Home Health Certification and Plan of Care

Order ID: 1150/18608

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6QG2FM3KU99	05/11/2026	From: 05/11/2026 To: 07/09/2026	25724	217058

6. Patient's Name and Address
Jeffrey Dyer
1126 main Street,
Darlington, MD 21034-
410-627-3584

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 09/03/1958 | **9.Sex** Male

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

XALATAN 0.005 % ophthalmic solution / instill 1 drop both eyes EVERY DAY AT NIGHT
ROCKLATAN 0.02-0.005% SOLN / Instill 1 drop both eyes EVERY DAY
COSOPT 2-0.5% ophthalmic solution / 1 drop both eyes every 2 hours
Brimonidine tartrate 0.2% 1 drop each eye both eyes twice a day
Wellbutrin Xl - Bupropion Hydrochloride 150 mg / 1 Tablet by mouth every morning

11. ICD	Principal Diagnosis	Date
M48.04	Spinal stenosis thoracic region	05/11/26

13. ICD	Other Pertinent Diagnoses	Date
F41.9	Anxiety disorder unspecified	05/11/26
H40.9	Unspecified glaucoma	05/11/26
H35.52	Pigmentary retinal dystrophy	05/11/26
H54.7	Unspecified visual loss	05/11/26
Z91.81	History of falling	05/11/26

14. DME and Supplies:
rolling walker, grab bars, cane

15. Safety Measures:
standard precautions, transfer with assist, walker precautions, fall precautions, hand rails, bathroom safety, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Legally Blind, Ambulation, Endurance

18.B. Activities Permitted
Walker, Exercises Prescribed, Transfer bed/Chair, 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: 2. Sometimes, 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 required, HISTORY OF DEPRESSION: No

20. Prognosis: good

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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Spinal stenosis thoracic region, 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 67-year-old male referred to home health services following a recent mechanical fall on April 21, 2026, resulting in progressive lower extremity weakness and difficulty ambulating. Prior to the fall, the patient was ambulating with a single-point cane; however, he now requires the use of a rolling walker for mobility. Past medical history is significant for low vision secondary to glaucoma and retinal dystrophy, anxiety, and spinal stenosis. The patient resides with his wife in a two-story home and is currently confined to the first floor due to mobility and safety concerns. The home setup includes a half bathroom on the first floor and 11 steps with bilateral railings leading to the second floor. During assessment, the patient demonstrated significant difficulty navigating throughout the home due to severe visual impairment. While ambulating with the rolling walker, he frequently stopped to feel for surrounding objects, collided with household items, and intermittently stepped outside the walker base due to inability to visually identify proper positioning, placing him at high risk for falls. Stair negotiation was assessed, and the patient required minimal assistance for safety and support while ascending and descending steps. He exhibited marked anxiety and fearfulness during stair training and expressed fear of falling during ambulation and prolonged standing activities. The patient presents with impaired balance, lower extremity weakness, decreased safety awareness, and transfer deficits, as evidenced by a Tinetti Balance Assessment score of 5/28, indicating a high fall risk. Skilled physical therapy services are medically necessary to address gait deficits, balance impairment, transfer training, lower extremity strengthening, fall prevention strategies, stair negotiation, and overall functional mobility and safety within the home environment. The patient demonstrates fair rehabilitation potential with continued skilled intervention.
 Date of Order 05/11/2026 Orders Physician Face-to-Face Date: 05/07/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & OT-eval & treat due to Spinal stenosis thoracic region Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - PT Notes: soc
 Physician Zylka, Craig

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (05/11/26-05/16/26) ,WK2: 2 (05/17/26-05/23/26) ,WK3: 1 (05/24/26-05/30/26) ,WK4: 1 (05/31/26-06/06/26) ,WK5: 1 (06/07/26-06/13/26) ,WK6: 1 (06/14/26-06/20/26) ,WK7: 1 (06/21/26-06/27/26) ,WK8: 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 > 5

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

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports

PT Goals

PATIENT-STATED GOAL: To be comfortable walking in my home be steadier, be able to go up steps again to sleep and take a shower.

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/11/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Craig Zylka
615 W Macphail Rd
Bel Air, MD 21014
PHONE: 4108386434 FAX: 14108385267 NPI: 1417952953

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 : 05/07/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/18608

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6QG2FM3KU99	05/11/2026	From: 05/11/2026 To: 07/09/2026	25724	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Jeffrey Dyer 1126 main Street, Darlington, MD 21034- 410-627-3584	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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 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:Pt unable to locate it

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170L1 - Walk 10 ft on Uneven Surface, GG0170G1 - Car 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, GG0170F1 - Toilet Transfer, GG0170E1 - Chair to Bed to Chair, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing, GG0170D1 - Sit to Stand, M1720 - Anxiety, M1745 - Behavioral Issues, M2020 - Oral Med Management, D0700 - Social Isolation, Home Safety, Home Safety, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, limited strength, limited endurance, muscle weakness, daytime fatigue, B1000 - Vision Deficit, B0200 - Hearing Deficit, balance deficit

PROCEDURES: Medication management : Meds reviewed with pt and caregiver, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Seated hip flexion, hip abduction, hamstring curls, LAQ's, heelraises, equipment training, gait training/stair training, transfers training, coordinate/arrange repair of inadequate lighting, coordinate/arrange repair of unsafe floor coverings, coordinate/arrange resources for vision-impaired, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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, * 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, * 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, * strategies to increase socialization, related medication(s) purpose, schedule, patient living environment has adequate lighting, patient living environment has safe floor coverings, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation

* identification of anxiety precipitants, conflicts, and threats
* 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/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
* 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

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient living environment has adequate lighting

patient living environment has safe floor coverings

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 - 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

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching 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

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/11/2026

Home Health Certification and Plan of Care

Order ID: 1150/18608

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6QG2FM3KU99	05/11/2026	From: 05/11/2026 To: 07/09/2026	25724	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Jeffrey Dyer 1126 main Street, Darlington, MD 21034- 410-627-3584	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 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, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching 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, Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/11/2026