Home Health Certification and Plan of Care

Order ID: 1150/18077

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9M31E57CH28	04/18/2026	From: 04/18/2026 To: 06/16/2026	24998	217058

6. Patient's Name and Address
Michael Johnson
1611 N. Payson St,
BALTIMORE, MD 21217-
410-578-9121

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 09/12/1942 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J44.9	Chronic obstructive pulmonary disease unspecified	04/18/26

13. ICD	Other Pertinent Diagnoses	Date
M48.061	Spinal stenosis lumbar region without neurogenic claud	04/18/26
G89.29	Other chronic pain	04/18/26
N18.9	Chronic kidney disease u	04/18/26
D63.1	Anemia in chronic kidney disease	04/18/26
M17.0	Bilateral primary osteoarthritis of knee	04/18/26
Z91.81	History of falling	04/18/26
Z87.440	Personal history of urinary (tract) infections	04/18/26

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

Lidocaine Patch - Lidocaine 4% / Apply to Bilateral knees topically one time a day for pain 12 hours on 12 hours off
Tylenol Extra Strength - Acetaminophen 500 mg/tablet / Give 2 tablet by mouth two times a day for pain
Atorvastatin - Atorvastatin Calcium 80 mg by mouth at bedtime
Aches-N-Pain - Ibuprofen 800mg by mouth three times a day
Terazosin - Terazosin 5 mg by mouth at bedtime
Vitamin D-3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 mcg by mouth once a day
Multivitamins - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 by mouth once a day
Aspirin 81Mg - Aspirin 81 mg by mouth once a day
Aspirin 81Mg - Aspirin 81 mg by mouth once a day

14. DME and Supplies:
walker, wheelchair, commode

15. Safety Measures:
wheelchair precautions, walker precautions, , , hand rails, , fall precautions, ambulates with assistance

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

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 Chronic obstructive pulmonary disease unspecified, 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 83-year-old, alert and oriented 3, with a recent fall and hospitalization, and a medical history significant for COPD, bilateral knee osteoarthritis, lumbar spinal stenosis, chronic pain, chronic kidney disease, anemia, and recurrent falls. The patient resides with a nephew in a townhouse with seven steps and a railing to enter, with the bedroom and bathroom located on the second floor. The patient primarily uses a wheelchair but is able to ambulate up to 30 feet indoors with a rolling walker under supervision, demonstrating decreased bilateral step length, and can negotiate up to three steps with bilateral rail support and supervision. Bed mobility is independent, and transfers from sitting to standing require supervision. The patient denies shortness of breath and pain at this time, remains continent of bowel and bladder, and has warm, dry, intact skin, though reports stiffness in both knees and no falls since 1/26. Functional assessment indicates significant fall risk, as evidenced by a Tinetti score of 11/28, and the patient is considered homebound due to the considerable effort required to leave the home. During the visit, the patient participated in therapeutic exercises, including supine hip flexion, bridging, hooklying rotation, straight leg raises, hip abduction, seated knee extension, and ankle pumps (10 repetitions each) with cues for proper technique. OT evaluation notes deficits in ADLs, upper body strength, functional mobility, activity tolerance, and safety, with reported bilateral knee pain impacting ambulation; the patient is awaiting a cortisone injection. Skilled PT and OT services are recommended to improve strength, mobility, pain management, and overall functional independence.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 04/18/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 04/09/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Chronic obstructive pulmonary disease unspecified
 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>
 1 - SOC - SN Notes:
 PT Eval Notes:
 OT Eval Notes: <o:p></o:p> Physician: Fitzgerald, Tarnisha

SN Careplans

SN WK1: 1 (04/18/26-04/18/26) ,WK2: 1 (04/19/26-04/25/26) ,WK3: 1 (04/26/26-05/02/26) ,WK4: 1 (05/03/26-05/09/26)

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 8. Currently reports exhaustion

SN Goals

PATIENT-STATED GOAL: To walk independently

GOALS
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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 04/18/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Tarnisha Fitzgerald
7950 Harford Rd
Parkville, MD 21234
PHONE: 8444810217 FAX: 18443101510 NPI: 1164940656

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 : 04/09/2026

27. Attending Physician's Signature and Date Signed **04/27/2026**: 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: 1150/18077

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9M31E57CH28	04/18/2026	From: 04/18/2026 To: 06/16/2026	24998	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Michael Johnson 1611 N. Payson St, BALTIMORE, MD 21217- 410-578-9121	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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:Niece power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, frequent urination, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, B1000 - Vision Deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, monitor intake & output, coordinate/arrange resources for vision-impaired, monitor dialysis schedule

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, * 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

* 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
* 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 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 WK2: 2 (04/19/26-04/25/26) ,WK3: 1 (04/26/26-05/02/26) ,WK4: 1 (05/03/26-05/09/26) ,WK6: 1 (05/17/26-05/23/26) ,WK8: 1 (05/31/26-06/06/26) ,WK10: 1 (06/14/26-06/16/26)

PROCEDURES: Stretching to bilateral knees : Flexion and extension, home exercise program: supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction, quad sets. sitting knee extension and ankle pumps. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats, equipment training, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 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 - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent

PT Goals

PATIENT-STATED GOAL: To return to using a cane inside the house

GOALS
Toilet Transfer - 06. Independent

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 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

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/18/2026

Home Health Certification and Plan of Care

Order ID: 1150/18077

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9M31E57CH28	04/18/2026	From: 04/18/2026 To: 06/16/2026	24998	217058

6. Patient's Name and Address

Michael Johnson
1611 N. Payson St,
BALTIMORE, MD 21217-
410-578-9121

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

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 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

4 Steps - 04. Supervision or touching assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

OT Careplans

OT WK1: 1 (04/18/26-04/18/26) ,WK5: 1 (05/10/26-05/16/26) ,WK7: 1 (05/24/26-05/30/26) ,WK9: 1 (06/07/26-06/13/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea

PROCEDURES: cough/deep breathing exercises, home exercise program: Red theraband: bilateral shoulder flex, abd, internal/external rotation, elbow flex/ext, squeeze sponges and pinch between thumb and each finger, dynamic standing balance exercises: As needed, transfers training: As needed

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

OT Goals

PATIENT-STATED GOAL: To get around without falling

GOALS
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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

04/18/2026