

Home Health Certification and Plan of Care				Order ID: 1150/17911	
1. Patient's HI claim No. 6QE8JU5CV20		2. Start Of Care Date 04/02/2026		3. Certification Period From: 04/02/2026 To: 05/31/2026	
				4. Medical Record No. 24229	
				5. Provider No. 217058	
6. Patient's Name and Address John McKnight 214 S. Monastery Avenue, Baltimore, MD 21229- 410-644-3177			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 11/09/1942			9. Sex Male		
11. ICD M54.16			Principal Diagnosis Radiculopathy lumbar region		
13. ICD I10. E11.65 G40.909 M54.12 E78.5 M16.9 R35.0 Z79.4 Z79.85 Z79.84 Z79.82 Z91.81			Other Pertinent Diagnoses Essential (primary) hypertension Type 2 diabetes mellitus with hyperglycemia Epilepsy unsp not intractable without status epilepticus Radiculopathy cervical region Hyperlipidemia unspecified Osteoarthritis of hip unspecified Frequency of micturition Long term (current) use of insulin Lng trm (crnt) use injectable non-insulin antidiabetic drugs Long term (current) use of oral hypoglycemic drugs Long term (current) use of aspirin History of falling		
			Date 04/02/26 04/02/26 04/02/26 04/02/26 04/02/26 04/02/26 04/02/26 04/02/26 04/02/26 04/02/26 04/02/26 04/02/26 04/02/26		
14. DME and Supplies: grab bars, cane, bath bench, rolling walker			10. Medications: Dose/Frequency/Route (N)ew (C)hanged ASPIRIN Delayed Release 81 mg / 1 Tablet by mouth daily Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 MCG (2000 UT) / 1 Capsule by mouth once a day B-12 ER 1000 MCG / 1 Tablet by mouth once a day JARDIANCE 10 mg / 1 Tablet by mouth daily GABAPENTIN 300 mg / 1 Capsule by mouth twice a day Losartan Potassium And Hydrochlorothiazide - Hydrochlorothiazide: Losartan Potassium 100-25 mg / 1 Tablet by mouth once a day Metformin Er - Metformin Hydrochloride 500 mg/tablet / Take 2 tablets by mouth 2 times per day with meals Rosuvastatin Calcium - Rosuvastatin Calcium 40 mg / 1 Tablet by mouth daily VIAGRA 100 mg / 1 Tablet by mouth once a day as needed Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg / 1 Capsule by mouth DAILY Multiple Vitamins w/ Minerals (Centrum Silver 50+Men) 1 Tablet by mouth once a day Tresiba - Insulin Degludec 100 UNIT/ML / 12 units subcutaneous daily Jardiance - Empagliflozin 25mg by mouth once a day Clopidogrel - Clopidogrel 75 mg 1 tab by mouth once a day		
16. Nutrition: diabetic			17. Allergies: no known allergies		
18.A. Functional Limitations Ambulation, Endurance			18.B. Activities Permitted Walker, Transfer bed/Chair, Up As Tolerated, Exercises Prescribed		
19. Mental & Psychosocial 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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., 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		
Homebound status: Due to diagnosis of Radiculopathy lumbar region, 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 83-year-old male with a recent hospitalization for a diabetic emergency (blood glucose of 499) and a past medical history significant for CVA with left-sided weakness, hypertension, hyperlipidemia, diabetes, cervical and lumbar radiculopathy, hip osteoarthritis, epilepsy (unspecified convulsions), and urinary frequency. He resides with his spouse in a multi-level townhouse with the bedroom and bathroom on the second floor, requiring navigation of eight steps with a railing; a stair glide is available for assistance. The patient is homebound due to the significant effort required to leave the home and a high fall risk, as evidenced by a Tinetti score of 10/28. He ambulates short distances using a straight cane or rolling walker with decreased bilateral step length, unsteadiness, and need for gait cues, and demonstrates difficulty with basic activities of daily living and functional mobility. The patient presents with generalized weakness and impaired balance and would benefit from skilled occupational therapy to address fall risk, improve strength, and enhance independence with ADLs.Bottom of Form<o:p></p> <p class="MsoNoSpacing"><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">04/02/2026 Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 02/10/2026 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat ot-eval & treat DX: Radiculopathy lumbar region 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 - PT Notes: <o:p></o:p></p> <p class="MsoNoSpacing">OT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician:Bajaj, Bhavandeep</p>					
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 04/02/2026			25. Date HHA Received Signed POT		
24. Physician's Name and Address Bhavandeep Bajaj 3455 Wilkens Ave Suite L-10 Baltimore, MD 21229 PHONE: 410-644-4444 FAX: 14106444484 NPI: 1003011214			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 : 02/10/2026		
27. Attending Physician's Signature and Date Signed 04/21/2026 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. PAGE 1 of 3		

