Home Health Certification and Plan of Care

Order ID: 1150/18592

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6HD4GX0FU86	03/13/2026	From: 05/12/2026 To: 07/10/2026	23378	217058

6. Patient's Name and Address
Charles Cooperman
21 Cobbler Court,
PIKESVILLE, MD 21208-
410-241-8611

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 10/06/1947 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G20.B2	Parkinson's disease with dyskinesia with fluctuations	03/13/26

13. ICD	Other Pertinent Diagnoses	Date
I95.1	Orthostatic hypotension	03/13/26
E78.5	Hyperlipidemia unspecified	03/13/26
F32.A	Depression unspecified	03/13/26
E55.9	Vitamin D deficiency unspecified	03/13/26
Z87.891	Personal history of nicotine dependence	03/13/26
Z91.81	History of falling	03/13/26

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

CARBIDOPA 25 mg 1 tablet by mouth three times a day
ESCITALOPRAM 20 mg 20 mg 1 tablet by mouth once a day
Fludrocortisone Acetate - Fludrocortisone Acetate 0.1 mg 1 tablet by mouth in the morning TAKE ONE TABLET BY MOUTH EVERY MORNING WITH A FULL GLASS OF WATER
Midodrine Hydrochloride - Midodrine Hydrochloride 2.5 mg 2.5 mg 1 tablet by mouth twice a day
Rosuvastatin Calcium - Rosuvastatin Calcium 20 mg 20 mg 1 tablet by mouth in the evening
Clonidine - Clonidine 0.1 mg tablet by mouth once a day Take one tablet as needed for BP daily for systolic above 170 or diastolic above 105

14. DME and Supplies:
commode, wheelchair, rolling walker, hand held shower, bath bench, grab bars, 4 wheeled walker

15. Safety Measures:
standard precautions, fall precautions

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: 1 Requires assistance, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: N/A, MOBILITY: N/A

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Parkinson's disease with dyskinesia with 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:

The patient is a 78-year-old male with Parkinson's disease complicated by dyskinesia, motor fluctuations, repeated falls, poor balance, muscle weakness, and increased tremors, all of which significantly impair his safety and independence with functional mobility and activities of daily living (ADLs). He remains a high fall risk and continues to require contact guard assistance for sit-to-stand transfers and minimal assistance for functional ambulation using a rolling walker. The patient also requires assistance with bathing and dressing tasks and demonstrates bilateral upper extremity weakness with muscle strength graded at 4/5. A 60-day PT re-evaluation was completed, focusing on bilateral lower extremity strengthening, balance retraining, transfer training, gait mechanics, postural control, coordination, and fall prevention strategies. Skilled gait training was provided for household ambulation with caregiver assistance, including cueing for step length, foot clearance, pacing, turning, and walker management to reduce festination and fall risk. Transfer and bed mobility training emphasized proper sequencing, weight shifting, and safe hand placement, while standing balance activities targeted both static and dynamic stability with upper extremity support and close supervision for safety. The home exercise program was reviewed and reinforced along with caregiver education regarding fall prevention, medication awareness, and monitoring for changes in functional status. The patient continues to benefit from ongoing skilled OT and PT services to address mobility deficits, improve safety, and maximize independence with functional tasks within the home environment.<o:p></o:p>   Bottom of Form<o:p></o:p> Date of Order<o:p></o:p> 05/07/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 12/16/2025
 Clinical Condition Requiring Home Care per Certifying Physician: PT, OT due to Parkinson's Disease With Dyskinesia With 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>
 4 - Recertification OT Notes: due to poor balance and muscle weakness secondary to Parkinson's<o:p></o:p> PT Eval Notes:<o:p></o:p> Physician: Kerkvliet, Gary

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (05/12/26-05/16/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , home exercise program: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance.

PT Goals

PATIENT-STATED GOAL: to be a lot safer walking in the house

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

Car Transfer - 05. Setup or clean-up assistance

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/07/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Gary Kerkvliet
1838 Greene Tree Rd Ste 445
Baltimore, MD 21208
PHONE: 4106538840 FAX: 14106538847 NPI: 1508804642

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 : 12/16/2025

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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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, 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, patient self-administers medications as prescribed, 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, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Eating - 05. Setup or clean-up assistance

Picking Up Object - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

Toilet Transfer - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Sit to Stand - 05. Setup or clean-up assistance

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

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

1 - Step (curb) - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 10 Feet - 04. Supervision or touching assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Eating - 05. Setup or clean-up assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Walk 150 Feet - 04. Supervision or touching assistance

OT Careplans

OT WK1: 1 (05/12/26-05/16/26) ,WK2: 1 (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)

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:

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 5. Decline in mental, emotional, or behavioral status in the past 3 months, 7. Currently taking 5 or more medications, 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.

OT Goals

PATIENT-STATED GOAL: To be able to manuev in the bathroom better

GOALS
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

Oral Hygiene - 05. Setup or clean-up assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Eating - 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

Toileting Hygiene - 05. Setup or clean-up assistance

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/07/2026

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; 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: GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, abnormal blood pressure, balance deficit, involuntary movement of extremity

PROCEDURES: Patient/caregiver recalls related purpose and schedule of medications: Medication review , Functional ambulation/balance : Using rolling walker, home exercise program: clinician will describe HEP at visit, 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 - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up 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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/07/2026