Home Health Certification and Plan of Care

Order ID: 1150/18312

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
17122564	04/24/2026	From: 04/24/2026 To: 06/22/2026	25220	217058

6. Patient's Name and Address

David Shive
12 Park Drive,
Catonsville, MD 21228-
410-456-5086

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 06/16/1946 **9.Sex** Male

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

Omega-3-Acid Ethyl Esters - Omega-3-Acid Ethyl Esters 1 g by mouth once a day
ACETAMINOPHEN 1,000 mg Oral 3X daily
ATORVASTATIN 40 mg Oral nightly
LISINOPRIL 10 mg Oral 1X daily
ENOXAPARIN SODIUM 40 mg Subcutaneous 1X daily

11. ICD	Principal Diagnosis	Date
S72.002D	Fx unsp part of nk of l femr subs for clos fx w routn heal	04/24/26

13. ICD	Other Pertinent Diagnoses	Date
S01.01XD	Laceration without foreign body of scalp subs encntr	04/24/26
I10.	Essential (primary) hypertension	04/24/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	04/24/26
E78.00	Pure hypercholesterolemia unspecified	04/24/26
I70.0	Atherosclerosis of aorta	04/24/26
M19.90	Unspecified osteoarthritis unspecified site	04/24/26
H90.3	Sensorineural hearing loss bilateral	04/24/26
Z85.828	Personal history of other malignant neoplasm of skin	04/24/26
Z95.2	Presence of prosthetic heart valve	04/24/26
Z91.81	History of falling	04/24/26
Z79.82	Long term (current) use of aspirin	04/24/26
Z87.891	Personal history of nicotine dependence	04/24/26

14. DME and Supplies:

hand held shower, wheelchair, bath bench, rolling walker, cane

15. Safety Measures:

bathroom safety, knee precautions, fall precautions

16. Nutrition:

regular

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

No Restrictions, , Independent at Home

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

family/caregiver will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Fracture of unspecified part of neck of left femur, subsequent encounter for closed fracture with routine healing, 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 79-year-old male status post surgical repair of an impacted, nondisplaced femoral neck fracture on 04/21/2026. He resides with family and others who provide support as needed. His past medical history is significant for prior heart valve replacement (approximately two years ago), bilateral total knee replacements, and a history of shoulder muscle injury with limited range of motion. The patient is currently weight-bearing as tolerated (WBAT) per postoperative orders and presents with ongoing pain, as well as reports of cold sensation in the feet and tingling in the toes. At the time of assessment, the patient is awake, alert, and responsive, demonstrating appropriate participation in care. Functionally, he exhibits a decline from his prior level of independence, where he was previously independent in both basic and instrumental activities of daily living (ADLs/IADLs). Currently, he requires minimal to moderate assistance for transfers and basic ADLs, and standby assistance for ambulation using a walker. Observed deficits include decreased functional mobility, impaired strength, and reduced activity tolerance, contributing to increased fall risk. Range of motion assessment reveals left lower extremity within functional limits, while shoulder mobility is limited, with flexion and abduction approximately 0-95 degrees. Given the patient's postoperative status and functional decline, skilled occupational therapy services are medically necessary to address deficits in ADL performance, improve strength and functional mobility, reinforce safety precautions, and promote return to prior level of function. Interventions will focus on transfer training, ADL retraining, energy conservation, and fall prevention strategies. The patient is considered homebound due to recent surgery, pain, limited mobility, and need for assistive devices and caregiver support, making it a taxing effort to leave the home. Continued skilled therapy is essential to prevent further functional decline, reduce fall risk, and support safe recovery.
 Date of Order 04/24/2026 Orders Physician Face-to-Face Date: 04/15/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat due to Fracture of unspecified part of neck of left femur, subsequent encounter for closed fracture with routine healing 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 - OT Notes: soc OT SOC PT Eval Notes: Physician Hamilton, Abigail

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/24/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Abigail Hamilton
1701 Twin Springs Rd
Halthorpe, MD 21227
PHONE: 410-737-5000 FAX: 14107375401 NPI: 1821592817

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 : 04/15/2026

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 WK2: 2 (04/26/26-05/02/26) ,WK3: 2 (05/03/26-05/09/26) ,WK4: 2 (05/10/26-05/16/26) ,WK5: 2 (05/17/26-05/23/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170L1 - Walk 10 ft on Uneven Surface, #2 - Laceration - Other - top of head - open to air sutures in place to be removed by physician. At time of eval, sutures had been removed by physician in morning prior to PT visit

PROCEDURES: physician-ordered wound care: #2 - Laceration - Other - top of head - open to air sutures in place to be removed by physician. At time of eval, sutures had been removed by physician in morning prior to PT visit: open to air sutures in place to be removed by physician. At time of eval, sutures had been removed by physician in morning prior to PT visit, Medication Review: - medications reviewed with patient/caregiver, physician-ordered wound care: non removeable dressing to be removed by surgeon, wound vacuum, home exercise program: Review HEP: seated knee ext, hip flex, hip abd, quad sets, gluteal squeezes, ankle pumps at least 1x10. Once tolerated, upgrade to standing heel/ toe raises, knee flex, hip flex, hip abd at least 1x10 with UE support as needed. Upgrade as tolerated, therapeutic exercises: For BLE, standing and sitting, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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, 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, Medication Review

PT Goals

PATIENT-STATED GOAL: To be able to walk without help

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

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

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
* 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

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 WK2: 1 (04/26/26-05/02/26) ,WK3: 1 (05/03/26-05/09/26) ,WK4: 1 (05/10/26-05/16/26) ,WK5: 1 (05/17/26-05/23/26) ,WK6: 1 (05/24/26-05/30/26) ,WK7: 1 (05/31/26-06/06/26)

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: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 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

OT Goals

PATIENT-STATED GOAL: To return PLOF

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

patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* skin care

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/24/2026

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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:--

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, constipation, M1620 - Bowel Incontinence, increased urine output, frequent urination, balance deficit, Pain Interference with ADLs, Pain Effect on Sleep, difficulty sleeping, extremity burn/tingle/numb, #1 - Non-Observable Surgical Wound - Other - left femur - non observable dressing in place to be removed by surgeon, pallor

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Other - left femur - non observable dressing in place to be removed by surgeon, Transfer training : trasnfers, Therapeutic exes : exe during the visit, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care, home exercise program: Home exe to be performed during the week, equipment training, work simplification/energy conservation

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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver performs medical/rehabilitation treatments with adequate competence, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 03. Partial/moderate assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

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

caregiver performs medical/rehabilitation treatments with adequate competence

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 03. Partial/moderate 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	04/24/2026