

Home Health Certification and Plan of Care				Order ID: 1150/18837	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
13142007		05/20/2026		From: 05/20/2026 To: 07/18/2026	
				4. Medical Record No.	
				25981	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Frederick Rolfes				HomeCentris Healthcare LLC	
4503 Dunton Ter,				10 Crossroads Drive, Suite 102	
PERRY HALL, MD 21128-				Owings Mills, MD 21117-8284	
443-293-7689				410-321-8448	
				1487113239	
8. DOB				9. Sex	
07/12/1933				Male	
11. ICD		Principal Diagnosis		Date	
I11.0		Hypertensive heart disease with heart failure		05/20/26	
13. ICD		Other Pertinent Diagnoses		Date	
I50.33		Acute on chronic diastolic (congestive) heart failure		05/20/26	
I48.91		Unspecified atrial fibrillation		05/20/26	
G30.9		Alzheimer's disease unspecified		05/20/26	
F02.80		Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx		05/20/26	
N40.0		Benign prostatic hyperplasia without lower urinry tract symp		05/20/26	
G47.33		Obstructive sleep apnea (adult) (pediatric)		05/20/26	
E03.9		Hypothyroidism unspecified		05/20/26	
E78.5		Hyperlipidemia unspecified		05/20/26	
K21.9		Gastro-esophageal reflux disease without esophagitis		05/20/26	
D50.9		Iron deficiency anemia unspecified		05/20/26	
Z85.828		Personal history of other malignant neoplasm of skin		05/20/26	
Z85.6		Personal history of leukemia		05/20/26	
Z79.82		Long term (current) use of aspirin		05/20/26	
Z87.891		Personal history of nicotine dependence		05/20/26	
14. DME and Supplies:				15. Safety Measures:	
cane, rolling walker, oxygen supplies, walker				standard precautions, fall precautions, bathroom safety, activity supervision, ambulates with device	
16. Nutrition:				17. Allergies:	
cardiac diet!low sodium				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
Ambulation, Endurance, Hearing				Walker, Exercises Prescribed, Transfer bed/Chair	
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: 1. Rarely, 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!2. 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: fair					
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 Hypertensive heart disease with heart failure, 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: <p class="MsoNoSpacing">The patient is a 92-year-old male referred to home health services following a recent hospitalization with diagnoses of hypertensive heart disease and congestive heart failure, presenting with shortness of breath and lower extremity edema. His past medical history is significant for Alzheimer's dementia, atrial fibrillation, benign prostatic hyperplasia (BPH), hyperlipidemia, gastroesophageal reflux disease (GERD), anemia, skin cancer, and a history of smoking. The patient lives alone in a condominium with elevator access, and prior to hospitalization was independent with transfers, ambulated modified independently with a rollator within the apartment, and occasionally drove. His daughter provides intermittent caregiver support. The patient is currently on continuous oxygen at 2 L/min and demonstrates poor management of the oxygen tubing, placing him at high risk for falls. Assessment findings include impaired balance, gait dysfunction with rollator use, lower extremity weakness, and difficulty with transfers, as evidenced by a Tinetti score of 15/28 and a Timed Up and Go (TUG) score of 29 seconds. Skilled home health services will focus on safe oxygen line management, gait training, dynamic balance, lower extremity strengthening, transfer training, and fall prevention. The patient demonstrates fair rehabilitation potential.</o:p></o:p></p> <p class="MsoNoSpacing">Date of Order</o:p></o:p></p> <p class="MsoNoSpacing">05/20/2026 Order</o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 05/14/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat DX: Hypertensive heart disease with heart failure 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></p> <p class="MsoNoSpacing"> 1 - SOC - PT Notes:</o:p></o:p></p> <p class="MsoNoSpacing">Physician: Batajoo Shrestha, Binu</p>					
SN Careplans				SN Goals	
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 05/20/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address				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.	
Binu Batajoo Shrestha				F2F date : 05/14/2026	
1447 York Rd					
Lutherville, MD 21093					
PHONE: 4109337600 FAX: 14109337666 NPI: 1972850980					
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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PT Careplans			PT Goals		
PT WK1: 1 (05/20/26-05/23/26) ,WK2: 2 (05/24/26-05/30/26) ,WK3: 1 (05/31/26-06/06/26) ,WK4: 1 (06/07/26-06/13/26) ,WK5: 1 (06/14/26-06/20/26) ,WK6: 1 (06/21/26-06/27/26) ,WK7: 1 (06/28/26-07/04/26) ,WK8: 1 (07/05/26-07/11/26) 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: 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, 8. Currently reports exhaustion 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:Full code PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170E1 - Chair to Bed to Chair, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170G1 - Car Transfer, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M1745 - Behavioral Issues, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, limited			PATIENT-STATED GOAL: Amb with improved balance safe mgmt of 02 line GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 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 * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain * teach relaxation skills and diversional activities * 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 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 - 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 Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent		
Signature of Physician:			Date		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			05/20/2026		

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strength, limited endurance, muscle weakness, balance deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, B0200 - Hearing Deficit, obesity PROCEDURES: Medication management : Reviewed medication with pt, cough/deep breathing exercises, home exercise program: Seated hip flexion, laq, standing, heelraises, hamstring curls, hip flexion, hip abduction, equipment training, 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, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, 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, 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 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 - 05. Setup or clean-up 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 - 06. Independent			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 - 06. Independent		

Signature of Physician:	Date
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