Home Health Certification and Plan of Care

Order ID: 1150/18987

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9D81C10TT91	04/02/2026	From: 06/01/2026 To: 07/30/2026	24197	217058

6. Patient's Name and Address

Henry Lofton
3502 GREEN CONE DRIVE,
Randallstown, MD 21133-
443-996-9292

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 12/11/1950 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G20.A1	Parkinson's dis w/o dyskinesia w/o mention of fluctuations	04/02/26

13. ICD	Other Pertinent Diagnoses	Date
G89.29	Other chronic pain	04/02/26
M51.9	Unsp thoracic thoracolum and lumbosacr intvrt disc disorder	04/02/26
M19.90	Unspecified osteoarthritis unspecified site	04/02/26
I95.1	Orthostatic hypotension	04/02/26
K59.00	Constipation unspecified	04/02/26
F32.A	Depression unspecified	04/02/26
N18.9	Chronic kidney disease u	04/02/26
E78.5	Hyperlipidemia unspecified	04/02/26
I25.2	Old myocardial infarction	04/02/26
G47.00	Insomnia unspecified	04/02/26
E55.9	Vitamin D deficiency unspecified	04/02/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	04/02/26
Z86.0100	Personal history of colonic polyps	04/02/26
Z86.718	Personal history of other venous thrombosis and embolism	04/02/26

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

dorzolamide-timolol ophthalmic 2% -0.5% solution 20 ml / Instill 1 Drop both eyes twice a day
LATANOPROST ophthalmic 0.005% solution 9 ml / instill 1 Drop both eyes at bedtime
ACETAMINOPHEN 325 mg/tablet / Give 2 tablet by mouth every 4 hours as needed temperature greater than 38.5 C.
ATORVASTATIN 20 mg / 1 Tablet by mouth once a day every 24 hours any start time.
ESCITALOPRAM 10 mg / 1 Tablet by mouth once a day
FAMOTIDINE 20 mg / 1 Tablet by mouth once a day for 30 Days.
FLUDROCORTISONE ACETATE 0.1 mg/tablet / Give 2 tablet by mouth in the morning
GABAPENTIN 300 mg / 1 Capsule by mouth three times a day
KLOR-CON ER 20 mEq / 1 Tablet by mouth once a day
Mobic - Meloxicam 15 mg / 1 Tablet by mouth once a day for 90 Days.
Multivitamin with minerals 1 Tablet by mouth once a day
OXYCODONE 5 mg / 1 Tablet by mouth every 4 hours as needed for pain for 30 Days. G89.29.
PANTOPRAZOLE 40 mg / 1 Tablet by mouth once a day at bedtime for GERD for DYSPHAGIA.
docusate-senna 50 mg-8.6 mg/tablet / Give 2 tablet by mouth in the evening at bedtime for 90 Days.
MIDODRINE HYDROCHLORIDE 10 mg / 1 Tablet by mouth three times a day
BACLOFEN 5 mg / 1 Tablet by mouth four times a day as needed for muscle spasm for 90 Days.
carbidopa-levodopa 25 mg-100 mg/tablet / 3 tablet by mouth three times a day take 2.5 mg 2 times a day an 2mg 1x per day as per neurology
Ventolin Hfa - Albuterol Sulfate 90 mcg/inh inhalation aerosol / 1 puff(s) inhalant as necessary as needed for wheezing
FLUTICASONE 50 mcg/inh powder / 2 puff(s) inhalant twice a day

14. DME and Supplies:
wheelchair, bath bench, 4 wheeled walker

15. Safety Measures:
standard precautions, fall precautions

16. Nutrition:
regular,

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, 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: Bilateral lower extremity, non-pitted , MOBILITY: N/A

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

Homebound status: Due to diagnosis of Parkinson's disease without dyskinesia, without mention of 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 75-year-old male with a significant past medical history of Parkinson's disease with dyskinesia and tremor, orthostatic hypotension, chronic kidney disease, chronic pain, depression, glaucoma, degenerative joint disease, hyperlipidemia, insomnia, and a history of NSTEMI, referred by his PCP for skilled home health physical therapy evaluation due to progressive functional decline and gait instability. He presents with bilateral lower extremity weakness, impaired coordination, decreased core strength, and a narrow-based abnormal gait pattern. Functionally, he requires maximal assistance for bed mobility, moderate assistance for transfers, and minimal assistance for short-distance ambulation with a rolling walker; he also demonstrates furniture surfing at home. Static balance is fair (-) and dynamic balance is poor, placing him at high risk for falls, further compounded by orthostatic hypotension and decreased safety awareness. He requires assistance with upper and lower body dressing and bathing, and demonstrates 3+/5 strength in bilateral upper extremities, limited by balance deficits. The patient lives with his wife in a multi-level home. He expresses a goal to improve bilateral knee extension range of motion due to tightness and to achieve a more upright standing posture. Skilled home health physical therapy is medically necessary to address deficits in strength, balance, gait, and transfers, as well as to provide caregiver education, with the goal of improving safety, reducing fall risk, and maximizing functional independence within the home environment.
 Date of Order 05/27/2026 Orders Physician Face-to-Face Date: 03/25/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and treat due to Parkinson's disease without dyskinesia, without mention of fluctuations Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: The patient is recertified due to parkinson's disease. The patient can continue to benefit from continued OT services to address ADLs and weakness of bilateral upper extremity.
 Physician Karki, Shusma

SN Careplans

SN Goals

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
Shusma Karki
4 W Rolling Rd Ste 100
Baltimore, MD 21228
PHONE: 4108690100 FAX: 4106017317 NPI: 1679022370

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 : 03/25/2026

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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OT Careplans

OT WK1: 1 (06/01/26-06/06/26) ,WK2: 1 (06/07/26-06/13/26) ,WK3: 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 > 5

CAREGIVER:

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, 7. Currently taking 5 or more medications

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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: muscle weakness, involuntary movement of extremity, balance deficit

PROCEDURES: Therapeutic exercise: clinician will describe procedure at time of visits, Patient/caregiver recalls related purpose and schedule of medications: Medication review, Patient/caregiver recalls related purpose and schedule of medications: Medication review, therapeutic exercises: Therapy, dynamic standing balance exercises: Therapy, transfers training: Therapy, transfers training: Therapy

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath

OT Goals

PATIENT-STATED GOAL: Patient wants to get better

GOALS
Patient will demonstrate improved bilateral upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks

Toileting Hygiene - 06. Independent

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching 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

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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

05/27/2026

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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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance, Patient will demonstrate improved bilateral upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks

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