Home Health Certification and Plan of Care

Order ID: 1150/19187

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
711050799	06/03/2026	From: 06/03/2026 To: 08/01/2026	26444	217058

6. Patient's Name and Address

John Burgess
1214 LONGFORD ROAD,
LUTHERVILLE TIMONIUM, MD 21093
410-236-4518

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 07/09/1940 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J44.89	Other specified chronic obstructive pulmonary disease	06/03/26

13. ICD	Other Pertinent Diagnoses	Date
J45.50	Severe persistent asthma uncomplicated	06/03/26
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	06/03/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	06/03/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	06/03/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	06/03/26
N18.31	Chronic kidney disease stage 3a	06/03/26
I35.0	Nonrheumatic aortic (valve) stenosis	06/03/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	06/03/26
E78.5	Hyperlipidemia unspecified	06/03/26
K21.9	Gastro-esophageal reflux disease without esophagitis	06/03/26
R91.1	Solitary pulmonary nodule	06/03/26
Z87.01	Personal history of pneumonia (recurrent)	06/03/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	06/03/26

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

SYSTANE BALANCE OP Apply 1 drop both eyes twice a day Eye health
Latanoprost - Latanoprost Ophthalmic Solution 0.005 % / Place 1 drop both eyes in the evening Glaucoma
Multivitamins - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 0 Take 2 tablet by mouth once a day (Gummy) supplement
Montelukast Sodium - Montelukast Sodium 10 mg tablet by mouth in the evening Asthma
Metformin - Metformin Hydrochloride Extended Release 24 Hour 500 mg/tablet / Take 1,000 mg by mouth twice a day DM
Jardiance - Empagliflozin 25 mg/tablet / Take 12.5 mg by mouth once a day DM
Glipizide - Glipizide 10 mg 10 mg tablet by mouth twice a day DM
Furosemide - Furosemide 20 mg 20 mg tablet by mouth as necessary 1 time daily. (Takes infrequently, maybe once a month). Commonly known as: LASIX
Diphenhydramine Hydrochloride - Diphenhydramine Hydrochloride 25 mg capsule by mouth in the evening as needed (allergy). Commonly known as: BENADRYL
Cetirizine Hydrochloride - Cetirizine Hydrochloride 5 mg/tablet / Take 10 mg by mouth in the evening Allergies
Atorvastatin - Atorvastatin Calcium 40 mg tablet by mouth once a day Cholesterol
Amlodipine - Amlodipine Besylate 2.5 mg tablet by mouth in the morning Blood pressure
Amoxicillin And Clavulanate Potassium - Amoxicillin: Clavulanate Potassium 875-125 mg / 1 Tablet by mouth twice a day for 4 days.
Acetaminophen - Acetaminophen 325 mg/tablet / Take 2 tablets by mouth four times a day As needed for pain
Losartan Potassium - Losartan Potassium 100 mg 1 tablet by mouth once a day Blood pressure
Cetirizine Hydrochloride - Cetirizine Hydrochloride 10 mg 1 tablet by mouth once a day Allergy
Turmeric curcumin and ginger 270 mg by mouth once a day Supplement
Omega 3 Fish Oil - Cod Liver Oil 2 gummies 100 mg by mouth once a day Supplement
Berberine 2 gummies by mouth once a day Supplement
Spiriva Respimat - Tiotropium Bromide 2.5 MCG/ACT Aers inhaler / Take 2 puffs inhalant once a day 1 puff in the morning for asthma
Fluticasone-Salmeterol 250-50 MCG/ACT inhaler / Take 1 puff inhalant every 12 hours Asthma
Albuterol - Albuterol 108 (90 BASE) mcg/act aerosol solution inhalant as necessary every 6 hours for breathing
Saline Nasal Spray - Normal Saline 0.65 % / 2 sprays by Each Nare Nasal twice a day Asthma

