Home Health Certification and Plan of Care

Order ID: 1150/18200

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
52347108	04/10/2026	From: 04/10/2026 To: 06/08/2026	24661	217058

6. Patient's Name and Address
Willis Williams
2686 West Park Dr,
Woodlawn, MD 21207-
443-621-3845

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 09/21/1952 | **9.Sex** Male

10. Medications: Dose/Frequency/Route (N)ew (C)hanged
Carbidopa-Levodopa Oral Tablet 25-100 MG Oral
QUETIAPINE FUMARATE 25 MG Oral
TRAZODONE 50 MG Oral
TYLENOL 325 MG Oral

11. ICD	Principal Diagnosis	Date
G20.A1	Parkinson's dis w/o dyskinesia w/o mention of fluctuations	04/10/26

13. ICD	Other Pertinent Diagnoses	Date
G47.00	Insomnia unspecified	04/10/26
D64.89	Other specified anemias	04/10/26
M17.11	Unilateral primary osteoarthritis right knee	04/10/26
H10.89	Other conjunctivitis	04/10/26

14. DME and Supplies:
wheelchair, walker, rolling walker, hand held shower, grab bars, 4 wheeled walker

15. Safety Measures:
wheelchair precautions, walker precautions, transfer with assist, supervision at all times, standard precautions, smoke detectors , restricted ROM, medication safety, knee precautions, hand rails, fall precautions, bathroom safety, aspiration precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
penicillin

18.A. Functional Limitations
Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted
Walker, Wheelchair, Transfer bed/Chair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 2. On awakening or at night only, SOCIAL ISOLATION: 0. Never, 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 Parkinson's disease without dyskinesia, without mention of fluctuations, 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:

The patient is a 73-year-old male with a past medical history significant for Parkinson's disease, characterized by upper extremity tremors and occasional hallucinations, as well as osteoarthritis of the right knee. Admission assessment and required paperwork were completed in the presence of the patient and his son, who serves as the primary caregiver and manages the patient's medications to ensure adherence. The patient was recently hospitalized due to medication noncompliance secondary to intolerable side effects, accompanied by progressive weakness and cognitive decline. Following acute care discharge, he completed a rehabilitation stay focused on strengthening and medication management. Per the patient's son, the patient has since returned to his prior baseline functional status. The patient resides with his son in a single-family home, with additional family support nearby, although the home environment includes stairs at both the front and back entrances, posing safety concerns. At present, the patient primarily utilizes a wheelchair for mobility, with occasional use of a rollator for short distances. Physical therapy evaluation reveals decreased strength, with bilateral lower extremity manual muscle testing graded at 3/5 and bilateral upper extremity strength at approximately 3+/5. The patient demonstrates impaired balance and is considered a high fall risk. He requires contact guard assistance for transfers, including sit-to-stand and toilet transfers, with verbal cueing for proper limb placement, and is able to ambulate short distances with a rollator under close supervision. Functional assessment indicates the patient requires standby assistance for upper body dressing, minimal assistance for lower body dressing, and assistance with bathing, currently performed at sink side due to safety concerns with tub transfers. The patient reports significant intermittent right knee pain, at times severe enough to preclude ambulation, and is considering total knee replacement surgery; however, he is currently pursuing conservative management with physical therapy to improve strength prior to surgical intervention. The patient was seen by his primary care provider for hospital follow-up the day prior to this assessment and has an upcoming neurology appointment, with the date yet to be determined. Education was provided to the patient and his son regarding home safety, including the recommendation to obtain smoke and carbon monoxide detectors and a fire extinguisher, as well as to develop a fire safety plan. Additionally, they were advised to utilize provided resource materials to explore installation of a ramp to improve accessibility and reduce fall risk associated with stairs. The plan of care includes continued physical therapy to address strength, balance, and mobility deficits, ongoing medication management under caregiver supervision, reinforcement of safety measures, and coordination with upcoming specialty care to optimize management of Parkinson's disease and orthopedic concerns.
 Date of Order 04/10/2026 Orders Physician Face-to-Face Date: 04/06/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat due to Parkinson's disease without dyskinesia, without mention of fluctuations 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 Dicocco, Eva

SN Careplans

SN WK1: 1 (04/10/26-04/11/26) ,WK3: 1 (04/19/26-04/25/26) ,WK4: 1 (04/26/26-05/02/26) ,WK5: 1 (05/03/26-05/09/26)

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: 2. Non-agency caregiver(s) need training/supportive services to 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.

SN Goals

PATIENT-STATED GOAL: to be safe when walking

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

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 04/10/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Eva Dicocco
7141 Security Blvd
Woodlawn, MD 21244
PHONE: 443-663-6000 FAX: 14436636215 NPI: 1598990624

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 : 04/06/2026

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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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; 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: M1745 - Behavioral Issues, M1700 - Cognition, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, Home Safety, M2020 - Oral Med Management, swelling in the arms/legs, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, dizziness/syncope, constipation, poor muscle tone, muscle weakness, limited endurance, limited range of motion, limited strength, headache, involuntary movement of extremity, balance deficit, difficulty sleeping, discolored patches of skin

PROCEDURES: Medication Review: Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds, cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, teach/coordinate/arrange medication packaging and/or administration

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 keep home safe for patient with dementia coping strategies for the caregiver*, 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, * 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 home enviroment has adequate fire safety devices, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient home enviroment has adequate fire safety devices

patient is adequately supervised

caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* 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

caregiver administers and/or packages medications appropriately

PT Careplans

PT WK2: 1 (04/12/26-04/18/26) ,WK3: 1 (04/19/26-04/25/26) ,WK4: 1 (04/26/26-05/02/26) ,WK5: 1 (05/03/26-05/09/26) ,WK6: 1 (05/10/26-05/16/26) ,WK7: 1 (05/17/26-05/23/26) ,WK8: 1 (05/24/26-05/30/26) ,WK9: 1 (05/31/26-06/06/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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: Medication Review: - medications reviewed with patient/caregiver, cough/deep breathing exercises, home exercise program: Review HEP: seated knee ext, hip flex, hip abd, quad sets, gluteal squeezes, ankle pumps at least 1x10 daily, therapeutic exercises: BLE exercises sitting and/or standing, 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, 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, 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, Medication Review

PT Goals

PATIENT-STATED GOAL: To be able to walk again

GOALS
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

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

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

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

Medication Review

OT Careplans

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

04/10/2026

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OT WK2: 1 (04/12/26-04/18/26) ,WK4: 1 (04/26/26-05/02/26) ,WK5: 1 (05/03/26-05/09/26) ,WK6: 1 (05/10/26-05/16/26) ,WK7: 1 (05/17/26-05/23/26) ,WK8: 1 (05/24/26-05/30/26) ,WK9: 1 (05/31/26-06/06/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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: Functional ambulation : Therapy, Patient/caregiver recalls related purpose and schedule of medications: Medication review, cough/deep breathing exercises, therapeutic exercises: Therapy, transfers training: Therapy

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 - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Patient will demonstrate improved bilateral upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks

PATIENT-STATED GOAL: Patient wants to go back to being independent

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

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 - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate assistance

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

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

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

Eating - 06. Independent

Patient will demonstrate improved bilateral upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/10/2026