Home Health Certification and Plan of Care

Order ID: 1150/18379

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4WQ4R16KV87	01/05/2026	From: 05/05/2026 To: 07/03/2026	20975	217058

6. Patient's Name and Address

Ronald Tabor II
114 S Gilmore St.,
BALTIMORE, MD 21223-
202-486-0703

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 12/11/1965 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	01/05/26

13. ICD	Other Pertinent Diagnoses	Date
N18.30	Chronic kidney disease stage 3 unspecified	01/05/26
N32.81	Overactive bladder	01/05/26
G21.4	Vascular parkinsonism	01/05/26
E78.5	Hyperlipidemia unspecified	01/05/26
I42.8	Other cardiomyopathies	01/05/26
K59.00	Constipation unspecified	01/05/26
F32.A	Depression unspecified	01/05/26
F10.10	Alcohol abuse uncomplicated	01/05/26
R73.03	Prediabetes	01/05/26
Z79.82	Long term (current) use of aspirin	01/05/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	01/05/26
Z87.891	Personal history of nicotine dependence	01/05/26

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

Oxybutynin - Oxybutynin 1 tablet, 10 mg by mouth once a day Bladder
Folate - Ferrous Sulfate: Folic Acid 1 tablet, 800 mcg by mouth once a day Supplement
Atorvastatin - Atorvastatin Calcium 80mg oral tablet,take 1 tablet by mouth once a day Cholesterol
Amlodipine - Amlodipine Besylate 10mg oral tablet,take 1 tablet by mouth once a day Blood pressure
Aspirin - Aspirin 80mg oral tablet,take 1 tablet by mouth once a day Heart health
Carvedilol - Carvedilol 25 mg oral tablet,take 1 tablet by mouth twice a day Blood pressure
Hydralazine - Hydralazine Hydrochloride 50 mg oral tablet,take 1 tablet by mouth twice a day Blood pressure

14. DME and Supplies:

rolling walker, bath bench, 4 wheeled walker, Gait belt

15. Safety Measures:

standard precautions, remove environmental barriers, fall precautions, bleeding precautions, bathroom safety, anticoagulant precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance, Bowel/Bladder Incontinence, Balance

18.B. Activities Permitted

Walker, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: WNL , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment
another facility/provider will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease, 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:

Physical therapy start-of-care (SOC) evaluation was completed for this 59-year-old male with a past medical history significant for chronic renal impairment, cerebrovascular accident (CVA), depression, hypertension, hyperlipidemia, vascular parkinsonism, and overactive bladder. The patient was referred for home physical therapy services secondary to functional decline following a recent transition to an assisted living facility (ALF). Prior to relocating to the ALF, the patient resided at home with his wife, ambulated with a rolling walker, and experienced frequent falls. Since moving to the ALF approximately one month ago, staff report a marked decline in functional status characterized by increased requests to remain in bed and worsening rigidity. On assessment, the patient demonstrated significantly decreased bilateral lower extremity strength with manual muscle testing of approximately 2-/5 and currently requires maximal assistance for all functional tasks, including bed mobility and transfers; he is unable to ambulate at this time. The patient reports chronic right-sided pain persisting since his CVA several years ago, as well as discomfort associated with prolonged sitting. ALF staff indicated they have been attempting to increase upright tolerance by encouraging the patient to sit in a chair up to four hours daily; however, the patient is not tolerating this schedule. Education was provided regarding the importance of participation and motivation to support progression toward functional goals, and the patient verbalized understanding. The patient was instructed in an initial home exercise program including knee extension and hip flexion exercises with emphasis on improving range of motion and movement quality; caregiver education and instruction were also provided to support carryover. The plan of care is for the patient to receive skilled physical therapy to address impaired strength, rigidity, balance deficits, and overall safety with functional mobility, with the goal of improving independence and reducing fall risk in order to progress toward his prior level of function. The patient would also benefit from an occupational therapy evaluation to assess activities of daily living (ADL) performance and needs; the physical therapist will contact the signing physician to obtain a verbal order for OT evaluation.
 Date of Order 04/30/2026 Orders Physician Face-to-Face Date: 11/12/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT evaluate and treat due to Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: The patient was recertified to continue family training with ambulation on stairs and level surfaces. Written instructions were issued and instructed patient to perform daily. The goal is for patient to perform the stairs in his home daily with assistance and obtain a meal on the first floor. Physician Lotlikar, Jeffrey

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/30/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Jeffrey Lotlikar
4660 Wilkens Ave
Baltimore, MD 21229
PHONE: 4102470782 FAX: 18662515693 NPI: 1558323204

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 : 11/12/2025

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 (05/05/26-05/09/26) ,WK2: 1 (05/10/26-05/16/26) ,WK3: 1 (05/17/26-05/23/26) ,WK4: 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 > 8

CAREGIVER: WNL

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

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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: limited strength, limited endurance, poor muscle tone, balance deficit

PROCEDURES: Family training: Gait, stairs and therex, Medication Review- : Medications reviewed with patient/caregiver. , Gait training on level surface and steps: With rolling walker on level surface. Encourage initiation of gait with right foot., cough/deep breathing exercises, apply anti-embolitic stockings, apply compression bandage, physician-ordered wound care, therapeutic exercises: Supine hip flex,bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats, 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 relaxatio, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * 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, Toilet Transfer - 03. Partial/moderate assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, Shower/Bathe Self - 03. Partial/moderate assistance

PT Goals

PATIENT-STATED GOAL: To be able to get around my house better and get up from a chair

GOALS
Sit to Stand - 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
* 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

Toilet Transfer - 03. Partial/moderate 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 relaxatio

Shower/Bathe Self - 03. Partial/moderate assistance

Walk 10 Feet - 02. Substantial/maximal assistance

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpos

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

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

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/30/2026