Home Health Certification and Plan of Care

Order ID: 1150/18015

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6P51F91RM13	04/17/2026	From: 04/17/2026 To: 06/15/2026	24603	217058

6. Patient's Name and Address
Frederick Hinz
2102 Morgan St,
EDGEWOOD, MD 21040-
443-655-5788

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 04/25/1944 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S06.360D	Traum hemor cereb w/o loss of consciousness subs	04/17/26

13. ICD	Other Pertinent Diagnoses	Date
I48.20	Chronic atrial fibrillation unspecified	04/17/26
I48.92	Unspecified atrial flutter	04/17/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	04/17/26
N18.9	Chronic kidney disease u	04/17/26
L97.519	Non-prs chronic ulcer oth prt right foot w unsp severity	04/17/26
J44.9	Chronic obstructive pulmonary disease unspecified	04/17/26
I73.9	Peripheral vascular disease unspecified	04/17/26
E87.0	Hyperosmolality and hypernatremia	04/17/26
H54.61	Unqualified visual loss right eye normal vision left eye	04/17/26
H40.9	Unspecified glaucoma	04/17/26
E78.2	Mixed hyperlipidemia	04/17/26
F32.A	Depression unspecified	04/17/26
L85.3	Xerosis cutis	04/17/26
F17.210	Nicotine dependence cigarettes uncomplicated	04/17/26
Z91.81	History of falling	04/17/26

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

LAMOTRIGINE 25 mg / 1 Tablet by mouth one time a day for anticonvulsant
Trazodone Hydrochloride - Trazodone Hydrochloride 50 mg / 1 Tablet by mouth at bedtime for depression
GABAPENTIN 100 mg / 1 Capsule by mouth two times a day for neuropathic pain
Metoprolol Tartrate - Metoprolol Tartrate 50 mg / 1 Tablet by mouth two times a day for HTN *Hold for SBP less than 110 or HR less than 55*
LISINOPRIL 40 mg / 1 Tablet by mouth one time a day for HTN *Hold for SBP less than 110 or HR less than 55*
Amlodipine Besylate - Amlodipine Besylate 10 mg / 1 Tablet by mouth one time a day for HYPERTENSION HOLD FOR SBP BELOW 110 OR HR BELOW 60
Atorvastatin Calcium - Atorvastatin Calcium 80 mg / 1 Tablet by mouth at bedtime for HLD
LATANOPROST Solution 0.005 % / instill 1 drop in both eyes at bedtime for IOP
Timolol Maleate - Timolol Maleate Ophthalmic Solution 0.5 % / Instill 1 drop in both eyes two times a day for glaucoma
Senna Plus - Senna 8.6-50 mg / 1 Tablet by mouth in the morning for bowel regimen hold for loose stools as needed
ACETAMINOPHEN 325 mg/tablet / Give 2 tablet by mouth every 6 hours as needed for pain management not to exceed 3Grams in 24 hrs

14. DME and Supplies:
walker, wound care supplies

15. Safety Measures:
walker precautions, medication safety, fall precautions, bathroom safety, ambulates with device

16. Nutrition:
low sodium

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Amputation

18.B. Activities Permitted
None of the above

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: Yes

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: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans
SN: patient will be responsible for managing treatment PT: family/caregiver will

Homebound status: Due to diagnosis of Traumatic hemorrhage of cerebrum, unspecified, without loss of consciousness, subsequent encounter, 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:

An 81-year-old male with a significant past medical history including chronic atrial fibrillation, hypertensive chronic kidney disease, COPD, peripheral vascular disease, depression, hyperlipidemia, and prior traumatic cerebral hemorrhage (without loss of consciousness) was admitted following multiple falls and diagnosed with a left basal ganglia/thalamic intracerebral hemorrhage. After acute treatment, he was transferred to a rehabilitation facility and subsequently referred to home health services. He presents with a right second toe amputation and a current right fourth toe arterial ischemic ulcer, managed with daily Betadine application and exposure to air, as well as a resolved left heel ulcer requiring offloading with a foam boot. The patient ambulates with a walker and demonstrates significant lower extremity weakness (right greater than left), impaired gait characterized by a wide base of support, decreased step length, absent heel strike, and poor balance, placing him at high risk for falls (Tinetti score 13/28, TUG 24.8 seconds). He requires maximal encouragement to participate in therapy and demonstrates resistance to care, with noted interpersonal conflict between the patient and caregiver. Despite these challenges, he has fair rehabilitation potential, though motivation remains a concern. Education on medication compliance, infection prevention, and personal hygiene was provided, and a medication review was completed. The patient resides in a single-story home with a caregiver/POA, who assists with wound care and is coordinating further evaluation at a wound care center to determine the need for possible amputation.<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: 04/01/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat DX: Traumatic hemorrhage of cerebrum, unspecified, without loss of consciousness, subsequent encounter
 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 - SN Notes: <o:p></o:p> PT Eval Notes:<o:p></o:p> Physician: Kowalewski, Marion

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
Marion Kowalewski
7672 Belair Rd
Baltimore, MD 21236
PHONE: (410) 663-8100 FAX: 14106638119 NPI: 1538126461

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 : 04/01/2026

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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SN WK1: 1 (04/17/26-04/18/26) ,WK2: 1 (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)

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: 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, 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: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, abnormal blood pressure, limited strength, balance deficit, B1000 - Vision Deficit, open sores/lesions, #1 - Other - Anterior Right Foot - Arterial ischemic ulcer on the 4th right toe.

PROCEDURES: physician-ordered wound care: #1 - Other - Anterior Right Foot - Arterial ischemic ulcer on the 4th right toe.: Keep dry, apply betadine daily and LOTA., monitor intake & output, monitor dialysis 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, 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 keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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
* 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 achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* 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 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)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130H1 - Don/Doff Footwear, 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, GG0170K1 - Walk 150 Feet, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral

PT Goals

PATIENT-STATED GOAL: To improve strength in my leg and get my legs back to walk

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

Signature of Physician:

Date

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

Date
04/17/2026

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Hygiene, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface

PROCEDURES: Medication management : Reviewed medication with caregiver and patient, home exercise program: Aps, laq, hip flexion, hip abduction, hamstring curls, 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, 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, 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 - 03. Partial/moderate assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Upper Body Dressing - 06. Independent

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

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

Lower Body Dressing - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

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

Date
04/17/2026