Home Health Certification and Plan of Care				Order ID: 1150/17911		
1. Patient s HI claim No.		2. Start Of Care Date	3. Certification Period		4. Medical Record No.	5. Provider No.
6QE8JU5CV20		04/02/2026	From: 04/02/2026 To: 05/31/2026		24229	217058
6. Patient's Name and Address John McKnight 214 S. Monastery Avenue, Baltimore, MD 21229- 410-644-3177			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			
PT Careplans			PT Goals			
PT WK1: 1 (04/02/26-04/04/26) ,WK2: 1 (04/05/26-04/11/26) ,WK3: 1 (04/12/26-04/18/26) ,WK4: 1 (04/19/26-04/25/26) ,WK5: 1 (04/26/26-05/02/26) ,WK6: 1 (05/03/26-05/09/26) ,WK7: 1 (05/10/26-05/16/26) ,WK8: 1 (05/17/26-05/23/26) ,WK9: 1 (05/24/26-05/30/26) 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 > 7 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), 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:Living Will PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, 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 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170F1 - Toilet Transfer, GG0170K1 - Walk 150 Feet, M1700 - Cognition, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, Home Safety, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, frequent urination, limited endurance, limited strength, balance deficit PROCEDURES: Dynamic and static standing activities : Side stepping, tandem gait,			PATIENT-STATED GOAL: To be able to get around the house better and have less difficulty getting to the car 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 * how to keep home safe for patient with dementia * coping strategies for the caregiver* recalls related medication(s) purpose, schedule patient's enviroment has adequate stairs railings 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 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 Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Shower/Bathe Self - 04. Supervision or touching assistance Lower Body Dressing - 05. Setup or clean-up assistance Don/Doff Footwear - 05. Setup or clean-up assistance Eating - 06. Independent Upper Body Dressing - 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			
Signature of Physician:			Date			
			PAGE 2 of 3			
Optional Name/Signature of Nurse/Therapist:			Date			
Electronically Signed by Messick, Charles RN			04/02/2026			

Home Health Certification and Plan of Care				Order ID: 1150/17911
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6QE8JU5CV20	04/02/2026	From: 04/02/2026 To: 05/31/2026	24229	217058
6. Patient's Name and Address John McKnight 214 S. Monastery Avenue, Baltimore, MD 21229- 410-644-3177		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		
unilateral stance, tandem stance, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Sitting knee extension, ankle pumps. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Supine hip flexion, bridging, hooklying rotation, straight leg raise, equipment training, gait training/stair training, transfers training, coordinate/arrange repair or installation of adequate stair railings 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, * 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's enviroment has adequate stairs railings, 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, 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent		* recalls related medication(s) purpose, schedule		
OT Careplans OT WK1: 1 (04/03/26-04/04/26) ,WK3: 1 (04/12/26-04/18/26) ,WK4: 1 (04/19/26-04/25/26) PROBLEMS IDENTIFIED ON ASSESSMENT: 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, incentive spirometer, 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent		OT Goals PATIENT-STATED GOAL: to be able to be I 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 Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Shower/Bathe Self - 06. Independent 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	04/02/2026