14. DME and Supplies:

grab bars, diabetic supplies, cane, rolling walker,

15. Safety Measures:

standard precautions, remove environmental barriers, medication safety, electrical safety measures, emergency phone number prominently displayed, fall precautions, diabetic precautions, bathroom safety, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

diabetic

17. Allergies:

hydrochlorothiazide tamsulosin

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Exercises Prescribed, Up As Tolerated

19. Mental & Psychosocial 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: 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

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Other specified chronic obstructive pulmonary disease, 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 06/03/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Charlotte Watts
2391 Greenspring Dr
Timonium, MD 21093
PHONE: 4103395500 FAX: 14103395960 NPI: 1336481951

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 : 05/29/2026

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:

Patient is an 85-year-old male with a significant past medical history of type 2 diabetes mellitus, asthma, hypertension, hyperlipidemia, and left total hip arthroplasty (THA) performed approximately four years ago. The patient was recently hospitalized secondary to pneumonia and has since returned home, where he resides with his family in a multi-level residence. Prior to hospitalization, the patient was independent with functional mobility, ambulating without an assistive device inside the home and utilizing a single-point cane for community ambulation. The patient reported some longstanding flexibility limitations related to his previous left THA but was otherwise functioning independently. A physical therapy start-of-care assessment was completed. Evaluation revealed decreased lower extremity strength, with manual muscle testing demonstrating 3/5 strength bilaterally. The patient currently requires contact guard assistance for transfers and short-distance ambulation using a single-point cane due to generalized weakness and reduced endurance following hospitalization. Skilled physical therapy services were initiated to address deficits in strength, balance, functional mobility, and safety awareness. The patient was instructed in an initial home exercise program consisting of seated bilateral lower extremity therapeutic exercises and demonstrated understanding of the exercises and recommendations provided. The plan of care focuses on improving lower extremity strength, balance, gait safety, and overall functional independence to facilitate a return to prior level of function and reduce the risk of falls and further functional decline. An occupational therapy evaluation was also completed. The patient was noted to be ambulatory with a quad cane and demonstrated independence with activities of daily living, including bathing, dressing, toileting hygiene, and clothing management. He was independent with sit-to-stand transfers and toilet transfers without requiring verbal cueing for limb placement or safety. Upper extremity strength was within normal limits, with bilateral upper extremity manual muscle testing graded at 5/5. Based on the evaluation findings, the patient exhibited adequate functional performance and independence with self-care tasks, and no further occupational therapy services were deemed necessary at this time.
 Date of Order 06/03/2026 Orders Physician Face-to-Face Date: 05/29/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat due to Other specified chronic obstructive pulmonary disease 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 OT Eval Notes:
 Physician Watts, Charlotte

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (06/03/26-06/06/26) ,WK2: 1 (06/07/26-06/13/26) ,WK3: 1 (06/14/26-06/20/26) ,WK4: 1 (06/21/26-06/27/26) ,WK5: 1 (06/28/26-07/04/26) ,WK6: 1 (07/05/26-07/11/26) ,WK7: 1 (07/12/26-07/18/26)

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: 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,

PT Goals

PATIENT-STATED GOAL: To be able to walk without help

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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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 - 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

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/03/2026

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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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, 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, GG0170D1 - Sit to Stand, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2020 - Oral Med Management, dependent edema, M1400 - Dyspnea, M1033 - Exhaustion, limited strength, limited endurance, balance deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Review HEP: seated knee ext, hip flex, hip abd, quad sets, gluteal squeezes, ankle pumps at least 1x10. Once tolerated, upgrade to standing heel/ toe raises, knee flex, hip flex, hip abd at least 1x10 with UE support as needed, work simplification/energy conservation, gait training/stair training, transfers training, teach/coordinate/arrange medication packaging and/or administration

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, * 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, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 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, Eating - 06. Independent

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

Eating - 06. Independent

OT Careplans

OT WK1: 1 (06/03/26-06/06/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing

PROCEDURES: home exercise program: Eval only

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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Eval only

GOALS
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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

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