

Home Health Certification and Plan of Care				Order ID: 1150/17754	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
9D81C10TT91		04/02/2026		From: 04/02/2026 To: 05/31/2026	
4. Medical Record No.		5. Provider No.			
24197		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Henry Lofton 3502 Green COne Drive, Randallstwon, MD 21133- 443-996-9292			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
12/11/1950			Male		
11. ICD		Principal Diagnosis		Date	
G20.A1		Parkinson's dis w/o dyskinesia w/o mention of fluctuations		04/02/26	
13. ICD		Other Pertinent Diagnoses		Date	
G89.29		Other chronic pain		04/02/26	
M51.9		Unsp thoracic thoracolum and lumbosacr intvrt disc disorder		04/02/26	
M19.90		Unspecified osteoarthritis unspecified site		04/02/26	
I95.1		Orthostatic hypotension		04/02/26	
K59.00		Constipation unspecified		04/02/26	
F32.A		Depression unspecified		04/02/26	
N18.9		Chronic kidney disease u		04/02/26	
E78.5		Hyperlipidemia unspecified		04/02/26	
I25.2		Old myocardial infarction		04/02/26	
G47.00		Insomnia unspecified		04/02/26	
E55.9		Vitamin D deficiency unspecified		04/02/26	
Z86.73		Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits		04/02/26	
Z86.0100		Personal history of colonic polyps		04/02/26	
Z86.718		Personal history of other venous thrombosis and embolism		04/02/26	
14. DME and Supplies:			15. Safety Measures:		
grab bars, bath bench, 4 wheeled walker, walker, wheelchair,			ambulates with device, ambulates with assistance		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Endurance			Transfer bed/Chair, Exercises Prescribed, Up As Tolerated		
19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, 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: 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.			family/caregiver will be responsible for managing treatment		
Homebound status: Due to diagnosis of Parkinson's disease without dyskinesia and 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: <p class="MsoNoSpacing">The patient is a 75-year-old male with a significant past medical history of Parkinson's disease with dyskinesia and tremor, orthostatic hypotension, chronic kidney disease, chronic pain, depression, glaucoma, degenerative joint disease, hyperlipidemia, insomnia, and a history of NSTEMI, referred by his PCP for skilled home health physical therapy evaluation due to progressive functional decline and gait instability. He presents with bilateral lower extremity weakness, impaired coordination, decreased core strength, and a narrow-based abnormal gait pattern. Functionally, he requires maximal assistance for bed mobility, moderate assistance for transfers, and minimal assistance for short-distance ambulation with a rolling walker; he also demonstrates furniture surfing at home. Static balance is fair (-) and dynamic balance is poor, placing him at high risk for falls, further compounded by orthostatic hypotension and decreased safety awareness. He requires assistance with upper and lower body dressing and bathing, and demonstrates 3+5 strength in bilateral upper extremities, limited by balance deficits. The patient lives with his wife in a multi-level home. He expresses a goal to improve bilateral knee extension range of motion due to tightness and to achieve a more upright standing posture. Skilled home health physical therapy is medically necessary to address deficits in strength, balance, gait, and transfers, as well as to provide caregiver education, with the goal of improving safety, reducing fall risk, and maximizing functional independence within the home environment.</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">04/02/2026 Order<o:p></o:p></p><p class="MsoNoSpacing">Physician Face-to-Face Date: 03/25/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and treat DX: Parkinson's disease without dyskinesia and 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<o:p></o:p></p><p class="MsoNoSpacing"> 1 - SOC - PT Notes:					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 04/02/2026					
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.		
Shusma Karki 4 W Rolling Rd Ste 100 Baltimore, MD 21228 PHONE: 4108690100 FAX: 4106017317 NPI: 1679022370			F2F date : 03/25/2026		
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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 OT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Karki, Shusma</p>				
SN Careplans		SN Goals		
PT Careplans		PT Goals		
PT WK1: 1 (04/02/26-04/04/26) ,WK2: 1 (04/05/26-04/11/26) ,WK3: 2 (04/12/26-04/18/26) ,WK4: 1 (04/19/26-04/25/26) ,WK5: 1 (04/26/26-05/02/26) ,WK6: 1 (05/03/26-05/09/26) ,WK7: 1 (05/10/26-05/16/26) ,WK8: 1 (05/17/26-05/23/26) 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: 0. No assistance needed - patient is independent or does not have needs in this area HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 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: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		PATIENT-STATED GOAL: to get to walking much safer GOALS 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 * 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 * how to keep home safe for patient with dementia * coping strategies for the caregiver* 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 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 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 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		
Signature of Physician:		Date		
		PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:		Date		
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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, M1720 - Anxiety, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, constipation, limited range of motion, muscle weakness, limited endurance, limited strength, lethargy, balance deficit PROCEDURES: Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time., B LE strengthening: 11, Supine B hamstring stretches: q, 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, * 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, * 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, 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 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		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 WK2: 1 (04/05/26-04/11/26) ,WK3: 1 (04/12/26-04/18/26) ,WK5: 1 (04/26/26-05/02/26) ,WK6: 1 (05/03/26-05/09/26) ,WK7: 1 (05/10/26-05/16/26) ,WK8: 1 (05/17/26-05/23/26) ,WK9: 1 (05/24/26-05/29/26) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, 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 PROCEDURES: Patient/caregiver recalls related purpose and schedule of medications: Medication review, cough/deep breathing exercises, therapeutic exercises: Therapy, dynamic standing balance exercises: Therapy, transfers training: Therapy 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance, Patient will demonstrate improved bilateral upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks		OT Goals PATIENT-STATED GOAL: Patient wants to get better 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 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 Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Shower/Bathe Self - 04. Supervision or touching assistance Upper Body Dressing - 05. Setup or clean-up assistance Lower Body Dressing - 03. Partial/moderate assistance Don/Doff Footwear - 03. Partial/moderate assistance Eating - 05. Setup or clean-up assistance Patient will demonstrate improved bilateral upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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