Home Health Certification and Plan of Care

Order ID: 1150/19004

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
44405069600	05/23/2026	From: 05/23/2026 To: 07/21/2026	26147	217058

6. Patient's Name and Address

Terry Carrick
3333 Windsor Avenue,
BALTIMORE, MD 21216-
410-421-0431

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 12/04/1946 | **9.Sex** Male

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

Lisinopril - Lisinopril 20 mg 29mg by mouth once a day HTN
ATORVASTATIN 20 MG tablet(s) by oral route every day for 30 days.
DONEPEZIL HYDROCHLORIDE 5 MG tablet(s) by oral route every day for 30 days. Internal Note: dementia.
GUAIFENESIN 100 MG mL by oral route every 6 hours as needed for 14 days.
METOPROLOL 100 MG capsule(s) by oral route every day for 30 days.
MYRBETRIQ 50 MG tablet(s) by oral route every day for 30 days.
PLAVIX 75 MG tablet(s) by oral route every day for 30 days. Internal Note: coronary artery disease

11. ICD	Principal Diagnosis	Date
S41.112D	Laceration w/o foreign body of left upper arm subs encntr	05/23/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	05/23/26
E78.00	Pure hypercholesterolemia unspecified	05/23/26
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	05/23/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	05/23/26
E05.90	Thyrotoxicosis unsp without thyrotoxic crisis or storm	05/23/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	05/23/26
M19.90	Unspecified osteoarthritis unspecified site	05/23/26
M81.0	Age-related osteoporosis w/o current pathological fracture	05/23/26
M62.9	Disorder of muscle unspecified	05/23/26
E66.9	Obesity unspecified	05/23/26
Z85.46	Personal history of malignant neoplasm of prostate	05/23/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	05/23/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	05/23/26

14. DME and Supplies:

grab bars

15. Safety Measures:

bathroom safety, fall precautions, medication safety, standard precautions

16. Nutrition:

regular,

17. Allergies:

no known allergies

18.A. Functional Limitations

Hearing

18.B. Activities Permitted

None of the above

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, 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:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., 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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Laceration without foreign body of left upper arm subsequent encounter, 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 79-year-old individual residing in an assisted living facility who was referred for home health therapy services following a recent physician home visit due to a decline in mobility and functional status. The patient's past medical history is significant for dementia, prostate cancer, transient ischemic attack (TIA), hypertension, osteoarthritis, and obesity. The patient resides in an assisted living environment with a third-floor bedroom that is accessed via multiple stair glides, and the facility has a ramp available for building exit. During the assessment, the patient was alert and oriented to person and intermittently to place (oriented x1-2) with noted cognitive impairment and limited safety awareness related to dementia. The patient demonstrated no signs or symptoms of respiratory distress. Respirations were even and unlabored, and the patient denied pain at the time of the visit. Skin assessment revealed warm, dry skin with a healed/old skin tear noted on the left arm. No acute skin concerns or signs of infection were observed. Functional mobility assessment revealed the patient is able to ambulate approximately 30 feet on indoor surfaces without an assistive device under supervision. Stair negotiation was completed with the use of a handrail and contact guard assistance for eight steps. Bed mobility was performed independently, and transfers to and from the bed and bedside commode required supervision only. The patient was also observed to be independent in lower-body dressing, including donning pants and shoes. Outdoor mobility and car transfer abilities were not assessed during this visit. Balance assessment demonstrated an increased risk for falls, as evidenced by a Tinetti Balance and Gait Assessment score of 19/28. Due to cognitive impairment, reduced safety awareness, mobility limitations, and elevated fall risk, the patient requires human assistance when leaving the home to ensure safety and prevent injury. The patient is considered homebound because leaving the residence requires considerable and taxing effort and supervision due to impaired judgment and safety awareness associated with dementia. During the therapy visit, the patient participated in and tolerated therapeutic exercises consisting of 10 repetitions each of supine hip flexion, bridging, hook-lying trunk rotations, straight leg raises, hip abduction, knee extensions, and ankle pumps. The patient demonstrated adequate participation and tolerance to the exercise program without adverse response. The patient would benefit from continued skilled home health therapy services to improve lower extremity strength, balance, endurance, safety awareness, and overall functional mobility. Skilled intervention is necessary to reduce fall risk, maximize independence with mobility and activities of daily living, and prevent further functional decline. Ongoing assessment for the need for assistive devices may be warranted to further enhance safety and mobility within the home environment. The plan of care includes continued therapeutic exercise progression, gait and balance training, transfer training, fall prevention education, and monitoring of functional status to support the patient's highest attainable level of independence.
 Date of Order 05/23/2026 Orders Physician Face-to-Face Date: 05/18/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat due to Laceration without foreign body of left

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/23/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Nicole Hickson
1120 N Charles St Ste 400
Baltimore, MD 21201
PHONE: 2403349614 FAX: 18339750904 NPI: 1073157459

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 : 05/18/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/19004

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
44405069600	05/23/2026	From: 05/23/2026 To: 07/21/2026	26147	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Terry Carrick 3333 Windsor Avenue, BALTIMORE, MD 21216- 410-421-0431	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

upper arm subsequent encounter 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 - SN Notes: soc PT Eval Notes:
 Physician Hickson, Nicole

SN Careplans

SN WK1: 1 (05/23/26-05/23/26) ,WK2: 1 (05/24/26-05/30/26) ,WK3: 1 (05/31/26-06/06/26) ,WK4: 1 (06/07/26-06/13/26) ,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, 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: 1. Non-agency caregiver(s) currently 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:None

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, M1745 - Behavioral Issues, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, B1000 - Vision Deficit, open sores/lesions

PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, coordinate/arrange resources for vision-impaired

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 keep home safe for patient with dementia coping strategies for the caregiver*, 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 patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: To get better

GOALS
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
* 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 keep home safe for patient with dementia
* coping strategies for the caregiver* 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
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

05/23/2026

Home Health Certification and Plan of Care

Order ID: 1150/19004

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
44405069600	05/23/2026	From: 05/23/2026 To: 07/21/2026	26147	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Terry Carrick 3333 Windsor Avenue, BALTIMORE, MD 21216- 410-421-0431	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

PT WK2: 1 (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) ,WK7: 1 (06/28/26-07/04/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170G1 - Car Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170F1 - Toilet Transfer

PROCEDURES: Order device if needed: Rolling walker or cane, home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, equipment training, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, 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, 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

PATIENT-STATED GOAL: To feel stronger

GOALS

Toilet Transfer - 06. Independent

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

Chair to Bed to Chair - 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

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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/23/2026