Home Health Certification and Plan of Care

Order ID: 1150/18549

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
82230306	05/08/2026	From: 05/08/2026 To: 07/06/2026	22819	217058

6. Patient's Name and Address

Thompson Betts
7717 Big Buck Dr,
WINDSOR MILL, MD 21244-
443-939-4345

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 02/10/1950 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G20.A1	Parkinson's dis w/o dyskinesia w/o mention of fluctuations	05/08/26

13. ICD	Other Pertinent Diagnoses	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	05/08/26
I50.9	Heart failure unspecified	05/08/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	05/08/26
N18.32	Chronic kidney disease stage 3b	05/08/26
E78.5	Hyperlipidemia unspecified	05/08/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	05/08/26
E11.319	Type 2 diabetes w unsp diabetic rtnop w/o macular edema	05/08/26
I70.0	Atherosclerosis of aorta	05/08/26
R29.6	Repeated falls	05/08/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	05/08/26
Z79.4	Long term (current) use of insulin	05/08/26
Z85.46	Personal history of malignant neoplasm of prostate	05/08/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	05/08/26
Z86.0100	Personal history of colonic polyps	05/08/26
Z87.891	Personal history of nicotine dependence	05/08/26
Z91.81	History of falling	05/08/26

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

INSULIN GLARGINE-YFGN OUTER, SUV 100UNIT/1ML INSULN PEN once a day Directions: Give 15 unit sublingually one time a day for Health monitoring
MIRALAX 1 packet by mouth in the evening for bowel regimen
GABAPENTIN 300 mg / 1 Capsule by mouth three times a day for neuropathy
Losartan Potassium - Losartan Potassium 25 mg / 1 Tablet by mouth once a day for HTN
Sinemet - Carbidopa: Levodopa 25 mg;100 mg / 1 Tablet by mouth in the morning Give 2 tablet for Parkinsons
Sinemet - Carbidopa: Levodopa 25 mg;100 mg / 1 Tablet by mouth once a day in the afternoon for Parkinsons
Sinemet - Carbidopa: Levodopa 25 mg;100 mg / 1 Tablet by mouth in the evening for Parkinsons
Atorvastatin Calcium - Atorvastatin Calcium 40 mg / 1 Tablet by mouth once a day Give 2 tablet for HDL
Metformin Hcl - Metformin Hydrochloride 500 mg / 1 Tablet by mouth twice a day Give 2 tablet for DM
Simethicone - Simethicone 80 mg / 1 Tablet by mouth after meal Give 1 tablet by mouth after meals and at bedtime for indigestion chew and swallow 1 tab post meal and at hs
Alpha-lipoic acid (ALA) 600 mg / 1 Tablet by mouth once a day for antioxidant supplement that supports nerve health
Acetaminophen - Acetaminophen 500 mg / 1 Tablet by mouth every 6 hours Directions: Give 2 tablet as needed for mild pain
LATANOPROST 0.005 % / 1 drop in both eyes in the evening for glaucoma
Diclofenac Sodium - Diclofenac Sodium External Gel 1 % topical as necessary Directions: Apply to knees topically as needed for joint pain apply 2gms prn 4 x a day

14. DME and Supplies:

commode, diabetic supplies, rolling walker, wheelchair

15. Safety Measures:

cardiac precautions, diabetic precautions, fall precautions, standard precautions, wheelchair precautions, walker precautions, ambulates with device

16. Nutrition:

regular, diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Up As Tolerated

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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

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

SN and PT: patient will be responsible for managing treatment OT: family/careg

Homebound status: Due to diagnosis of Parkinson's disease without dyskinesia and without mention of fluctuations, 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:

Patient is a 76-year-old male recently discharged from subacute rehabilitation following hospitalization due to falls associated with newly diagnosed Parkinson's disease. Past medical history is significant for Parkinson's disease, DM2, HTN, HLD, CHF/heart failure, CKD, prostate cancer, and multiple falls. Patient is alert and oriented x3, with skin warm, dry, and intact. Patient ambulates with a single point cane or walker and demonstrates decreased strength, including BLE strength at 3/5 MMT and BUE strength at 3+/5 MMT, impaired balance, short step length with mild shuffling gait, and decreased functional mobility. Patient requires CGA for transfers, short-distance ambulation, dressing tasks, toileting, and minimal assistance for showering, with verbal cues needed for safe limb placement during transfers. Due to frequent falls and safety concerns, patient primarily remains on the first floor and sleeps downstairs on the couch, though he occasionally accesses the upstairs level. Patient lives alone in a multi-level home and receives assistance from a private caregiver/aide during the day, while daughter assists with medication management, including filling medication box; patient administers insulin in the morning and evening. Skilled PT and OT services are medically necessary to improve strength, balance, gait, transfer safety, ADL performance, and overall functional mobility in order to maximize safety, reduce fall risk, and restore independence to prior level of function.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 05/08/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 05/05/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Parkinson's disease without dyskinesia and without mention of fluctuations
 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/08/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Naeha Quasba
7141 Security Blvd
Baltimore, MD 21244
PHONE: 410-230-7827 FAX: 1-410-230-7827 NPI: 1609119049

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 : 05/05/2026

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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class="MsoNoSpacing">
 1 - SOC - SN Notes:<o:p></o:p> PT Eval Notes:<o:p></o:p> OT Eval Notes:<o:p></o:p> Physician: Quasba, Naeha

SN Careplans

SN WK1: 1 (05/08/26-05/09/26) ,WK2: 1 (05/10/26-05/16/26) ,WK3: 1 (05/17/26-05/23/26) ,WK4: 1 (05/24/26-05/30/26) ,WK5: 1 (05/31/26-06/06/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, 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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 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:Daughter and brother

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, delayed capillary refill, M1033 - Exhaustion, M1400 - Dyspnea, constipation, muscle spasms, daytime fatigue, B1000 - Vision Deficit

PROCEDURES: coordinate/arrange resources for vision-impaired

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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: Patient wants to to stop falling anc get legs stronger;Patient wants to to stop falling and get legs stronger

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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

PT Careplans

PT WK2: 1 (05/10/26-05/16/26) ,WK4: 1 (05/24/26-05/30/26) ,WK6: 1 (06/07/26-06/13/26) ,WK8: 1 (06/21/26-06/27/26) ,WK10: 1 (07/05/26-07/06/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170L1 - Walk 10 ft on Uneven Surface

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, cough/deep breathing exercises, home exercise program: Review HEP: seated knee ext, hip flex, hip abd, quad sets, gluteal squeezes, ankle pumps at least 1x10. Once tolerated, upgrade to standing heel/ toe raises, knee flex, hip flex, hip abd at least 1x10 with UE

PT Goals

PATIENT-STATED GOAL: To be able to walk without help

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 documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/08/2026

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support as needed. Upgrade as tolerated, 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, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 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, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Medication Review

* 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

Car Transfer - 05. Setup or clean-up assistance

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

Medication Review

OT Careplans

OT WK2: 1 (05/10/26-05/16/26) ,WK3: 1 (05/17/26-05/23/26) ,WK4: 1 (05/24/26-05/30/26) ,WK5: 1 (05/31/26-06/06/26) ,WK6: 1 (06/07/26-06/13/26) ,WK7: 1 (06/14/26-06/20/26) ,WK8: 1 (06/21/26-06/27/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing

PROCEDURES: Patient/caregiver recalls related purpose and schedule of medications: Medication review, Functional ambulation/balance : To decrease falls, cough/deep breathing exercises, home exercise program: Home exercise program to constant of using water bottles, dumbbells or theraband for upper extremity., therapeutic exercises: clinician will describe procedure at time of visits, transfers training: Transfer

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 - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent, Patient will demonstrate improved bilateral upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks

OT Goals

PATIENT-STATED GOAL: Patient want to walk better and stop falling

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 - 04. Supervision or touching assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Patient will demonstrate improved bilateral upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/08/2026