Home Health Certification and Plan of Care

Order ID: 1150/18974

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
100006273	05/27/2026	From: 05/27/2026 To: 07/25/2026	26125	217058

6. Patient's Name and Address

Alfred Briscoe
2915 Harview Avenue,
PARKVILLE, MD 21234-
443-865-3984

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 12/02/1944 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S92.355D	Nondisp fx of 5th metatarsal bone l ft 7thD	05/27/26

13. ICD	Other Pertinent Diagnoses	Date
L02.212	Cutaneous abscess of back [any part except buttock]	05/27/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	05/27/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	05/27/26
I50.22	Chronic systolic (congestive) heart failure	05/27/26
N18.31	Chronic kidney disease stage 3a	05/27/26
I73.9	Peripheral vascular disease unspecified	05/27/26
I48.92	Unspecified atrial flutter	05/27/26
I35.0	Nonrheumatic aortic (valve) stenosis	05/27/26
M10.9	Gout unspecified	05/27/26
I25.5	Ischemic cardiomyopathy	05/27/26
J44.9	Chronic obstructive pulmonary disease unspecified	05/27/26
I25.2	Old myocardial infarction	05/27/26
E04.2	Nontoxic multinodular goiter	05/27/26
F17.210	Nicotine dependence cigarettes uncomplicated	05/27/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	05/27/26
Z79.01	Long term (current) use of anticoagulants	05/27/26
Z95.5	Presence of coronary angioplasty implant and graft	05/27/26
Z86.718	Personal history of other venous thrombosis and embolism	05/27/26
Z86.711	Personal history of pulmonary embolism	05/27/26
Z99.81	Dependence on supplemental oxygen	05/27/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	05/27/26
Z91.81	History of falling	05/27/26

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

Nitroglycerin - Nitroglycerin 0.4 mg/hr 1 by mouth as necessary Angina
Sacubitril-valsartan 97-103 by mouth twice a day
Spironolactone - Spironolactone 25 mg 1 by mouth once a day
Athrombin - Warfarin Sodium 5 mg 5.5 by mouth once a week Every Wednesday
B12 - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 1000 units by mouth once a day
Acetaminophen - Acetaminophen 500 mg by mouth twice a day 2tab each
Allopurinol - Allopurinol 100 mg 1 by mouth once a day
Atorvastatin - Atorvastatin Calcium 80mg by mouth once a day
Clopidogrel - Clopidogrel 75 mg 1 by mouth in the morning
Cymbalta - Duloxetine Hydrochloride 60 mg 1 by mouth once a day
Ezetimibe - Ezetimibe 10 mg 1 by mouth once a day
Farxiga 10mg by mouth once a day
Furosemide - Furosemide 40 mg 1 by mouth once a day
Albuterol - Albuterol 0.09 mg/inh 2 puffs inhalant four times a day As needed
Incruse Ellipta - Umeclidinium Bromide 62.5mcg inhalant once a day

14. DME and Supplies:

hospital bed, wheelchair, cane, 4 wheeled walker, commode

15. Safety Measures:

wheelchair precautions, walker precautions, transfer with assist, supervision at all times, standard precautions, smoke detectors , medication safety, fall precautions, cardiac precautions, bleeding precautions, anticoagulant precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

cat dander

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation, Bowel/Bladder Incontinence

18.B. Activities Permitted

Walker, Wheelchair, Exercises Prescribed, Up As Tolerated, 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, 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

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Nondisplaced fracture of fifth metatarsal bone, left foot, subsequent encounter for fracture with routine healing, 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/27/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Gail Berkenblit
601 N. Caroline Street
Baltimore, MD 21287
PHONE: 4109556450 FAX: 14106141515 NPI: 1841256781

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 : 05/17/2026

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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Clinical Condition Requiring Homecare:

