Home Health Certification and Plan of Care

Order ID: 1150/18526

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
AA00024422	03/03/2026	From: 05/02/2026 To: 06/30/2026	22989	217058

6. Patient's Name and Address
Johnnie Jackson
4606 Frankford Avenue,
BALTIMORE, MD 21206-
718-790-7531

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 11/27/1949 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
M21.371	Foot drop right foot	03/03/26

13. ICD	Other Pertinent Diagnoses	Date
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	03/03/26
I10.	Essential (primary) hypertension	03/03/26
E78.5	Hyperlipidemia unspecified	03/03/26
M48.02	Spinal stenosis cervical region	03/03/26
Z79.899	Other long term (current) drug therapy	03/03/26

10. Medications: Dose/Frequency/Route (N)ew (C)hanged
Norvasc - Amlodipine Besylate 10 mg / 1 tablet by mouth once a day
Namenda - Memantine Hydrochloride 10 mg / 1 tablet by mouth twice a day
Multivitamins - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day
Seroquel - Quetiapine Fumarate 50 mg / 1 tablet by mouth in the evening
CRESTOR 10 mg / 1 tablet by mouth in the evening

14. DME and Supplies:
hospital bed, bath bench, wheelchair, rolling walker

15. Safety Measures:
standard precautions, remove environmental barriers, medication safety, fall precautions, electrical safety measures, emergency phone # clearly displayed, bathroom safety, ambulates with assistance, ambulates with device, , activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

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

18.B. Activities Permitted
Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, 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

Homebound status: Due to diagnosis of Foot drop right foot, 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 76-year-old African American male with a medical history significant for dementia, ataxia, right foot drop, and associated cognitive impairment. The patient resides with his son in a third-floor apartment and requires assistance with multiple activities of daily living, including personal hygiene, transfers, and ambulation, due to impaired balance, coordination deficits, and decreased safety awareness related to his neurological condition. These limitations significantly impact the patient's ability to perform daily tasks independently and increase his risk for falls. During the evaluation, the patient demonstrated gait abnormalities consistent with right foot drop and ataxia, contributing to difficulty with foot clearance during ambulation. Functional mobility deficits necessitate assistance and supervision to ensure safe transfers and movement within the home environment. Education was provided to the patient and caregiver regarding compensatory gait strategies, specifically the use of a high-steppage gait pattern to improve foot clearance and reduce the risk of tripping. In addition, a home exercise program was initiated and demonstrated, focusing on strengthening, coordination, and mobility to improve overall functional performance and safety. The patient and caregiver were instructed on the importance of continued participation in therapeutic exercises and safe mobility techniques. Ongoing skilled therapy services are indicated to address gait deficits, improve balance and strength, reinforce safety strategies, and support the patient in maintaining the highest possible level of independence with functional mobility and daily activities within the home setting.
 Date of Order 04/30/2026 Orders Physician Face-to-Face Date: 01/06/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat due to Foot Drop Right Foot 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: Patient needs continued skilled PT services to further increase safety in ambulation.
 Physician Baxter, Maria

SN Careplans

SN Goals

PT Careplans

PT 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)

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: WNL

HOSPITALIZATION RISKS: 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

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,

PT Goals

PATIENT-STATED GOAL: To walk safely

GOALS
Shower/Bathe Self - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Eating - 05. Setup or clean-up assistance

Walk 10 Feet - 04. Supervision or touching assistance

patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* recalls related medication(s) purpose, schedule

Walk 150 Feet - 04. Supervision or touching assistance

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
Maria Baxter
6701 North Charles St
Towson, MD 21204
PHONE: 4438493184 FAX: 14438498367 NPI: 1770903601

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 : 01/06/2026

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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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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: limited strength, balance deficit

PROCEDURES: coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, home exercise program: Straight leg raising, long arc , side kicks and mini squats --10x2 reps, equipment training, 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 keep home safe for patient with dementia coping strategies for the caregiver*, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, Sit to Stand - 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, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, 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 - 05. Setup or clean-up assistance

patient self-administers medications as prescribed
* 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
* 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

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

1 - Step (curb) - 04. Supervision or touching 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