

Home Health Certification and Plan of Care				Order ID: 1150/18080	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
34524591		04/20/2026		From: 04/20/2026 To: 06/18/2026	
				4. Medical Record No.	
				22383	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Lawrence Baker			HomeCentris Healthcare LLC		
1100 Pennsylvania Ave Apt 1303,			10 Crossroads Drive, Suite 102		
BALTIMORE, MD 21201-			Owings Mills, MD 21117-8284		
410-979-8976			410-321-8448		
			1487113239		
8. DOB			9. Sex		
09/05/1940			Male		
11. ICD		Principal Diagnosis		Date	
E11.22		Type 2 diabetes mellitus w diabetic chronic kidney disease		04/20/26	
13. ICD		Other Pertinent Diagnoses		Date	
I12.9		Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny		04/20/26	
N18.30		Chronic kidney disease stage 3 unspecified		04/20/26	
D63.1		Anemia in chronic kidney disease		04/20/26	
D45.		Polycythemia vera		04/20/26	
M10.9		Gout unspecified		04/20/26	
D47.3		Essential (hemorrhagic) thrombocythemia		04/20/26	
I25.10		Athscl heart disease of native coronary artery w/o ang pctrs		04/20/26	
E78.5		Hyperlipidemia unspecified		04/20/26	
E46.		Unspecified protein-calorie malnutrition		04/20/26	
M62.561		Muscle wasting and atrophy NEC right lower leg		04/20/26	
M17.10		Unilateral primary osteoarthritis unspecified knee		04/20/26	
N40.0		Benign prostatic hyperplasia without lower urinry tract symp		04/20/26	
Z79.4		Long term (current) use of insulin		04/20/26	
Z87.440		Personal history of urinary (tract) infections		04/20/26	
Z85.528		Personal history of other malignant neoplasm of kidney		04/20/26	
Z85.46		Personal history of malignant neoplasm of prostate		04/20/26	
Z87.891		Personal history of nicotine dependence		04/20/26	
14. DME and Supplies:			15. Safety Measures:		
diabetic supplies, , walker, cane			walker precautions, supervision at all times, standard precautions, fall precautions, bathroom safety, diabetic precautions, ambulates with device, ambulates with assistance, activity supervision		
16. Nutrition:			17. Allergies:		
diabetic, low cholesterol, low sodium,			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Endurance			Cane, Walker, 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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes					
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.			patient will be responsible for managing treatment		
Homebound status: Due to diagnosis of Type 2 diabetes mellitus with diabetic chronic kidney disease, 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 an 85-year-old male, alert and oriented 3-4, admitted to home health services following recent hospitalization for bilateral lower extremity swelling and decreased mobility. His past medical history includes prostate cancer with kidney metastases, GERD, hypertension, hyperlipidemia, chronic kidney disease, gout, osteoarthritis of the left knee, type 2 diabetes mellitus on insulin therapy, pain, and dementia. He lives alone in a senior building, with his daughter serving as caregiver and POA, assisting as needed. The patient reports bilateral leg pain rated 8/10, with associated weakness and non-pitting edema (left greater than right), and denies recent falls, with the last fall occurring last summer. He ambulates up to 40 feet indoors with a cane under supervision and uses a walker for safety outside the home; transfers require supervision, and bed mobility is independent. The patient is homebound due to the significant effort required to leave the home, supported by a Tinetti score of 18/28. Blood glucose is monitored every other day, with recent readings ranging from 100-130 mg/dL (last reading 136 mg/dL). Medications were reviewed, and the patient uses two pillboxes for compliance. Assessment revealed no open wounds, normal lung sounds, and no active bleeding; however, the patient has an inhaler that he has not used and will require instruction, with medication reconciliation to be completed with the PCP. Education was provided on lower extremity elevation to reduce edema. The patient reports recent bereavement of his wife and a daughter. OT evaluation identified deficits in ADLs, functional mobility, activity tolerance, and safety, with recommendations for continued therapy to improve strength, independence, and safe mobility.</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">04/20/2026 Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 04/02/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat DX: Type 2 diabetes mellitus with diabetic chronic kidney disease 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: PT Eval Notes: OT Eval Notes: <o:p></o:p></p> <p class="MsoNoSpacing">Physician: Speedie, Andrea</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 04/20/2026					
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.		
Andrea Speedie			F2F date : 04/02/2026		
1001 Cathedral St					
Baltimore, MD 21201					
PHONE: 410-837-2050 FAX: 14435735022 NPI: 1760632079					
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: 2 (04/20/26-04/25/26) ,WK2: 1 (04/26/26-05/02/26) ,WK3: 1 (05/03/26-05/09/26) ,WK4: 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, blood sugar < 60 > 300					
CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance					
HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (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, 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; 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 ; 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.					
No open wounds noted					
Advance Directive:MOLST					
PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2102c - Med Admin, meal preparation, M2020 - Oral Med Management, M1400 - Dyspnea, abn cholesterol > 200 mg/dL, abnormal blood pressure, M1033 - Exhaustion, abnormal BS < 70/140 > mg/dL, heartburn/indigestion, frequent urination, swelling of affected area, limited strength, limited endurance, muscle weakness, limited range of motion, balance deficit, pain radiating to arms/legs, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, obesity					
PROCEDURES: cough/deep breathing exercises, glucose testing via monitor, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange preparation of missing meals					
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, * 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, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately					
PT Careplans			PT Goals		
Signature of Physician:			Date		
			PAGE 2 of 4		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			04/20/2026		

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PT WK1: 1 (04/20/26-04/25/26) ,WK2: 1 (04/26/26-05/02/26) ,WK3: 1 (05/03/26-05/09/26) ,WK4: 1 (05/10/26-05/16/26) 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: Dynamic and static standing activities : Side stepping, tandem gait, braiding. Unilateral stance, tandem stance., cough/deep breathing exercises, 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, gait training on uneven surfaces, 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, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Car Transfer - 05. Setup or clean-up assistance		PATIENT-STATED GOAL: To walk with a cane by myself on all surfaces. GOALS Toilet Transfer - 06. Independent Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 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 Sit to Stand - 05. Setup or clean-up assistance Chair to Bed to Chair - 05. Setup or clean-up assistance Walk 10 Feet - 05. Setup or clean-up assistance Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance Walk 150 Feet - 05. Setup or clean-up assistance 4 Steps - 05. Setup or clean-up assistance 12 Steps - 05. Setup or clean-up assistance Picking Up Object - 05. Setup or clean-up assistance Car Transfer - 05. Setup or clean-up assistance		
OT Careplans OT WK1: 1 (04/20/26-04/25/26) ,WK2: 1 (04/26/26-05/02/26) ,WK3: 2 (05/03/26-05/09/26) ,WK4: 2 (05/10/26-05/16/26) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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 PROCEDURES: cough/deep breathing exercises, home exercise program: cane exercises: bilateral shoulder flex, chest presses, horizontal abd/add 2x10 reps, equipment training, work simplification/energy conservation, 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up 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, Eating - 06. Independent, Upper Body Dressing - 06. Independent		OT Goals PATIENT-STATED GOAL: to do what I usually do GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 05. Setup or clean-up assistance 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 * 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 - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 05. Setup or clean-up assistance Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance Walk 150 Feet - 05. Setup or clean-up assistance 4 Steps - 05. Setup or clean-up assistance 12 Steps - 05. Setup or clean-up assistance Picking Up Object - 05. Setup or clean-up assistance Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent		
Signature of Physician:		Date		
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