Home Health Certification and Plan of Care

Order ID: 1150/17398

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7NX6UP6AD59	03/24/2026	From: 03/24/2026 To: 05/22/2026	23843	217058

6. Patient's Name and Address

John Caines
769 222nd St,
PASADENA, MD 21122-
410-255-7229

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 06/18/1942 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G20.A1	Parkinson's dis w/o dyskinesia w/o mention of fluctuations	03/24/26

13. ICD	Other Pertinent Diagnoses	Date
I48.91	Unspecified atrial fibrillation	03/24/26
I11.0	Hypertensive heart disease with heart failure	03/24/26
I50.21	Acute systolic (congestive) heart failure	03/24/26
G93.40	Encephalopathy unspecified	03/24/26
R13.12	Dysphagia oropharyngeal phase	03/24/26
E03.9	Hypothyroidism unspecified	03/24/26
E44.0	Moderate protein-calorie malnutrition	03/24/26
M16.12	Unilateral primary osteoarthritis left hip	03/24/26
E78.5	Hyperlipidemia unspecified	03/24/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	03/24/26
K21.9	Gastro-esophageal reflux disease without esophagitis	03/24/26
M10.9	Gout unspecified	03/24/26
F41.1	Generalized anxiety disorder	03/24/26
Z79.01	Long term (current) use of anticoagulants	03/24/26
Z79.82	Long term (current) use of aspirin	03/24/26
Z79.890	Hormone replacement therapy	03/24/26
Z95.5	Presence of coronary angioplasty implant and graft	03/24/26
Z86.79	Personal history of other diseases of the circulatory system	03/24/26
Z91.81	History of falling	03/24/26

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

Allopurinol - Allopurinol 100 mg 100 mg / 1 Tablet by mouth once a day for Gout
Atorvastatin Calcium - Atorvastatin Calcium 40 mg / 1 Tablet by mouth at bedtime for HLD
BIOFREEZE External Cream 10 % / Apply to b/l feet topical every 8 hours as needed for b/l foot pain 1-5/10
Carbidopa And Levodopa - Carbidopa: Levodopa 25 mg;100 mg 25 mg;100 mg / 1 Tablet by mouth three times a day Give 1.5 tablet for Parkinson's Disease 10 am 2 pm 6 pm
Citalopram Hydrobromide - Citalopram Hydrobromide eq 10 mg base eq 10 mg base / 1 Tablet by mouth once a day for Depression
Clonazepam - Clonazepam 0.25 mg 0.25 mg / 1 Tablet by mouth at bedtime for Hallucination;Agitation/ Anxiety;General discomfort one at bed time for Anxiety
ELIQUIS 5 mg / 1 Tablet by mouth twice a day for AFib
Albuterol Sulfate: Ipratropium Bromide - Albuterol Sulfate: Ipratropium Bromide Inhalation Solution 0.5-2.5 (3) MG/3ML / 3ml inhale orally inhalant every 8 hours as needed for sob/wheezing
Levothyroxine Sodium - Levothyroxine Sodium 100 mcg / 1 Tablet by mouth in the morning for Thyroid
Lisinopril - Lisinopril 5 mg 5 mg / 1 Tablet by mouth once a day for HTN
Metoprolol Tartrate - Metoprolol Tartrate 75 mg / 1 Tablet by mouth twice a day for HTN
MIDODRINE HYDROCHLORIDE 2.5 mg / 1 Tablet by mouth every 12 hours as needed for Hypotension For SBP <100, hold for SBP >110
Nitroglycerin - Nitroglycerin 0.4 mg/hr 0 Sublingual Tablet 0.4 mg sublingual as necessary for Chest Pain Place 1 tablet under the tongue every 5 min as needed.
PEPCID 20 mg 020 mg by mouth once a day for GERD
Tylenol - Acetaminophen 325 mg / 1 Tablet by mouth every 6 hours Give 2 tablet as needed for arthritic pain 1-5/10 max 3g/d

14. DME and Supplies:

wheelchair, rolling walker, walker, commode, hospital bed, cane

15. Safety Measures:

wheelchair precautions, , , ambulates with device, walker precautions, , emergency phone # clearly displayed, ambulates with assistance, transfer with assist, supervision at all times, , activity supervision

16. Nutrition:

cardiac diet

17. Allergies:

darvon demerol

18.A. Functional Limitations

Endurance, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted

Up As Tolerated, Wheelchair, Walker, Exercises Prescribed, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time., ANXIETY: 4. Constantly, SOCIAL ISOLATION: 8. Patient unable to respond, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions!5. Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions)!6. Delusional, hallucinatory, or paranoid behavior, HISTORY OF DEPRESSION: Yes

