

Home Health Certification and Plan of Care				Order ID: 1150/17710	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
17183626		04/01/2026		From: 04/01/2026 To: 05/30/2026	
				4. Medical Record No.	
				24237	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Kenneth George			HomeCentris Healthcare LLC		
1317 WASHINGTON IRVING LANE,			10 Crossroads Drive, Suite 102		
MIDDLE RIVER, MD 21220			Owings Mills, MD 21117-8284		
410-236-9183			410-321-8448		
			1487113239		
8. DOB			9. Sex		
10/30/1943			Male		
11. ICD		Principal Diagnosis		Date	
G45.9		Transient cerebral ischemic attack unspecified		04/01/26	
13. ICD		Other Pertinent Diagnoses		Date	
M62.81		Muscle weakness (generalized)		04/01/26	
B34.1		Enterovirus infection unspecified		04/01/26	
I25.10		Athscl heart disease of native coronary artery w/o ang pctrs		04/01/26	
I10.		Essential (primary) hypertension		04/01/26	
E11.9		Type 2 diabetes mellitus without complications		04/01/26	
I49.5		Sick sinus syndrome		04/01/26	
K21.9		Gastro-esophageal reflux disease without esophagitis		04/01/26	
N40.0		Benign prostatic hyperplasia without lower urinry tract symp		04/01/26	
E78.00		Pure hypercholesterolemia unspecified		04/01/26	
R26.81		Unsteadiness on feet		04/01/26	
Z87.891		Personal history of nicotine dependence		04/01/26	
Z95.1		Presence of aortocoronary bypass graft		04/01/26	
Z98.61		Coronary angioplasty status		04/01/26	
Z79.82		Long term (current) use of aspirin		04/01/26	
Z79.02		Long term (current) use of antithrombotics/antiplatelets		04/01/26	
Z79.4		Long term (current) use of insulin		04/01/26	
14. DME and Supplies:			15. Safety Measures:		
grab bars, bath bench, rolling walker, cane			fall precautions, bleeding precautions, anticoagulant precautions, ambulates with device, ambulates with assistance		
16. Nutrition:			17. Allergies:		
diabetic			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Ambulation, Bowel/Bladder Incontinence			Exercises Prescribed, Cane, Up As Tolerated		
19. Mental & Pyschosocial Status: COGNITION: 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium., ANXIETY: NA Patient nonresponsive, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: good					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
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.			PT: family/caregiver will be responsible for managing treatment OT: patient will		
Homebound status: Due to diagnosis of Transient cerebral ischemic attack unspecified, 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 an 82-year-old male referred to home health services following a recent hospitalization for a transient ischemic attack (TIA), during which he experienced confusion and difficulty walking. His past medical history is significant for atherosclerotic heart disease, hypertension, diabetes, sick sinus syndrome, gastroesophageal reflux disease, benign prostatic hypertrophy, prior angioplasty, coronary artery bypass grafting, and a history of smoking. He resides with his wife in a mobile home with five steps and bilateral railings. Prior to hospitalization, he was independent with community mobility, activities of daily living (ADLs), and instrumental activities of daily living (IADLs), including driving, and used a single-point cane outdoors. Currently, the patient demonstrates impaired balance, with a Tinetti score of 15/28 and a Timed Up and Go (TUG) score of 15.3 seconds, indicating moderate fall risk, along with lower extremity weakness and difficulty negotiating stairs. He has good rehabilitation potential and would benefit from skilled physical therapy to address these deficits and improve safety and mobility. Occupational therapy evaluation indicates that the patient has returned to an independent level with basic self-care, functional transfers, and ambulation, and no further skilled OT services are warranted at this time.</o:p></o:p></p><p class="MsoNoSpacing"><o:p> </o:p></p><p class="MsoNoSpacing">Bottom of Form</o:p></o:p></p><p class="MsoNoSpacing"><o:p> </o:p></p><p class="MsoNoSpacing">Date of Order<o:p></o:p></p><p class="MsoNoSpacing">04/01/2026 Order<o:p></o:p></p><p class="MsoNoSpacing">Physician Face-to-Face Date: 03/26/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and treat DX: Transient cerebral ischemic attack unspecified Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <!--[if !supportLineBreakNewLine]--> <!--[endif]--><o:p></o:p></p><p class="MsoNoSpacing">1 - SOC -PT Notes:<o:p></o:p></p><p class="MsoNoSpacing">OT Eval Notes:<o:p></o:p></p><p class="MsoNoSpacing">Physician:Chambers, Jerome</p>					
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 04/01/2026					
24. Physician's Name and Address			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.		
Jerome Chambers			F2F date : 03/26/2026		
4920 Campbell Blvd					
White Marsh, MD 21236					
PHONE: 14109337600 FAX: NPI: 1053978189					
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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PT Careplans PT WK1: 2 (04/01/26-04/04/26) ,WK2: 2 (04/05/26-04/11/26) ,WK3: 1 (04/12/26-04/18/26) ,WK4: 1 (04/19/26-04/25/26) ,WK5: 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 > 6 CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance HOSPITALIZATION RISKS: 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:Living Will PROBLEMS IDENTIFIED ON ASSESSMENT: 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, GG0170F1 - Toilet Transfer, M1700 - Cognition, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, lightheadedness, dizziness/syncope, M1033 - Exhaustion, M1610 - Urinary Incontinence, limited strength, limited endurance, muscle weakness, Pain Interference with ADLs, Pain Interference with Therapy activities, balance deficit PROCEDURES: Medication management : Reviewed proper tech to manage medication, cough/deep breathing exercises, apply anti-embolitic stockings, train caregiver(s) to			PT Goals PATIENT-STATED GOAL: To Improve my leg strength, balance and walk without catching my toes on the floor GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent 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 * 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 caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 06. Independent Walk 50 ft with 2 Turns - 06. Independent Walk 150 Feet - 06. Independent Walk 10 ft on Uneven Surface - 06. Independent 1 - Step (curb) - 06. Independent 4 Steps - 06. Independent Picking Up Object - 06. Independent Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent	
Signature of Physician:			Date	
			PAGE 2 of 3	
Optional Name/Signature of Nurse/Therapist:			Date	
Electronically Signed by Messick, Charles RN			04/01/2026	

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perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor, home exercise program: Heel and toeraises, laq, hip abduction, extension, hip flexion, hamstring curls, equipment training, work simplification/energy conservation, dynamic standing balance exercises: Perform dynamic standing balance exercises to improve reaction time and hip, ankle and step strategies, gait training on uneven surfaces, gait training/stair training, transfers training			Shower/Bathe Self - 06. Independent		
			Lower Body Dressing - 06. Independent		
			Don/Doff Footwear - 06. Independent		
			Eating - 06. Independent		
			Upper Body Dressing - 06. Independent		
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, * how to keep home safe for patient with dementia coping strategies for the caregiver*, 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, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, Picking Up Object - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent					
OT Careplans			OT Goals		
OT WK1: 1 (04/01/26-04/04/26)			PATIENT-STATED GOAL: Evaluation only		
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			GOALS		
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 - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent			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 - 06. Independent		
			Toileting Hygiene - 06. Independent		
			Shower/Bathe Self - 06. Independent		
			Lower Body Dressing - 06. Independent		
			Don/Doff Footwear - 06. Independent		
			Eating - 06. Independent		
			Upper Body Dressing - 06. Independent		

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