Home Health Certification and Plan of Care

Order ID: 1150/18022

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30993725800	04/17/2026	From: 04/17/2026 To: 06/15/2026	24611	217058

6. Patient's Name and Address

John Palmer
4011 TAYLOR AVE,
NOTTINGHAM, MD 21236-
443-793-8110

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 10/11/1980 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G35.A	Multiple sclerosis relapsing	04/17/26

13. ICD	Other Pertinent Diagnoses	Date
N31.9	Neuromuscular dysfunction of bladder unspecified	04/17/26
R33.9	Retention of urine unspecified	04/17/26
I10.	Essential (primary) hypertension	04/17/26
F20.9	Schizophrenia unspecified	04/17/26
N13.30	Unspecified hydronephrosis	04/17/26
M41.9	Scoliosis unspecified	04/17/26
H47.20	Unspecified optic atrophy	04/17/26
F17.210	Nicotine dependence cigarettes uncomplicated	04/17/26
Z79.891	Long term (current) use of opiate analgesic	04/17/26
Z79.899	Other long term (current) drug therapy	04/17/26
Z96.0	Presence of urogenital implants	04/17/26
Z91.81	History of falling	04/17/26

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

Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg / 1 Capsule by mouth every evening. Commonly known as: FLOMAX
CYCLOBENZAPRINE 10 mg by mouth every 8 hours as needed for Muscle Spasms.
Diclona 1-4.5 % Gel / Apply 1 Dose to the skin 4 times daily as needed. Generic drug: Diclofenac Sod-Lidocaine HCL. For diagnoses: Neuropathy
DULOXETINE HYDROCHLORIDE Delayed Release 60 mg / 1 Capsule by mouth DAILY Commonly known as: CYMBALTA
GABAPENTIN 400 mg/capsule / Take 2 capsules by mouth three times a day Commonly known as: NEURONTIN
Nasonex - Mometasone Furoate Monohydrate 50 MCG/ACT nasal spray / 1 spray by Each Nare Nasal 2 times a day For diagnoses: Seasonal allergic rhinitis due to pollen Commonly known as: NASONEX
PROPRANOLOL 10 mg by mouth twice a day as needed (agitation). Commonly known as: INDERAL
RISPERIDONE 3 mg/tablet / Take 6 mg by mouth in the evening Commonly known as: RisperDAL
TRAZODONE 100 mg by mouth in the evening Commonly known as: DESYREL
Chantix - Varenicline Tartrate eq 0.5 mg base 1 tab by mouth as necessary
Ditropan Xl - Oxybutynin Chloride 10 mg 1 tab by mouth once a day
Atorvastatin - Atorvastatin Calcium 10 mg 1 tab by mouth in the morning
Pantoprazole - Pantoprazole Sodium 40 mg 1 tab by mouth once a day
Pantoprazole - Pantoprazole Sodium 40 mg 1 tab by mouth once a day

14. DME and Supplies:

small base cane, bath bench, wheelchair, 4 wheeled walker

15. Safety Measures:

standard precautions, seizure precautions, remove environmental barriers, medication safety, fall precautions, bathroom safety, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

regular

17. Allergies:

bee pollen benztropine mesylate haloperidol penicillins

18.A. Functional Limitations

Speech, Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, 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, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:

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.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Multiple sclerosis relapsing, 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:

A 45-year-old male was referred to home health services following a recent hospitalization due to multiple falls occurring over several days at home, resulting in soreness of the knees and elbows without fractures. His past medical history is significant for hypertension, schizophrenia, psychosis, hydronephrosis, optic atrophy, scoliosis, and multiple sclerosis diagnosed six years ago. He resides with his sister and her family in a two-story home with 11 steps to enter, with a railing present on 8 of the steps. Prior to hospitalization, he attended adult day care three days per week and plans to resume with possible modifications. The patient presents with significant functional impairments, including marked lower extremity weakness, poor coordination, hypotonia, and severe gait abnormalities characterized by bilateral foot drag and a narrow base of support. He demonstrates poor standing balance, requires moderate assistance for stair negotiation (often crawling up steps), and is at very high risk for falls, as indicated by a Tinetti score of 7/28. While it is difficult to distinguish new versus baseline deficits, the patient has fair potential to benefit from skilled physical therapy to address his mobility and safety limitations.<o:p></o:p> <o:p> </o:p> <o:p> </o:p> Date of Order<o:p></o:p> 04/17/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 04/03/2026
 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat DX: Multiple sclerosis relapsing
 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>
 1 - SOC - PT Notes: <o:p></o:p> Physician: Batajoo Shrestha, Binu

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/17/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Binu Batajoo Shrestha
1447 York Rd
Lutherville, MD 21093
PHONE: 4109337600 FAX: 14109337666 NPI: 1972850980

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 : 04/03/2026

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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PT Careplans

PT WK1: 1 (04/17/26-04/18/26) ,WK2: 2 (04/19/26-04/25/26) ,WK3: 1 (04/26/26-05/02/26) ,WK4: 1 (05/03/26-05/09/26) ,WK5: 1 (05/10/26-05/16/26) ,WK6: 1 (05/17/26-05/23/26) ,WK7: 1 (05/24/26-05/30/26) ,WK8: 1 (05/31/26-06/06/26) ,WK9: 1 (06/07/26-06/13/26)

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: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance

HOSPITALIZATION RISKS: 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

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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0130A1 - Eating, 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, GG0170J1 - Walk 50 ft with 2 Turns, 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 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, M1720 - Anxiety, M1745 - Behavioral Issues, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, constipation, M1610 - Urinary Catheter, urine retention, muscle spasms, poor muscle tone, muscle

PT Goals

PATIENT-STATED GOAL: I'd like to walk better and get up steps easier, get stronger.

GOALS
Toilet Transfer - 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

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
* 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
* 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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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

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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
04/17/2026

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weakness, limited endurance, limited range of motion, limited strength, extremity burn/tingle/numb, impaired speech, seizures, weak hand grips, balance deficit, daytime fatigue, Pain Interference with Therapy activities, Pain Effect on Sleep, Pain Interference with ADLs

PROCEDURES: Medication management : Review medication with pt and family, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Assist with hip flexion, laq, hip abduction, supine hip abduction add, heel slides, saq, equipment training, work simplification/energy conservation, 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, * 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, * 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, * 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, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, 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, 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 - 04. Supervision or touching assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/17/2026