Home Health Certification and Plan of Care

Order ID: 1150/18541

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
961133423	05/08/2026	From: 05/08/2026 To: 07/06/2026	17454	217058

6. Patient's Name and Address

George Fugate
2509 Eugene Ave,
SPARROWS POINT, MD 21219-
443-570-2839

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 11/10/1950 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.815	Encntr for surgical aftcr following surgery on the dgstv sys	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
I50.22	Chronic systolic (congestive) heart failure	05/08/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	05/08/26
N18.9	Chronic kidney disease u	05/08/26
I48.0	Paroxysmal atrial fibrillation	05/08/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	05/08/26
E78.5	Hyperlipidemia unspecified	05/08/26
J44.9	Chronic obstructive pulmonary disease unspecified	05/08/26
I77.819	Aortic ectasia unspecified site	05/08/26
I25.2	Old myocardial infarction	05/08/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	05/08/26
K21.9	Gastro-esophageal reflux disease without esophagitis	05/08/26
R91.1	Solitary pulmonary nodule	05/08/26
Z79.4	Long term (current) use of insulin	05/08/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	05/08/26
Z79.01	Long term (current) use of anticoagulants	05/08/26
Z86.718	Personal history of other venous thrombosis and embolism	05/08/26
Z86.0100	Personal history of colonic polyps	05/08/26
Z87.891	Personal history of nicotine dependence	05/08/26
Z95.1	Presence of aortocoronary bypass graft	05/08/26
Z95.810	Presence of automatic (implantable) cardiac defibrillator	05/08/26

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

Toprol Xl - Metoprolol Tartrate 25 MG , take 1 tablet by mouth once a day 1 tablet, Oral, 1 time daily Heart
Actigall - Ursodiol 250 MG, take 1 tablet by mouth four times a day 1 tablet, Oral, 4 times daily. Gallstone
Finasteride - Finasteride 5 mg Take 1 tablet by mouth once a day BPH
Lasix - Furosemide 40 mg Take 2 tablets by mouth once a day Fluid pill
Jardiance - Empagliflozin take 0.5 tablet by mouth once a day T2DM
Preservision Areds 2 Take 1 tablet by mouth twice a day Eye vitamin
Centrum Multivitamin - Ascorbic Acid: Biotin: Cyanocobalamin: Ergocalciferol: Folic Acid: Niacinamide: Pantothenic Acid: Phytonadione: Pyridoxine: Ribo Take 1 tablet by mouth once a day Multivitamin
Coumadin - Warfarin Sodium 2.5 mg Take 1 tablet by mouth in the evening Blood thinner
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg, take 1 tablet by mouth every 6 hours as needed for pain
Atorvastatin - Atorvastatin Calcium 80 mg 1 tab by mouth once a day
Saline Flush - Normal Saline 10cc intravenous twice a day Flush PICC pre and post IV antibiotic administration/blood draw. PICC patency.
Lantus - Insulin Glargine Recombinant 100 units/ml Inject 20 units subcutaneous at bedtime T2DM
Humbling R 100 units subcutaneous twice a day Inject 8 units twice a day

14. DME and Supplies:

reacher, rolling walker, cane, commode, diabetic supplies, grab bars, hand held shower, bath bench

15. Safety Measures:

standard precautions, no straining, hand rails, fall precautions, diabetic precautions, cardiac precautions, bleeding precautions, bathroom safety, ambulates with assistance, activity supervision

16. Nutrition:

diabetic!low fiber

17. Allergies:

metformin lisinopril

18.A. Functional Limitations

Endurance, Ambulation, Hearing

18.B. Activities Permitted

Cane, Exercises Prescribed, 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: 1. Rarely, 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 Encounter for surgical aftercare following surgery on the digestive system, 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

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

Chetan Sharma
1447 York Rd
Lutherville-Timonium, MD 21093
PHONE: FAX: NPI: 1477734341

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 : 05/04/2026

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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Clinical Condition Requiring Homecare:

Patient is a 75-year-old male referred to home health services following hospitalization for emergency surgery due to a strangulated hernia. Postoperatively, patient experienced cardiac complications, including malfunction of his defibrillator resulting in firing episodes and requiring cardioversion to restore normal rhythm, followed by replacement of the defibrillator. Past medical history is significant for HTN, HLD, DM, CABG, CKD, MI, CHF, and history of smoking. Patient lives with his wife, daughter, and granddaughter in a home with 2 steps to enter with railing and 12 steps to the bedroom with one railing. Prior level of function included independence with community mobility, driving, ADLs/IADLs, and participation in a pool league. At evaluation, patient presents with impaired balance as evidenced by Tinetti score of 15/28, decreased lower extremity strength, low endurance, minor difficulty with transfers and stair negotiation, and impaired gait. Patient demonstrates good rehabilitation potential and will benefit from skilled physical therapy services to address strength, balance, endurance, functional mobility, gait, transfers, and stair negotiation deficits to restore prior level of function and maximize safety and independence in the home and community.<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: 05/04/2026
 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat dx: Encounter for surgical aftercare following surgery on the digestive system
 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>
 1 - SOC - PT Notes: Physician: Sharma, Chetan

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (05/08/26-05/09/26) ,WK2: 1 (05/10/26-05/16/26) ,WK3: 1 (05/17/26-05/23/26) ,WK5: 1 (05/31/26-06/06/26) ,WK7: 1 (06/14/26-06/20/26) ,WK9: 1 (06/28/26-07/04/26)

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 > 6

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

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

PT Goals

PATIENT-STATED GOAL: To improve my strength and balance be independent get back to playing in pool league

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Shower/Bathe Self - 05. Setup or clean-up assistance

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 hearing-impaired including installing special fire-detector/CO2 alarms
* 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

caregiver performs medical/rehabilitation treatments with adequate competence

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

Signature of Physician:	Date

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

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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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170I1 - Walk 10 Feet, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, dependent edema, M1400 - Dyspnea, M1033 - Exhaustion, limited strength, limited endurance, muscle weakness, B0200 - Hearing Deficit, balance deficit, bruising/discoloration

PROCEDURES: Medication management : Review medication with pt and caregiver, cough/deep breathing exercises, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: Remove bandage leave open to air, home exercise program: Seated laq, heelraises, standing as tolerated for hip abduction, extension, hip flexion, hamstring curls, mini squats, work simplification/energy conservation, gait training on uneven surfaces, 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, * 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 hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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