Home Health Certification and Plan of Care

Order ID: 1150/18271

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36743550	04/21/2026	From: 04/21/2026 To: 06/19/2026	24938	217058

6. Patient's Name and Address

Phillip Hart
713 Beaverbrook Road,
BALTIMORE, MD 21212-
443-956-7954

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 01/02/1955 | **9.Sex** Male

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

ELIQUIS 5 mg / 1 Tablet by mouth 2 times daily.
Vitamin D - Ergocalciferol - by mouth daily.
Toprol-Xl - Metoprolol Succinate ER 100 mg tablet by mouth daily.
PROTONIX Delayed Release 40 mg tablet by mouth daily.
FLOMAX 0.4 mg / 1 Capsule by mouth every morning.
DIOVAN 80 mg / 1 Tablet by mouth daily.
Atorvastatin - Atorvastatin Calcium 80 mg by mouth at bedtime

11. ICD	Principal Diagnosis	Date
I65.01	Occlusion and stenosis of right vertebral artery	04/21/26

13. ICD	Other Pertinent Diagnoses	Date
I48.0	Paroxysmal atrial fibrillation	04/21/26
I10.	Essential (primary) hypertension	04/21/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	04/21/26
I71.40	Abdominal aortic aneurysm without rupture unspecified	04/21/26
I48.92	Unspecified atrial flutter	04/21/26
I45.10	Unspecified right bundle-branch block	04/21/26
J45.909	Unspecified asthma uncomplicated	04/21/26
E78.5	Hyperlipidemia unspecified	04/21/26
E66.9	Obesity unspecified	04/21/26
Z68.30	Body mass index [BMI] 30.0-30.9 adult	04/21/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	04/21/26
Z85.46	Personal history of malignant neoplasm of prostate	04/21/26
Z79.01	Long term (current) use of anticoagulants	04/21/26

14. DME and Supplies:

cane, grab bars

15. Safety Measures:

standard precautions, medication safety, fall precautions, bleeding precautions, bathroom safety, anticoagulant precautions, ambulates with assistance, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

ace inhibitor

18.A. Functional Limitations

Ambulation, Endurance, Balance/ coordination

18.B. Activities Permitted

Cane, Exercises Prescribed, Up As Tolerated,

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: good

22. A Rehabilitation Potential:

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

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Occlusion and stenosis of right vertebral artery, 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 71-year-old male with a recent hospitalization secondary to a right cerebrovascular accident (CVA), attributed to nonadherence with prescribed medications for approximately two weeks. His past medical history is significant for hypertension (HTN), coronary artery disease (CAD), abdominal aortic aneurysm (AAA), prostate cancer, atrial fibrillation (AFib), and prior right knee surgery resulting in a right knee flexion contracture. The patient resides with his wife in a townhouse with five steps to enter and the primary bedroom and bathroom located on the second floor. At the time of assessment, the patient demonstrates independence with bed mobility and requires supervision for transfers to and from the bed, toilet, and chair. He is able to ambulate approximately 30 feet on indoor surfaces without an assistive device under supervision and can negotiate 14 steps with supervision. Community mobility, outdoor ambulation, and car transfer abilities were not assessed during this visit. The patient is considered homebound due to the significant effort required to leave the home and need for assistance, as supported by a Tinetti balance and gait score of 18/28, indicating an increased fall risk. Skilled physical therapy services are recommended to address deficits in balance, coordination, and functional mobility with the goal of improving safety and promoting independence. The patient was educated on the importance of strict medication adherence to prevent further cerebrovascular events and was encouraged to gradually increase daily ambulation as tolerated. The patient declined occupational therapy services at this time. The plan of care includes initiation of home-based physical therapy focused on strengthening, balance training, gait training, and fall prevention strategies.
 Date of Order 04/21/2026 Orders Physician Face-to-Face Date: 04/07/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat, OT-eval & treat due to Occlusion and stenosis of right vertebral artery 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 - PT Notes: soc Physician Porter, Susan

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/21/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Susan Porter
7505 Osler Dr
Towson, MD 21204
PHONE: 4104275330 FAX: 14104272258 NPI: 1326013129

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 : 04/07/2026

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 (04/21/26-04/25/26) ,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 > 101, 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: 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

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: GG0170K1 - Walk 150 Feet, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10

PT Goals

PATIENT-STATED GOAL: To be able to go back to work as a contractor

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

caregiver performs medical/rehabilitation treatments with adequate competence

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Don/Doff Footwear - 06. Independent

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

caregiver administers and/or packages medications appropriately

Sit to Stand - 06. Independent

Picking Up Object - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

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

Date
04/21/2026

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Walk 10 ft on Uneven Surface, GG0170I1 - Walk 50 ft with 2 Turns, GG0170J1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, limited range of motion, limited endurance, balance deficit

PROCEDURES: Dynamic and static standing activities : Side stepping, tandem gait, unilateral stance, tandem stance., cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats, equipment training, gait training on uneven surfaces, gait training/stair training, transfers training, 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, * 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, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, 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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/21/2026