

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	
82230306		05/08/2026		From: 05/08/2026 To: 07/06/2026	
4. Medical Record No.		5. Provider No.			
22819		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Thompson Betts 7717 Big Buck Dr, WINDSOR MILL, MD 21244- 443-939-4345			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			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
G20.A1			INSULIN GLARGINE-YFGN OUTER, SUV 100UNIT/1ML INSULN PEN once a day		
Principal Diagnosis			Directions: Give 15 unit sublingually one time a day for Health monitoring		
Parkinson's dis w/o dyskinesia w/o mention of fluctuations			MIRALAX 1 packet by mouth in the evening for bowel regimen		
Date			GABAPENTIN 300 mg / 1 Capsule by mouth three times a day for neuropathy		
05/08/26			Losartan Potassium - Losartan Potassium 25 mg / 1 Tablet by mouth once a day for HTN		
13. ICD			Sinemet - Carbidopa: Levodopa 25 mg;100 mg / 1 Tablet by mouth in the morning Give 2 tablet for Parkinsons		
I13.0			Sinemet - Carbidopa: Levodopa 25 mg;100 mg / 1 Tablet by mouth once a day in the afternoon for Parkinsons		
Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny			Sinemet - Carbidopa: Levodopa 25 mg;100 mg / 1 Tablet by mouth in the evening for Parkinsons		
Date			Atorvastatin Calcium - Atorvastatin Calcium 40 mg / 1 Tablet by mouth once a day Give 2 tablet for HDL		
05/08/26			Metformin Hcl - Metformin Hydrochloride 500 mg / 1 Tablet by mouth twice a day Give 2 tablet for DM		
150.9			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		
Heart failure unspecified			Alpha-lipoic acid (ALA) 600 mg / 1 Tablet by mouth once a day for antioxidant supplement that supports nerve health		
Date			Acetaminophen - Acetaminophen 500 mg / 1 Tablet by mouth every 6 hours		
05/08/26			Directions: Give 2 tablet as needed for mild pain		
E11.22			LATANOPROST 0.005 % / 1 drop in both eyes in the evening for glaucoma		
Type 2 diabetes mellitus w diabetic chronic kidney disease			Diclofenac Sodium - Diclofenac Sodium External Gel 1 % topical as necessary Directions: Apply to knees		
Date			topically as needed for joint pain apply 2gms prn 4 x a day		
05/08/26					
N18.32					
Chronic kidney disease stage 3b					
Date					
05/08/26					
E78.5					
Hyperlipidemia unspecified					
Date					
05/08/26					
E11.42					
Type 2 diabetes mellitus with diabetic polyneuropathy					
Date					
05/08/26					
E11.319					
Type 2 diabetes w unsp diabetic rtnop w/o macular edema					
Date					
05/08/26					
I70.0					
Atherosclerosis of aorta					
Date					
05/08/26					
R29.6					
Repeated falls					
Date					
05/08/26					
Z79.84					
Long term (current) use of oral hypoglycemic drugs					
Date					
05/08/26					
Z79.4					
Long term (current) use of insulin					
Date					
05/08/26					
Z85.46					
Personal history of malignant neoplasm of prostate					
Date					
05/08/26					
Z86.73					
Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits					
Date					
05/08/26					
Z86.0100					
Personal history of colonic polyps					
Date					
05/08/26					
Z87.891					
Personal history of nicotine dependence					
Date					
05/08/26					
Z91.81					
History of falling					
Date					
05/08/26					
14. DME and Supplies:			15. Safety Measures:		
commode, diabetic supplies, rolling walker, wheelchair			cardiac precautions, diabetic precautions, fall precautions, standard precautions, wheelchair precautions, walker precautions, ambulates with device		
16. Nutrition:			17. Allergies:		
regular, diabetic			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation			Up As Tolerated		
19. Mental & Psychosocial 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:			22.B.Discharge Plans		
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.			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: <p class="MsoNoSpacing">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.</p><p class="MsoNoSpacing"></p><p class="MsoNoSpacing"></p><p class="MsoNoSpacing">Date of Order</p><p class="MsoNoSpacing">05/08/2026 Order</p><p class="MsoNoSpacing"></p><p class="MsoNoSpacing">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</p><p class="MsoNoSpacing"></p></td></tr><tr><td colspan=					

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			
class="MsoNoSpacing"> 1 - SOC - SN Notes:<o:p></o:p></p> <p class="MsoNoSpacing">PT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">OT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Quasba, Naeha</p>						
SN Careplans			SN Goals			
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			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 Goals			
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			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			
			PAGE 2 of 3			
Optional Name/Signature of Nurse/Therapist:			Date			
Electronically Signed by Messick, Charles RN			05/08/2026			

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		
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