

Home Health Certification and Plan of Care				Order ID: 1150/18633	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
100007211		05/12/2026		From: 05/12/2026 To: 07/10/2026	
4. Medical Record No.			5. Provider No.		
25601			217058		
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Stephen Yoo 2230 John Gravel Road Unit N, Marriottsville, MD 21104- 443-745-7171			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
02/02/1944			Male		
11. ICD		Principal Diagnosis		Date	
I77.1		Stricture of artery		05/12/26	
13. ICD		Other Pertinent Diagnoses		Date	
I10.		Essential (primary) hypertension		05/12/26	
E78.5		Hyperlipidemia unspecified		05/12/26	
F03.90		Unsp dementia unsp severity without beh/psych/mood/anx		05/12/26	
Z79.82		Long term (current) use of aspirin		05/12/26	
Z85.46		Personal history of malignant neoplasm of prostate		05/12/26	
Z85.54		Personal history of malignant neoplasm of ureter		05/12/26	
Z87.891		Personal history of nicotine dependence		05/12/26	
14. DME and Supplies:			15. Safety Measures:		
None of the above			None of the above		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
None of the above			Transfer bed/Chair		
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: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is requiredI2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: No					
20. Prognosis: good					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
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.			family/caregiver will be responsible for managing treatment		
Homebound status: Due to diagnosis of Stricture of artery, 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:<div>The patient is an 82-year-old male referred for skilled home health physical therapy evaluation following hospitalization from 05/01/2026 to 05/03/2026 secondary to acute dizziness and orthostatic hypotension. Past medical history is significant for dementia, hypertension, hyperlipidemia, prostate cancer status post radiation therapy, ureter carcinoma, and recently diagnosed 70% proximal left subclavian artery stenosis. Following the recent acute medical event, the patient presents with decline in functional mobility, balance impairment, generalized deconditioning, and increased fall risk requiring skilled home health intervention. Upon evaluation, the patient demonstrated independent ambulation on level indoor surfaces without the use of an assistive device for short household distances; however, gait assessment revealed mild instability, decreased dynamic balance, and increased fall risk, particularly during postural transitions and changes in position. Static sitting and standing balance were noted to be good, while dynamic standing balance was also generally good but demonstrated minimal self-correction during episodes of instability. Mild impairments were observed with dual-task activities and transitional movements, further contributing to safety concerns during functional mobility. The patient remains at risk for falls due to orthostatic symptoms, balance deficits, cognitive impairment, and decreased endurance following hospitalization. Skilled home health physical therapy is medically necessary to address deficits in strength, balance, gait mechanics, endurance, safety awareness, and overall functional mobility in order to restore prior level of function, improve safety with transfers and ambulation, and reduce risk of falls and rehospitalization. A comprehensive physical therapy plan of care is indicated and will include therapeutic exercises, gait and balance training, functional mobility and transfer training, endurance activities, and patient/caregiver education regarding orthostatic precautions, energy conservation techniques, fall prevention strategies, and adherence to a home exercise program. Home health physical and occupational therapy services were ordered upon hospital discharge to support the patient's continued recovery and safe functioning within the home environment.</div><div> </div><div>Date of Order</div><div>05/12/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 05/03/2026</div><div>Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat due to Stricture of artery</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div>1 - SOC - PT Notes: soc</div><div>Physician</div><div>Kwon, Ji Yon</div></div>					
SN Careplans			SN Goals		
PT Careplans			PT Goals		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 05/12/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address Ji Yon Kwon 3290 N Ridge Rd Ellicott City , MD 21043 PHONE: 410-801-2273 FAX: 14103859319 NPI: 1992145460			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 : 05/03/2026		
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. PAGE 1 of 3		

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PT WK1: 1 (05/12/26-05/16/26) ,WK2: 1 (05/17/26-05/23/26) ,WK4: 1 (05/31/26-06/06/26)			PATIENT-STATED GOAL: not to go back to hospital		
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			GOALS		
CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area			Chair to Bed to Chair - 06. Independent		
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			Toilet Transfer - 06. Independent		
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.			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		
			* 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		
			* 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		
			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		
			4 Steps - 06. Independent		
			12 Steps - 06. Independent		
			Picking Up Object - 06. Independent		
			Oral Hygiene - 06. Independent		
			Toileting Hygiene - 06. Independent		
			Shower/Bathe Self - 06. Independent		
			Lower Body Dressing - 06. Independent		
			Don/Doff Footwear - 06. Independent		
			Eating - 06. Independent		
			Upper Body Dressing - 06. Independent		
PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170M1 - 1 - Step (curb), 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, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M1745 - Behavioral Issues, M2020 - Oral Med Management, M1400 - Dyspnea, B1000 - Vision Deficit					
PROCEDURES: B LE strengthening: 1, home exercise program: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day. Emphasis on improving right knee ROM, reducing stiffness, and promoting quadriceps activation., gait training/stair 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, * 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, * 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 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,					
Signature of Physician:			Date		
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Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			05/12/2026		

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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, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent				

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