Home Health Certification and Plan of Care

Order ID: 1150/18527

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
38115222	05/07/2026	From: 05/07/2026 To: 07/05/2026	25612	217058

6. Patient's Name and Address

Kenneth Brotzman
2227 Vailthorn Rd,
MIDDLE RIVER, MD 21220-
410-574-1284

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 10/20/1947 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S32.592D	Oth fracture of left pubis subs for fx w routn heal	05/07/26

13. ICD	Other Pertinent Diagnoses	Date
S42.021D	Disp fx of shaft of right clavicle subs for fx w routn heal	05/07/26
E78.5	Hyperlipidemia unspecified	05/07/26
I35.1	Nonrheumatic aortic (valve) insufficiency	05/07/26
E63.9	Nutritional deficiency unspecified	05/07/26
M50.30	Other cervical disc degeneration unsp cervical region	05/07/26
I70.0	Atherosclerosis of aorta	05/07/26
M54.30	Sciatica unspecified side	05/07/26
G25.0	Essential tremor	05/07/26
L82.1	Other seborrheic keratosis	05/07/26
N28.1	Cyst of kidney acquired	05/07/26
Q21.12	Patent foramen ovale	05/07/26
R33.9	Retention of urine unspecified	05/07/26
K59.00	Constipation unspecified	05/07/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	05/07/26
Z86.79	Personal history of other diseases of the circulatory system	05/07/26
Z86.711	Personal history of pulmonary embolism	05/07/26
Z79.82	Long term (current) use of aspirin	05/07/26
Z79.01	Long term (current) use of anticoagulants	05/07/26
Z79.891	Long term (current) use of opiate analgesic	05/07/26
Z86.19	Personal history of other infectious and parasitic diseases	05/07/26
Z91.81	History of falling	05/07/26

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

BACITRACIN ZINC AND POLYMYXIN B SULFATE 10 % Apply to sacrum topically as needed for skin condition
ASPIRIN 81 MG tablet by mouth one time a day for CVA prophylaxis
ATORVASTATIN 40 MG tablet by mouth at bedtime for Hyperlipidemia
DOCUSATE 100 MG capsule by mouth every 12 hours as needed for Bowel regimen
DOXAZOSIN 2 MG tablet by mouth one time a day for BPH
GLYCOLAX 17 gram by mouth one time a day for constipation Mix well in a full glass (120-240 ml or 4- 8 oz) of water, juice, soda, coffee or tea prior to administration
LORATADINE 10 MG tablet by mouth one time a day for allergy symptoms
MAGNESIUM 400 MG tablet by mouth one time a day for Supplement
METHOCARBAMOL 500 MG tablet by mouth every 12 hours for Spasms
MULTIVITAMIN 1 tablet by mouth one time a day for Supplement
OXYCODONE 5 MG tablet by mouth every 6 hours as needed for pain for pain 6-10
PANTOPRAZOLE 40 MG mg by mouth one time a day for GERD
PRADAXA 150 MG capsule by mouth two times a day for h/o PE
ASENAPINE 50 MG tablet by mouth every 8 hours as needed for Bowel regimen
DUTASTERIDE AND TAMSULOSIN HYDROCHLORIDE 0.4 MG capsule by mouth at bedtime for BPH
THIAMINE 100 MG tablet by mouth one time a day for Supplement
ACETAZOLAMIDE SODIUM 118 ml rectally every 24 hours as needed for constipation

14. DME and Supplies:
commode, 4 wheeled walker

15. Safety Measures:
standard precautions, fall precautions, , activity supervision

16. Nutrition:
regular

17. Allergies:
adhesive tape co trimoxazole

18.A. Functional Limitations
Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted
Wheelchair, 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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Other specified fracture of left pubis, subsequent encounter for 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 78-year-old male residing at home with his wife and daughter, who serves as the primary caregiver. The patient was referred to home health services following a mechanical fall resulting in a left clavicle fracture and left pubic rami fracture, both of which are being managed conservatively without surgical intervention. The patient is currently under weight-bearing restrictions, including non-weight-bearing (NWB) status to the left upper extremity and toe-touch weight-bearing (TTWB) to the left lower extremity. Due to these precautions, the Timed Up and Go (TUG) assessment was unable to be performed. Tinetti Balance and Gait Assessment score was 2/28, indicating a very high fall risk. Past medical history is significant for hyperlipidemia, cerebrovascular accident (CVA), transient ischemic attack (TIA), cervical disc disease, sciatica, tremors, pulmonary embolism, and recurrent falls. The patient resides in a two-story row home with five steps to enter equipped with a railing and bilateral handrails leading to the second floor. There is no bathroom available on the main level, and the patient is currently sleeping in a recliner on the first floor due to mobility limitations and inability to safely access the upstairs bedroom. Assessment findings reveal marked deconditioning secondary to prolonged hospitalization and skilled rehabilitation facility stay. The patient demonstrates significant functional decline with extensive assistance required for all transfers and is currently unable to ambulate. Additional deficits include poor balance, bilateral lower extremity weakness, impaired functional mobility, and decreased endurance/activity tolerance. Overall presentation places the patient at high risk for falls and further decline in functional independence. Skilled physical therapy services are medically necessary and indicated to address deficits in strength, balance, endurance, transfer training, gait progression as appropriate within current weight-bearing precautions, fall prevention, safety awareness, and overall functional mobility to maximize independence and reduce caregiver burden. The patient demonstrates fair rehabilitation potential with continued skilled intervention and caregiver support.
 Date of Order 05/07/2026 Orders Physician Face-to-Face Date: 04/07/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat due to Other specified fracture of left pubis, subsequent encounter for 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 - SN Notes: wound PT Eval Notes:
 Physician Batajoo Shrestha, Binu

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/07/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Binu Batajoo Shrestha
1447 York Rd
Lutherville, MD 21093
PHONE: 4109337600 FAX: 14109337666 NPI: 1972850980

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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SN Careplans

SN WK1: 1 (05/07/26-05/09/26)

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: 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

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:*** SEE MOLST ***

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102f - Patient Supervision, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, open sores/lesions, red/tender pressure points, skin breakdown r/t incontinence

PROCEDURES: cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: Apply barrier cream to bilateral buttocks/perineal area every shift and PRN after episodes of incontinence or cleansing. Cleanse skin gently with mild soap and water, pat dry thoroughly, and apply a thin layer of barrier cream to intact skin to protect from moisture-associated skin breakdown. Monitor skin for redness, excoriation, open areas, or signs of infection and notify provider of worsening skin integrity., 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

SN Goals

PATIENT-STATED GOAL: Patient wants to be able to be more independent so his daughter can go back home.

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

caregiver administers and/or packages medications appropriately

PT Careplans

PT WK1: 1 (05/07/26-05/09/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, Pain Effect on Sleep, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand

PROCEDURES: Medication management : Review medication with pt and caregiver, cough/deep breathing exercises, incentive spirometer, home exercise program: Laq, hip

PT Goals

PATIENT-STATED GOAL: Pt would like to stand and walk gain get back the use of his L arm and leg;Pt would like to stand and walk gain get back the use of his L arm and leg;Pt would like to stand and walk again get back the use of his L arm and leg

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

Signature of Physician:

Date

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

Date
05/07/2026

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flexion hip abduction, abduction as tolerated, heelraises, toe raises, hamstring curls,, equipment training, work simplification/energy conservation, gait training/stair training, transfers training

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, 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, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, 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 - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance

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

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

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

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 - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Lower 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	05/07/2026