20. Prognosis: poor

22. A Rehabilitation Potential:

SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Parkinson's disease without dyskinesia, without mention of 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 Requiring Homecare:

The patient is an 83-84-year-old male with a complex medical history significant for Parkinson's disease, dementia, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-hypertension">hypertension</mh>, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-16 CE-FMS-hyperlipidemia">hyperlipidemia</mh>, coronary artery disease status post stent placement, heart failure with reduced ejection fraction (EF ~30%), gastroesophageal reflux disease, gout, anxiety, osteoarthritis, and prior left hip replacement. He was hospitalized in December 2025 following a fall and generalized body weakness and was diagnosed with rhinovirus infection, new-onset atrial fibrillation with rapid ventricular response, acute decompensated heart failure, and encephalopathy with oropharyngeal dysphagia requiring nasogastric tube placement for feeding and medication administration due to aspiration risk. His hospital course was further complicated by hospital-acquired pneumonia, from which he has since improved. Following hospitalization, the patient underwent approximately three months of rehabilitation in a skilled nursing facility before returning home with significant functional decline. The patient currently resides in a two-level single-family home with his spouse, who provides continuous supervision, supplemented by assistance from family members and a private aide five days per week. Prior to his acute illness in November 2025, the patient was independent with mobility and functional activities, including outdoor tasks such as yard work. Since December 2025, he has been non-ambulatory and is now wheelchair-dependent, requiring maximal assistance for stand-pivot transfers and all basic activities of daily living (BADLs). He is unable to safely ambulate and demonstrates significant deficits including decreased bilateral lower extremity strength, impaired balance, decreased endurance, poor safety awareness, and a high risk for falls. The patient is considered homebound due to cognitive impairment, limited mobility, and safety concerns requiring assistance to leave the home. On skilled nursing assessment, the patient is disoriented, intermittently responsive, and noted to doze off during interactions. He is hard of hearing and follows visual cues inconsistently. He denies pain; however, per spouse report, he experiences shortness of breath with exertion, and intermittent labored breathing is noted even

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/24/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Muhammad Naeem
1515 Florida Ave
Severn, MD 21144
PHONE: 4102042658 FAX: 14107611587 NPI: 1710186291

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 : 03/17/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/17398

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7NX6UP6AD59	03/24/2026	From: 03/24/2026 To: 05/22/2026	23843	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
John Caines 769 222nd St, PASADENA, MD 21122- 410-255-7229	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

at rest. Lung sounds are clear on auscultation. Appetite is poor, and the patient is currently tolerating a semi-solid diet following prior dysphagia. Last bowel movement was reported as occurring the previous night. Physical examination reveals trace to +1 bilateral lower extremity edema, greater on the right than the left, as well as a small necrotic area on the left great toe, which is open to air without signs or symptoms of infection. Bilateral upper extremity bruising is also observed. The patient is unable to ambulate but is able to sit upright in a chair with assistance. He remains at high risk for falls and pressure injuries due to immobility and overall frailty. Skilled nursing interventions included comprehensive medication reconciliation and education provided to the patient and spouse regarding medication names, dosages, frequencies, and potential side effects, with particular emphasis on monitoring for signs and symptoms of bleeding due to anticoagulation therapy associated with atrial fibrillation. Additional education was initiated regarding disease processes, including atrial fibrillation and heart failure management. The spouse demonstrated understanding of the teaching provided. Physical therapy evaluation identified significant impairments in strength, mobility, transfers, and balance, with the patient requiring maximal assistance for safe transfers and being unable to ambulate. He remains at high risk for falls and further functional decline without intervention. Education was provided to the patient and primary caregiver on fall prevention strategies, home safety modifications, and proper transfer techniques, including use of a walker, appropriate hand and foot placement, forward weight shifting, and controlled sitting. A physical therapy plan of care has been established in collaboration with the patient and caregiver, with scheduled <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> to address strengthening, functional mobility, transfer training, balance, gait progression as appropriate, and safety awareness. Occupational therapy evaluation further supports the patient's need for skilled services, as he is currently bedbound and dependent for all basic activities of daily living, with decreased activity tolerance and increased risk for pressure injuries. Skilled OT services are indicated to address deficits in self-care, positioning, caregiver training, and environmental modifications to maximize safety and functional independence. The patient has upcoming follow-up appointments with his neurologist and primary care provider later this week. Overall, he demonstrates significant medical complexity and functional impairment but may benefit from continued skilled nursing, physical therapy, and occupational therapy services to optimize functional outcomes, reduce risk of complications, and support safe care within the home environment.
 Date of Order 03/24/2026 Orders Physician Face-to-Face Date: 03/17/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN, PT, OT due to Parkinson's disease without dyskinesia, without mention of 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 - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Naeem, Muhammad

