans								SN Goals									
PT Careplans								PT Goals									
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 03/13/2026										25. Date HHA Received Signed POT							
24. Physician's Name and Address Gary Kerkvliet 1838 Greene Tree Rd Ste 445 Baltimore, MD 21208 PHONE: 4106538840 FAX: 14106538847 NPI: 1508804642								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 03/25/2026 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. PAGE 1 of 3									

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PT WK1: 1 (03/13/26-03/14/26) ,WK2: 1 (03/15/26-03/21/26) ,WK3: 2 (03/22/26-03/28/26) ,WK4: 1 (03/29/26-04/04/26) ,WK5: 1 (04/05/26-04/11/26) ,WK6: 2 (04/12/26-04/18/26) ,WK7: 1 (04/19/26-04/25/26) ,WK8: 1 (04/26/26-05/02/26) 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: 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 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, SO2: 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:Living Will PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, 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, GG0170F1 - Toilet Transfer, D0160 - Depression, M2020 - Oral Med Management, M1400 - Dyspnea, muscle weakness, limited strength, balance deficit PROCEDURES: B LE mm strengthening, Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , home exercise program: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day. Emphasis on improving right knee ROM, reducing stiffness, and promoting quadriceps activation., 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 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			PATIENT-STATED GOAL: to be a lot safer walking in the house GOALS Shower/Bathe Self - 05. Setup or clean-up assistance 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 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 150 Feet - 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 Oral Hygiene - 05. Setup or clean-up assistance Toileting Hygiene - 05. Setup or clean-up assistance Upper Body Dressing - 05. Setup or clean-up assistance Lower Body Dressing - 05. Setup or clean-up assistance Don/Doff Footwear - 05. Setup or clean-up assistance Eating - 05. Setup or clean-up assistance patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule Walk 10 Feet - 04. Supervision or touching assistance Walk 50 ft with 2 Turns - 04. Supervision or touching assistance 1 - Step (curb) - 04. Supervision or touching assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance	
Signature of Physician:			Date	
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Optional Name/Signature of Nurse/Therapist:			Date	
Electronically Signed by Messick, Charles RN			03/13/2026	

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clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 05. Setup or clean-up assistance					
OT Careplans			OT Goals		
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PROBLEMS IDENTIFIED ON ASSESSMENT: 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			GOALS		
PROCEDURES: Patient/caregiver recalls related purpose and schedule of medications: Medication review , cough/deep breathing exercises			patient/caregiver recalls		
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, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 05. Setup or clean-up assistance			* lifestyle modifications to manage respiratory condition including		
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			Lower Body Dressing - 05. Setup or clean-up assistance		
			Don/Doff Footwear - 05. Setup or clean-up assistance		
			Eating - 05. Setup or clean-up assistance		

Signature of Physician:	Date
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