Home Health Certification and Plan of Care

Order ID: 1150/18780

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36575655	05/18/2026	From: 05/18/2026 To: 07/16/2026	25942	217058

6. Patient's Name and Address

Paul Goldbeck
7801 Peninsula Expressway Apt 122,
Dundalk, MD 21222-
443-388-0812

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 06/10/1944 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	05/18/26

13. ICD	Other Pertinent Diagnoses	Date
I48.91	Unspecified atrial fibrillation	05/18/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	05/18/26
I50.33	Acute on chronic diastolic (congestive) heart failure	05/18/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	05/18/26
N18.32	Chronic kidney disease stage 3b	05/18/26
D63.1	Anemia in chronic kidney disease	05/18/26
I95.9	Hypotension unspecified	05/18/26
K31.89	Other diseases of stomach and duodenum	05/18/26
D50.9	Iron deficiency anemia unspecified	05/18/26
I07.1	Rheumatic tricuspid insufficiency	05/18/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	05/18/26
E78.5	Hyperlipidemia unspecified	05/18/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	05/18/26
I27.20	Pulmonary hypertension unspecified	05/18/26
K63.5	Polyp of colon	05/18/26
K57.30	Dvrtclos of lg int w/o perforation or abscess w/o bleeding	05/18/26
Z87.891	Personal history of nicotine dependence	05/18/26
Z79.82	Long term (current) use of aspirin	05/18/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	05/18/26
Z79.890	Hormone replacement therapy	05/18/26
Z87.01	Personal history of pneumonia (recurrent)	05/18/26

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

WARFARIN 2.5 MG tablet Take as instructed
AMIODARONE 200 mg / 1 Tablet by mouth daily Commonly known as: PACERONE
AMLODIPINE 5 mg / 1 Tablet by mouth daily Commonly known as: NORVASC
Metoprolol Succinate - Metoprolol Succinate 25 MG 24 hr / 1 Tablet by mouth daily Commonly known as: TOPROL-XL
TORSEMIDE 40 mg / 1 Tablet by mouth daily
ATORVASTATIN 80 mg / 1 Tablet by mouth nightly Commonly known as: LIPITOR
DOXYCYCLINE 20 mg / 1 Tablet by mouth 2 (two) times daily as needed Commonly known as: PERIOSTAT
LEVOTHYROXINE 150 mcg/Capsule by mouth once daily 1 tab on Fri, sat, Sunday
Levothroxine - Levothyroxine Sodium 175mg by mouth once a day On Monday, , Tuesday, Wednesday and Thursday
Levothroxine - Levothyroxine Sodium 175mg by mouth once a day On Monday, , Tuesday, Wednesday and Thursday
CALCITRIOL 0.5mcg 0.25 mcg / 1 Capsule by mouth daily Commonly known as: ROCALTROL

14. DME and Supplies:

rolling walker, grab bars, bath bench, walker, cane

15. Safety Measures:

standard precautions, fall precautions, bleeding precautions, cardiac precautions, activity supervision, ambulates with device

16. Nutrition:

2gm sodium!cardiac diet!diabetic!fluid restriction!low sodium

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Cane, Exercises Prescribed, Transfer bed/Chair, Up As Tolerated

19. Mental & Psychosocial 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

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Non-ST elevation (NSTEMI) myocardial infarction, 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 an 81-year-old male referred to home health services following a recent hospitalization for non-ST elevation myocardial infarction (NSTEMI) and atrial fibrillation. During hospitalization, the patient underwent successful cardioversion to restore normal sinus rhythm. His past medical history is significant for anemia, obstructive sleep apnea (OSA), arteriosclerotic heart disease (ASHD), diabetes mellitus, congestive heart failure (CHF), chronic kidney disease (CKD), hypertensive heart disease, pneumonia, atrial fibrillation, and pulmonary hypertension. Prior to hospitalization, the patient was independent within the community and functioned at a modified independent level with ambulation using a single-point cane. He was independent with all transfers, activities of daily living (ADLs), and instrumental activities of daily living (IADLs), and was able to drive independently. The patient currently lives alone in an apartment with no stairs required for entry. At the time of physical therapy evaluation, the patient presented with impaired balance, generalized muscle weakness, decreased endurance, and impaired gait sequencing, all contributing to reduced functional mobility and increased fall risk. Objective assessment findings included a Tinetti balance assessment score of 13/28 and a Timed Up and Go (TUG) test score of 17.9 seconds, indicating impaired balance and elevated fall risk. Deficits noted are impacting the patient's safety with ambulation, transfers, and overall mobility within the home and community setting. Skilled physical therapy services are medically necessary to address lower extremity strengthening, balance retraining, gait training, endurance building, transfer safety, and fall prevention strategies in order to restore the patient to his prior level of function and maximize independence. Education was provided regarding safety awareness, energy conservation techniques, pacing of activities, proper use of assistive devices, and monitoring for cardiac or respiratory symptoms that should be reported to the physician. The patient demonstrates good rehabilitation potential and is expected to benefit from continued skilled home health physical therapy interventions aimed at improving functional mobility, reducing fall risk, and preventing rehospitalization.
 Date of Order 05/18/2026 Orders Physician Face-to-Face Date: 05/08/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/18/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Dennis Odie
9106 Philadelphia Rd
Baltimore, MD 21237
PHONE: 4107801980 FAX: 14107801984 NPI: 1578593273

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 : 05/08/2026

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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Non-ST elevation (NSTEMI) myocardial infarction 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 Odie, Dennis

SN Careplans	SN Goals

PT Careplans	PT Goals
PT WK1: 2 (05/18/26-05/23/26) ,WK2: 1 (05/24/26-05/30/26) ,WK3: 1 (05/31/26-06/06/26) ,WK4: 1 (06/07/26-06/13/26)	PATIENT-STATED GOAL: To be Independent walking with can improve balance and get out again
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 Chair to Bed to Chair - 06. Independent
CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance	Toilet Transfer - 06. Independent
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion	Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance
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:No Advance Directive on File	Walk 10 Feet - 05. Setup or clean-up assistance Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance Walk 150 Feet - 05. Setup or clean-up assistance Picking Up Object - 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 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 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: GG0170J1 - Walk 50 ft with 2 Turns, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 -	

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/18/2026

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Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130C1 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, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, limited strength, limited endurance, muscle weakness, balance deficit, obesity

PROCEDURES: cough/deep breathing exercises, home exercise program: Seated laq, hip flexion, hip abduction with resistance as tolerated, progress to standing heelraises, hamstring curls, hip flexion, equipment training, work simplification/energy conservation, dynamic standing balance exercises: Focus improving hip ankle step strategy and reaction time by performing dynamic balance training exercises, 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, 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 - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, 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

Signature of Physician:	Date
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