SN Careplans

SN WK1: 2 (03/24/26-03/28/26) ,WK2: 2 (03/29/26-04/04/26) ,WK3: 1 (04/05/26-04/11/26) ,WK4: 1 (04/12/26-04/18/26) ,WK5: 1 (04/19/26-04/25/26) ,WK6: 1 (04/26/26-05/02/26) ,WK7: 1 (05/03/26-05/09/26) ,WK8: 1 (05/10/26-05/16/26) ,WK9: 1 (05/17/26-05/20/26)

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: 5. Decline in mental, emotional, or behavioral status in the past 3 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

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:YES

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M1745 - Behavioral Issues, D0160 -

SN Goals

PATIENT-STATED GOAL: SPOUSE WOULD LIKE FOR PATIENT TO GET BETTER

GOALS
patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* 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
* 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 keep home safe for patient with dementia
* coping strategies for the caregiver* 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
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* 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

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/24/2026

Home Health Certification and Plan of Care

Order ID: 1150/17398

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7NX6UP6AD59	03/24/2026	From: 03/24/2026 To: 05/22/2026	23843	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
John Caines 769 222nd St, PASADENA, MD 21122- 410-255-7229	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Depression, M1700 - Cognition, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, coughing, dependent edema, M1610 - Urinary Incontinence, muscle weakness, limited strength, limited endurance, balance deficit, Pain Interference with ADLs, loss of appetite, tooth pain/decay/sensitivity, bruising/discoloration, #1 - Other - Other - LEFT BIG TOE - SMALL NECROTIC AREA NOTED ON LEFT BIG TOE

PROCEDURES: physician-ordered wound care: #1 - Other - Other - LEFT BIG TOE - SMALL NECROTIC AREA NOTED ON LEFT BIG TOE: OPEN TO AIR, cough/deep breathing exercises, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, 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, * 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver*, 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, 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 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, meal preparation is available to patient for all meals

* urinary incontinence management including bladder training
* Kegel exercises
* skin 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

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (03/24/26-03/28/26) ,WK2: 2 (03/29/26-04/04/26) ,WK3: 2 (04/05/26-04/11/26) ,WK4: 1 (04/12/26-04/18/26) ,WK5: 1 (04/19/26-04/25/26) ,WK6: 1 (04/26/26-05/02/26) ,WK7: 1 (05/03/26-05/09/26) ,WK8: 1 (05/10/26-05/16/26) ,WK9: 1 (05/17/26-05/20/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170S1 - Wheel 150 feet, 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, GG0170R1 - Wheel 50 ft w 2 Turns

PROCEDURES: train caregiver(s) to perform medical/rehabilitation treatments: Transfers, HEP, wheelchair training, home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 03. Partial/moderate assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, 1 - Step (curb) - 02. Substantial/maximal assistance, 12 Steps - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Car Transfer - 04. Supervision or touching assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

PT Goals

PATIENT-STATED GOAL: To be able to walk again

GOALS
Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 03. Partial/moderate assistance

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

1 - Step (curb) - 02. Substantial/maximal assistance

12 Steps - 02. Substantial/maximal assistance

4 Steps - 02. Substantial/maximal assistance

Car Transfer - 04. Supervision or touching assistance

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Walk 150 Feet - 02. Substantial/maximal assistance

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

OT Careplans

OT WK1: 1 (03/24/26-03/28/26) ,WK2: 1 (03/29/26-04/04/26) ,WK3: 1 (04/05/26-04/11/26) ,WK4: 1 (04/12/26-04/18/26) ,WK5: 1 (04/19/26-04/25/26) ,WK6: 1 (04/26/26-05/02/26) ,WK7: 1 (05/03/26-05/09/26) ,WK8: 1 (05/10/26-05/16/26) ,WK9: 1 (05/17/26-05/20/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, 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, incentive spirometer, equipment training, work simplification/energy conservation

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath

OT Goals

PATIENT-STATED GOAL: CG stated goal, For Pt to abel to perform self care

GOALS
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

Oral Hygiene - 03. Partial/moderate assistance

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/24/2026

Home Health Certification and Plan of Care

Order ID: 1150/17398

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7NX6UP6AD59	03/24/2026	From: 03/24/2026 To: 05/22/2026	23843	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
John Caines 769 222nd St, PASADENA, MD 21122- 410-255-7229	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

home remedies to keep lungs healthy, related medication(s) purpose, schedule, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/24/2026