Home Health Certification and Plan of Care

Order ID: 1150/18334

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
72266151	04/28/2026	From: 04/28/2026 To: 06/26/2026	25291	217058

6. Patient's Name and Address

Edward Cox
110 Wood Rd,
ABERDEEN, MD 21001
443-243-0372

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 09/19/1954 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G35.D	Multiple sclerosis unspecified	04/28/26

13. ICD	Other Pertinent Diagnoses	Date
E11.29	Type 2 diabetes mellitus w oth diabetic kidney complication	04/28/26
I11.0	Hypertensive heart disease with heart failure	04/28/26
I50.9	Heart failure unspecified	04/28/26
E78.5	Hyperlipidemia unspecified	04/28/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	04/28/26
I71.20	Thoracic aortic aneurysm without rupture unspecified	04/28/26
Q43.3	Congenital malformations of intestinal fixation	04/28/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	04/28/26
Z99.3	Dependence on wheelchair	04/28/26

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

Equate sleep aide 15 mg by mouth as necessary For sleep
Atorvastatin - Atorvastatin Calcium 1 by mouth once a day
Metformin Er - Metformin Hydrochloride 750 mg 2 tab by mouth in the evening With dinner
Equate multi vitamin 1 by mouth once a day Suppliment
Isosorbide Mononitrate - Isosorbide Mononitrate 30 mg 1 by mouth in the morning
Isosorbide Mononitrate - Isosorbide Mononitrate 30 mg 1 by mouth in the morning
Cyanocobalamin 1000mcg/ML injection 1 intramuscular monthly Once a month
AMLODIPINE 10 mg Oral 1X daily
ASPIRIN 81 mg Oral 1X daily
ATENOLOL 50 mg Oral 1X daily [Held by provider]
HYDRALAZINE 25 mg Oral 3X daily
HYDROCHLOROTHIAZIDE 25 mg Oral 1X daily QAM
LISINOPRIL 40 mg Oral 1X daily
TRAZODONE 50 mg Oral nightly
Jardiance - Empagliflozin 25 mg Oral 1X daily

14. DME and Supplies:

wheelchair, rolling walker, grab bars, bath bench, diabetic supplies, commode

15. Safety Measures:

transfer with assist, wheelchair precautions, bathroom safety, diabetic precautions, activity supervision

16. Nutrition:

diabetic!low sodium

17. Allergies:

vancomycin

18.A. Functional Limitations

Hearing, Ambulation

18.B. Activities Permitted

Wheelchair, Exercises Prescribed, Transfer bed/Chair

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: 2. Sometimes, 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: good

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 Multiple sclerosis unspecified, 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 referred to home health services following a recent hospital admission for labile blood pressures, episodes of double vision, and altered mental status. During hospitalization, he was assessed and diagnosed with progressive non-relapsing multiple sclerosis. His past medical history is significant for hypertensive heart disease, diabetes mellitus, heart failure, hyperlipidemia, thoracic aortic aneurysm, arteriosclerotic heart disease (ASHD), and chronic hypertension. The patient resides in a mobile home equipped with a ramp for entry and lives with multiple family members. Prior level of function indicates he was non-ambulatory, relying primarily on an electric wheelchair for mobility. He required assistance with all activities of daily living (ADLs) and intermittent assistance for all transfers. At the time of home assessment, the patient demonstrated marked lower extremity weakness, significant difficulty with bed-to-wheelchair and wheelchair-to-commode transfers, and impaired balance. Patient education was provided regarding safe transfer techniques, including the use of a slide board to reduce fall risk and improve safety during transfers. Physical therapy interventions will focus on improving lower extremity strength, enhancing balance, and promoting safe functional mobility within the home environment. The plan of care includes continued home health support with close monitoring of vital signs, progressive therapeutic exercises targeting lower extremity function, and reinforcement of safe transfer and mobility strategies.
 Date of Order 04/28/2026 Orders Physician Face-to-Face Date: 04/23/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat due to Multiple sclerosis unspecified 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 OT Eval Notes: Physician Davis, Stephanie

SN Careplans

SN Goals

PT Careplans

PT Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/28/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Stephanie Davis
3400 Box Hill Corporate Center Dr
Abingdon, MD 21009
PHONE: 1-800-777-7904 FAX: kaiser NPI: 1013976091

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 : 04/23/2026

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 WK1: 2 (04/28/26-05/02/26) ,WK2: 1 (05/03/26-05/09/26) ,WK3: 1 (05/10/26-05/16/26) ,WK4: 1 (05/17/26-05/23/26) ,WK5: 1 (05/24/26-05/30/26) ,WK6: 1 (05/31/26-06/06/26) ,WK7: 1 (06/07/26-06/13/26) ,WK8: 1 (06/14/26-06/20/26) ,WK9: 1 (06/21/26-06/26/26)

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 > 6

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

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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, 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:Full code

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M1720 - Anxiety, M1745 - Behavioral Issues, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, D0700 - Social Isolation, M2020 - Oral Med Management, dependent edema, M1400 - Dyspnea, M1033 - Exhaustion, constipation, limited strength, limited endurance, muscle weakness, poor muscle tone, balance deficit, weak hand grips, daytime fatigue, extremity burn/tingle/numb, obesity

PROCEDURES: Medication management : Review medication with pt and caregiver, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, wheelchair training, home exercise program: AA hip flexion, knee extension, Active heelraises, toe raises, hip abduction, hamstring curls, wc push-ups progress as tolerated, home exercise program: AA hip flexion, knee extension, Active heelraises, toe raises, hip abduction, hamstring curls, wc push-ups, home exercise program: AA hip flexion, knee extension, Active heelraises, toe raises, hip abduction, hamstring curls, wc push-ups, home exercise program: AA hip flexion, knee extension, Active heelraises, toe raises, hip abduction, hamstring curls, wc push-ups, home exercise program: AA hip flexion, knee extension, Active heelraises, toe raises, hip abduction, hamstring curls, wc push-ups, equipment training: Ed on slideboard transfers, work simplification/energy

PATIENT-STATED GOAL: To improve my leg strength and transfer easier

GOALS
Toilet Transfer - 06. Independent

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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* 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

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

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Car Transfer - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching 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

Signature of Physician:

Date

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

Date
04/28/2026

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conservation, transfers training, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange long-term socialization activities

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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, * strategies to increase socialization, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Car Transfer - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching 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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/28/2026