

Home Health Certification and Plan of Care				Order ID: 1150/17129	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
4HY5YG7DJ94		03/13/2026		From: 03/13/2026 To: 05/11/2026	
				4. Medical Record No.	
				23081	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Louis Boshears				HomeCentris Healthcare LLC	
7308 Heinle Avenue,				10 Crossroads Drive, Suite 102	
ROSEDALE, MD 21237-				Owings Mills, MD 21117-8284	
410-456-3674				410-321-8448	
				1487113239	
8. DOB				9. Sex	
08/28/1948				Male	
11. ICD		Principal Diagnosis		Date	
S22.32XD		Fracture of one rib left side subs for fx w routn heal		03/13/26	
13. ICD		Other Pertinent Diagnoses		Date	
N40.1		Benign prostatic hyperplasia with lower urinary tract symp		03/13/26	
R33.8		Other retention of urine		03/13/26	
Z46.6		Encounter for fitting and adjustment of urinary device		03/13/26	
E11.9		Type 2 diabetes mellitus without complications		03/13/26	
I69.354		Hemiplga following cerebral infrc affecting left nondom side		03/13/26	
I25.10		Athscl heart disease of native coronary artery w/o ang pctrs		03/13/26	
Z79.4		Long term (current) use of insulin		03/13/26	
Z79.02		Long term (current) use of antithrombotics/antiplatelets		03/13/26	
Z79.82		Long term (current) use of aspirin		03/13/26	
Z87.440		Personal history of urinary (tract) infections		03/13/26	
Z91.81		History of falling		03/13/26	
14. DME and Supplies:				15. Safety Measures:	
bath bench, diabetic supplies, rolling walker, walker				, ambulates with device, , diabetic precautions, , walker precautions, , , bathroom safety, activity supervision	
16. Nutrition:				17. Allergies:	
diabetic				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
Ambulation				None of the above	
19. Mental & COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Pyschosocial Status: Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes					
20. Prognosis: fair					
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.				patient will be responsible for managing treatment family/caregiver will be responsible for managing treatment	
Homebound status: Due to diagnosis of Fracture Of One Rib, Left Side, Subsequent Encounter For Fracture With Routine Healing, 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 77-year-old male admitted to home health services following hospitalization and subacute rehabilitation for a Requiring Homecare:left-sided rib fracture sustained after a fall, reportedly associated with dizziness and confusion. His past medical history is significant for benign prostatic hyperplasia, urinary retention, and type 2 diabetes mellitus. The patient is alert and oriented to person, place, time, and situation (A&O4); however, he demonstrated notable anxiety during the assessment, initially limiting completion of the evaluation. He was particularly focused on learning to use his blood glucose monitoring device. After completion of required consent, education was provided on proper glucometer use, and the patient successfully demonstrated understanding, with a recorded blood glucose level of 98 mg/dL. The patient reports use of a lidocaine patch for management of left rib pain, though at the time of assessment he denied acute pain. Physical examination revealed lungs clear to auscultation bilaterally and skin warm, dry, and intact. The patient ambulates with a walker but presents with generalized weakness, including more pronounced weakness in the left lower extremity, contributing to an unsteady gait and increased fall risk. Prior to hospitalization, the patient resided independently in a single-level home and was independent with activities of daily living, functional mobility, and transfers. His niece, who serves as his power of attorney, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> approximately once weekly to assist with instrumental activities of daily living and medication management, including organizing medications in a pillbox. The patient continues to live alone with intermittent caregiver support. At the time of evaluation, the patient demonstrates decreased standing balance, reduced standing tolerance, diminished bilateral upper extremity strength, and decreased overall activity tolerance, resulting in impaired performance of self-care tasks, functional transfers, and ambulation. Skilled occupational therapy services are recommended to address these deficits and facilitate return to prior level of function. Interventions initiated include education on home safety, fall prevention strategies, and instruction in a home exercise program to improve strength and mobility. The patient is considered homebound due to decreased endurance, impaired mobility, and fall risk. The plan of care includes ongoing skilled occupational therapy focused on improving strength, balance, functional mobility, and independence with activities of daily living, along with continued reinforcement of safety strategies and caregiver involvement to support safe aging in place. "> Date of Order ">03/13/2026 Orders Physician Face-to-Face Date: 02/16/2026 ">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 Fracture of one rib, left side, subsequent encounter for fracture with routine healing ">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 ">Rollins Mrs., Lawanda					
SN Careplans				SN 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				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.	
Lawanda Rollins Mrs.				F2F date : 02/16/2026	
8831 Satyr Hill Rd Ste 100					
Parkville, MD 21234					
PHONE: 443-946-1896 FAX: 14434952902 NPI: 1003384165					
27. Attending Physician's Signature and Date Signed 03/23/2026 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.	
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6. Patient's Name and Address Louis Boshears 7308 Heinle Avenue, ROSEDALE, MD 21237- 410-456-3674					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				
SN WK1: 1 (03/13/26-03/14/26) ,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: 1. Non-agency caregiver(s) currently 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, 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, SpO22: 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:Durable power of attorney for health care/Medical power of attorney PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, M1610 - Urinary Catheter, muscle weakness, Pain Interference with ADLs, balance deficit PROCEDURES: catheter change, care & irrigation 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, 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					PATIENT-STATED GOAL: to walk without assistance or device GOALS 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 * urinary catheter management including how to flush catheter * change and wash drainage bags * prevent infection including proper handwashing * positioning of catheter * 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 * 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				
PT Careplans					PT Goals				
PT WK2: 2 (03/15/26-03/21/26) ,WK3: 2 (03/22/26-03/28/26) ,WK4: 2 (03/29/26-04/04/26) ,WK5: 1 (04/05/26-04/11/26) ,WK6: 1 (04/12/26-04/18/26) ,WK7: 1 (04/19/26-04/25/26) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, 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 PROCEDURES: cough/deep breathing exercises, incentive spirometer, strengthening exercises, gait training/stair training, transfers training					PATIENT-STATED GOAL: The patient wants to get stronger 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				
Signature of Physician:					Date				
					PAGE 2 of 3				
Optional Name/Signature of Nurse/Therapist:					Date				
Electronically Signed by Messick, Charles RN					03/13/2026				

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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, 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, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance			* home remedies to keep lungs healthy * recalls related medication(s) purpose, schedule Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 10 ft on Uneven Surface - 04. Supervision or touching 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		
OT Careplans			OT Goals		
OT 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)			PATIENT-STATED GOAL: Get in the shower		
PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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 Shower/Bathe Self - 05. Setup or clean-up assistance		
PROCEDURES: Medication Review : Medication reviewed with patient with all medications in the home , cough/deep breathing exercises, incentive spirometer, therapeutic exercises, equipment training, work simplification/energy conservation, transfers training, assist with bathing, assist with lower body dressing, assist with upper body dressing			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		
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 - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent			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 Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent Upper Body Dressing - 06. Independent		
HHA Careplans			HHA Goals		
HHA 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)					

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