The patient is an 81-year-old individual referred to home health services following a recent mechanical fall resulting in a left fifth metatarsal fracture. The patient was evaluated by orthopedics and is currently under non-weight-bearing (NWB) precautions for the left lower extremity. The orthopedic physician's office was contacted during the visit, and NWB status was confirmed. The patient resides in a two-story home with six steps and a railing at the entrance. Due to current mobility limitations, the patient has been set up on the first floor; however, there is no bathroom available on that level. Prior to the injury, the patient was independent with community mobility, ambulating as needed with a single-point cane or rollator, and was independent with instrumental activities of daily living (IADLs). Upon assessment, the patient presented with lower extremity weakness, impaired balance, and significant functional mobility deficits secondary to the recent fracture and weight-bearing restrictions. Fall risk is markedly elevated, as evidenced by a Tinetti Balance and Gait Assessment score of 3/28. The patient is currently unable to safely ambulate and requires assistance for wheelchair mobility and stair negotiation. Due to the patient's current functional limitations and home environment challenges, skilled intervention is required to promote safety, prevent falls, and improve mobility within prescribed precautions. Extensive education and training were provided to both the patient and daughter regarding safety measures, fall prevention strategies, and adherence to non-weight-bearing precautions. The patient was instructed to utilize a wheelchair as the primary means of mobility. Training included proper wheelchair management, including removal and replacement of footrests and armrests, folding and unfolding the wheelchair, brake operation, and wheelchair propulsion techniques. The patient and daughter were also instructed and trained in safe squat-pivot transfer techniques, with hands-on practice completed during the visit. Caregiver education was provided regarding stair negotiation strategies, including the recommendation to obtain a step stool to facilitate a safer transition from the floor to the wheelchair following planned buttock-scooting stair negotiation. The daughter verbalized understanding and agreed to obtain the recommended equipment. The patient demonstrates good rehabilitation potential and would benefit from continued skilled physical therapy services to address lower extremity weakness, impaired balance, wheelchair mobility, transfer training, caregiver instruction, stair negotiation, and overall functional mobility while maintaining compliance with non-weight-bearing restrictions. Continued therapy is necessary to maximize safety, reduce fall risk, and facilitate a return to the highest attainable level of independence.
 Date of Order 05/27/2026 Orders Physician Face-to-Face Date: 05/17/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to Nondisplaced fracture of fifth metatarsal bone, left foot, subsequent encounter for fracture with routine healing 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 Berkenblit, Gail

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (05/27/26-05/30/26) ,WK2: 2 (05/31/26-06/06/26) ,WK3: 1 (06/07/26-06/13/26) ,WK4: 1 (06/14/26-06/20/26)

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 > 6

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

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 4. Multiple emergency department visits (2 or more) in the past 6 months, 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, 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.

PT Goals

PATIENT-STATED GOAL: To be able to improve transfers, strength ger around the home in wheelchair

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

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

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

Toilet Transfer - 05. Setup or clean-up assistance

1 - Step (curb) - 02. Substantial/maximal assistance

12 Steps - 02. Substantial/maximal assistance

4 Steps - 02. Substantial/maximal assistance

Car Transfer - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Shower/Bathe Self - 03. Partial/moderate assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Stair negotiation

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/27/2026

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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: GG0170K1 - Walk 150 Feet, GG0170S1 - Wheel 150 feet, GG0170M1 - 1 - Step (curb), GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170P1 - Picking Up Object, GG0170I1 - Walk 10 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170J1 - Walk 50 ft with 2 Turns, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M1745 - Behavioral Issues, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2020 - Oral Med Management, M1400 - Dyspnea, dependent edema, M1033 - Exhaustion, M1610 - Urinary Incontinence, muscle weakness, limited strength, limited range of motion, limited endurance, extremity burn/tingle/numb, balance deficit, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs

PROCEDURES: Medication management : Review medication with pt and caregiver, Stair negotiation : Ed pt and dtr how to assist pt negotiating up and down steps on his buttocks how to use step stool to transition from floor to stool to wc seat., cough/deep breathing exercises, wheelchair training, home exercise program: Slr, qs, knee extension, hip flexion, hip abduction, hamstring curls, wc puchups, equipment training, work simplification/energy conservation, 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, * urinary incontinence management including bladder training Kegel exercises skin care, 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, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, Wheel 50 ft w 2 Turns - 06. Independent, 1 - Step (curb) - 02. Substantial/maximal assistance, 12 Steps - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Car Transfer - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent, Stair negotiation

* 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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Wheel 50 ft w 2 Turns - 06. Independent

Toileting Hygiene - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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