

Home Health Certification and Plan of Care				Order ID: 1150/17207	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
AA00002879		03/17/2026		From: 03/17/2026 To: 05/15/2026	
				4. Medical Record No.	
				23670	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Gary Ward			HomeCentris Healthcare LLC		
135 N. Monastery,			10 Crossroads Drive, Suite 102		
BALTIMORE, MD 21229-			Owings Mills, MD 21117-8284		
443-845-4494			410-321-8448		
			1487113239		
8. DOB			05/15/1990		
9.Sex			Male		
11. ICD			Principal Diagnosis		
I11.0			Hypertensive heart disease with heart failure		
			Date		
			03/17/26		
13. ICD			Other Pertinent Diagnoses		
I50.9			Heart failure unspecified		
M75.21			Bicipital tendinitis right shoulder		
M75.22			Bicipital tendinitis left shoulder		
M75.51			Bursitis of right shoulder		
M75.52			Bursitis of left shoulder		
M62.58			Muscle wasting and atrophy NEC oth site		
I42.8			Other cardiomyopathies		
E78.5			Hyperlipidemia unspecified		
I44.7			Left bundle-branch block unspecified		
M16.11			Unilateral primary osteoarthritis right hip		
N52.9			Male erectile dysfunction unspecified		
I34.0			Nonrheumatic mitral (valve) insufficiency		
Z85.46			Personal history of malignant neoplasm of prostate		
Z79.84			Long term (current) use of oral hypoglycemic drugs		
Z79.891			Long term (current) use of opiate analgesic		
Z98.1			Arthrodesis status		
Z96.652			Presence of left artificial knee joint		
Z96.641			Presence of right artificial hip joint		
Z87.891			Personal history of nicotine dependence		
Z86.73			Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits		
14. DME and Supplies:			15. Safety Measures:		
walker			walker precautions, medication safety, fall precautions, ambulates with device, standard precautions, activity supervision		
16. Nutrition:			17. Allergies:		
cardiac diet			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Ambulation			Walker, Exercises Prescribed,		
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: fair					
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: 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		
Homebound status: Due to diagnosis of Hypertensive heart disease with heart failure, 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 was admitted for skilled nursing (SN) and physical/occupational therapy (PT/OT) services with a past medical history significant for sequelae of cerebrovascular disease, hypertension, hyperlipidemia, congestive heart failure, left bundle branch block, muscle weakness, right hip osteoarthritis, prostate cancer, chronic pain, and hepatitis C. The patient is alert and oriented 3, reports 7/10 neck pain managed with tramadol, and experiences shortness of breath with moderate exertion; assessment revealed right lower lobe crackles, +1 edema, and a slow, unsteady gait requiring a walker. Appetite is good, and last bowel movement was yesterday. Medications, including dosages, frequency, and side effects, were reviewed, and education on CHF and RN/MD alert criteria was initiated, with the patient demonstrating understanding. The patient has a recent hospitalization for TIA and additional history including cervical spine surgery, cardiomyopathy, bilateral bicipital tendinitis and shoulder bursitis, right hip OA, left total knee replacement, right total hip replacement, left knee extension contracture, and left-sided weakness. The patient lives alone in a townhouse with six steps to enter and bedroom/bathroom on the second floor, ambulates 30 feet indoors with a walker using a step-to gait, and requires supervision for transfers; stair negotiation and community mobility were not assessed. The patient is considered homebound due to significant effort required to leave the home, as evidenced by a Tinetti score of 14/28, and would benefit from home therapy to improve strength, range of motion, and functional mobility toward independence with a cane. </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">03/17/2026 Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 03/09/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat DX: Hypertensive heart disease with heart failure 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 -SN Notes:<o:p></o:p></p> <p class="MsoNoSpacing">PT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Fine, Samantha</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 03/17/2026					
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.		
Samantha Fine			F2F date : 03/09/2026		
6501 Baltimore National Pike Ste D					
Baltimore, MD 21228					
PHONE: 6672342100 FAX: 14107445117 NPI: 1528811163					
27. Attending Physician's Signature and Date Signed			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.		
03/25/2026 Date of physician last face-to-face			PAGE 1 of 3		

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SN WK1: 1 (03/17/26-03/21/26) 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: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8 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:POLST (Physician Orders for Life-Sustaining Treatment) PROBLEMS IDENTIFIED ON ASSESSMENT: Home Safety, Home Safety, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M2102f - Patient Supervision, M2102c - Med Admin, meal preparation, M1400 - Dyspnea, dependent edema, lung sounds not clear, M1033 - Exhaustion, limited strength, limited endurance, balance deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, obesity, rough/scaly/cracked skin PROCEDURES: cough/deep breathing exercises, home exercise program, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange repair of unsafe floor coverings, coordinate/arrange for maintenance of clean/uncluttered living area 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, * 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 living environment has safe floor coverings, patient's living environment is clean/uncluttered, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence					PATIENT-STATED GOAL: I WANT TO STAY OUT THE HOSPITAL BUT I FEEL I AM GOING BACK 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 * 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 * 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 patient living environment has safe floor coverings patient's living environment is clean/uncluttered patient is adequately supervised meal preparation is available to patient for all meals caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence				
PT Careplans PT WK1: 1 (03/17/26-03/21/26)					PT Goals PATIENT-STATED GOAL: Return to using cane and get rid of rolling walker				
PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, GG0170J1 - Walk 50 ft with 2 Turns, 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, GG0130B1 - Oral Hygiene, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 -					GOALS Toilet Transfer - 06. Independent Shower/Bathe Self - 05. Setup or clean-up assistance patient/caregiver recalls * lifestyle modifications to manage respiratory condition including				
Signature of Physician:					Date				
					PAGE 2 of 3				
Optional Name/Signature of Nurse/Therapist:					Date				
Electronically Signed by Messick, Charles RN					03/17/2026				

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Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing					
PROCEDURES: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps , cough/deep breathing exercises, equipment training, gait training/stair training, transfers training			* 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, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet 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, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, 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, 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		
			Sit to Stand - 05. Setup or clean-up assistance		
			Chair to Bed to Chair - 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 - 06. Independent		
			Toileting Hygiene - 06. Independent		
			Lower Body Dressing - 06. Independent		
			Don/Doff Footwear - 06. Independent		
			Upper Body Dressing - 06. Independent		

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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