Home Health Certification and Plan of Care

Order ID: 1150/19401

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
261106723	06/04/2026	From: 06/04/2026 To: 08/02/2026	26508	217058

6. Patient's Name and Address

John Bestpitch
413 Lily Brook Ct,
Pasadena, MD 21122-
443-994-7772

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 06/01/2026 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	06/04/26

13. ICD	Other Pertinent Diagnoses	Date
I50.22	Chronic systolic (congestive) heart failure	06/04/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	06/04/26
N18.32	Chronic kidney disease stage 3b	06/04/26
D63.1	Anemia in chronic kidney disease	06/04/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	06/04/26
J96.21	Acute and chronic respiratory failure with hypoxia	06/04/26
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	06/04/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	06/04/26
E03.9	Hypothyroidism unspecified	06/04/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	06/04/26
Z79.82	Long term (current) use of aspirin	06/04/26
Z99.81	Dependence on supplemental oxygen	06/04/26
Z87.01	Personal history of pneumonia (recurrent)	06/04/26
Z95.1	Presence of aortocoronary bypass graft	06/04/26
Z91.81	History of falling	06/04/26

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

Therapeutic-M Oral Tablet 1 tablet by mouth one time a day for Supplement
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg / 1 Capsule by mouth at bedtime for BPH
SM Vitamin D3 Oral Tablet 25 MCG (1000 UT) / 1 Tablet by mouth once a day for Supplement
SENNA 8.6 mg/tablet / Give 2 tablet by mouth every 24 hours as needed for Bowel Regimen
LEVOTHYROXINE 25 mcg / 1 Tablet by mouth in the morning for Hypothyroidism
GLIPIZIDE 2.5 mg / 1 Tablet by mouth in the morning for dm
FUROSEMIDE 20 mg 20 mg / 1 Tablet by mouth one time a day for Fluid Retention RVT Heart Failure
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) mg / 1 Tablet by mouth one time a day for Supplement
ATORVASTATIN 80 mg / 1 Tablet by mouth at bedtime for HLD
Aspirin Ec - Aspirin 0 Delayed Release 81 mg / 1 Tablet by mouth one time a day for CAD
AMIODARONE 200 mg / 1 Tablet by mouth one time a day for A Fib
Albuterol Sulfate - Albuterol Sulfate 2.5 MGV3ML 0.083% 3 ml inhale orally every 6 hours as needed for Wheezing
O2 - Oxygen 3L nasal cannula continuous SUPPLEMENT

14. DME and Supplies:

diabetic supplies, walker, cane, commode

15. Safety Measures:

standard precautions, fall precautions, diabetic precautions, ambulates with device, walker precautions, O2 precautions, medication safety, sharps precautions, activity supervision

16. Nutrition:

cardiac diet, diabetic

17. Allergies:

metformin

18.A. Functional Limitations

Ambulation, Endurance,

18.B. Activities Permitted

Cane, Walker, Exercises Prescribed, 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

SN: patient will be responsible for managing treatment
PT: family/caregiver will be responsible for managing treatment
PT: patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney 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.

Clinical Condition Requiring Homecare: The patient is status post left total knee replacement (TKR) and was referred to home health services for skilled nursing and physical therapy following surgery. Past medical history is significant for hypertension, hyperlipidemia, obesity, bilateral knee osteoarthritis, and vitamin D deficiency. Skilled nursing services are ordered at a frequency of one visit per week for two weeks, with physical therapy evaluation and treatment to address postoperative mobility, strength, gait, and safety deficits. During the skilled nursing assessment, the patient was alert and oriented to person, place, and time. The patient reported mild left knee pain rated at 2/10 and stated that pain is being effectively managed with acetaminophen (Tylenol) only. The patient denied shortness of breath, and lung sounds were clear to auscultation throughout all lung fields. Appetite was reported as good. The patient reported no bowel movement since surgery, and bowel status will continue to be monitored closely due to the risk of postoperative constipation. Assessment of the surgical site revealed the left knee dressing to be clean, dry, intact, and without signs of drainage or infection. The patient is utilizing an IceMan cold therapy device for postoperative pain and swelling management and is compliant with wearing TED compression stockings as prescribed for postoperative edema control and venous thromboembolism prevention. All medications were reviewed in detail with the patient and spouse, including medication names, dosages, frequencies, purposes, and potential side effects. Education was provided regarding effective pain management strategies, proper use of prescribed medications, recognition of complications requiring medical attention, prevention of constipation, postoperative activity precautions, use of compression stockings, and adherence to all orthopedic postoperative instructions. The patient and spouse demonstrated understanding through verbal teach-back and expressed willingness to comply with the recommended plan of care. Physical therapy services are indicated to address postoperative impairments including pain, decreased lower extremity strength, reduced range of motion, impaired balance, gait abnormalities, decreased endurance, transfer limitations, and reduced functional mobility. Skilled physical therapy will focus on therapeutic exercises, gait training, transfer training, balance activities, fall prevention education, stair negotiation as appropriate, and progression toward the patient's highest level of functional independence. Continued skilled nursing oversight will monitor surgical wound healing, pain control, medication effectiveness, bowel function, signs and symptoms of infection or postoperative complications, and overall recovery status. The patient remains homebound due to recent surgery, decreased mobility, pain, and the need for assistance and assistive devices to safely leave the home. Continued interdisciplinary home health services are medically necessary to promote healing, prevent complications, restore functional mobility, and facilitate a safe recovery following left total knee replacement.
 Date of Order 06/04/2026 Orders Physician Face-to-Face Date: 06/02/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat, hha-adl's due to Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney 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 - SN Notes:

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 06/04/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Jeffrey Katz
1701 Twin Springs Rd
Halethorpe, MD 21227
PHONE: 800-777-7904 FAX: 14107975401 NPI: 1013954213

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 : 06/02/2026

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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soc OT Eval Notes: PT Eval Notes:
 Physician Katz, Jeffrey

SN Careplans

SN WK1: 1 (06/04/26-06/06/26) ,WK2: 2 (06/07/26-06/13/26) ,WK3: 2 (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)

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: 3. Multiple hospitalizations (2 or more) in the past 6 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:Patient does not have an Advanced Directive on file

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, limited endurance, limited strength, balance deficit, bruising/discoloration

PROCEDURES: cough/deep breathing exercises

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, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: I WANT TO GET RID OF THIS WALKER AND BE ABLE TO GO OUTSIDE

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

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 5 (06/05/26-06/06/26) ,WK2: 5 (06/07/26-06/13/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170E1 - Chair to Bed to Chair

PROCEDURES: home exercise program: LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10

PT Goals

PATIENT-STATED GOAL: To be able to do my yard work outside

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/04/2026

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Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

OT Careplans

OT WK1: 1 (06/04/26-06/06/26) ,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)

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: Therapeutic exercise : exe during the visit, Medication review : changes in meds, Endurance training : to increase activity tolerance, cough/deep breathing exercises, incentive spirometer, home exercise program, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, 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: family stated - improve strength and endurance

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

Shower/Bathe Self - 05. Setup or clean-up assistance

1 - Step (curb) - 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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Eating - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/04/2026