Home Health Certification and Plan of Care

Order ID: 1150/19240

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
52347108	04/10/2026	From: 06/09/2026 To: 08/07/2026	24661	217058

6. Patient's Name and Address
Willis Williams
2686 West Park Dr,
Woodlawn, MD 21207-
443-621-3845

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 09/21/1952 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G20.A1	Parkinson's dis w/o dyskinesia w/o mention of fluctuations	04/10/26

13. ICD	Other Pertinent Diagnoses	Date
G47.00	Insomnia unspecified	04/10/26
D64.89	Other specified anemias	04/10/26
M17.11	Unilateral primary osteoarthritis right knee	04/10/26
H10.89	Other conjunctivitis	04/10/26

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

Zinc Oral Supplement 1 tablet 50mg by mouth once a day Supplement
Turmeric curcumin 1 tablet, 1000mg by mouth once a day Supplement
Naproxen - Naproxen 220 mg, 1 tablet by mouth every 12 hours As needed for pain
Vitamin C - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000mg, 1 tablet by mouth once a day Supplement
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet, 50 mcg by mouth once a day Supplement
TYLENOL 325 MG Oral
Carbidopa-Levodopa Oral Tablet 1 tablet, 25-100MG Oral three times a day Parkinson
TRAZODONE 50 MG Oral at bedtime As needed for sleep
QUETIAPINE FUMARATE 25 MG, Take 1/2 tablet Oral at bedtime Agitation

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

15. Safety Measures:
standard precautions, fall precautions, ambulates with device, activity supervision

16. Nutrition:
regular

17. Allergies:
penicillin

18.A. Functional Limitations
Ambulation,

18.B. Activities Permitted
No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 2. Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance)., ANXIETY: , SOCIAL ISOLATION: 2 independent, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: 1+, bilateral lower extremity , 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 and 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:
Patient is a 73-year-old male with a diagnosis of Parkinson's disease who would benefit from continued occupational therapy services due to ongoing functional limitations. Patient presents with generalized weakness and impaired balance, contributing to a high risk for falls, including a recent fall within the past week. Upper extremity strength is assessed at 4-/5 bilaterally, which impacts the patient's ability to safely complete activities of daily living. Patient requires assistance with medication management and is currently standby assistance for sit-to-stand transfers. Functional ambulation is performed with a rollator, requiring contact guard to standby assistance for safety. Continued skilled OT services are indicated to address strength deficits, balance impairments, safety awareness, and overall functional independence in ADLs and mobility.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 06/04/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 04/06/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & 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<o:p></o:p>
 4 - Recertification OT Notes: due to weakness of upper and lower body muscle strength and difficult with balance<o:p></o:p> Physician: Dicocco, Eva

SN Careplans

SN Goals

OT Careplans

OT WK1: 6 (06/09/26-06/13/26)

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: 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, 9. Other risk(s) not listed in 1- 8

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible

OT Goals

PATIENT-STATED GOAL: Patient wants to go back to being independent

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

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

Don/Doff Footwear - 05. Setup or clean-up assistance

Oral Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate assistance

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
Eva Dicocco
7141 Security Blvd
Woodlawn, MD 21244
PHONE: 443-663-6000 FAX: 14436636215 NPI: 1598990624

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 : 04/06/2026

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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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:Durable power of attorney for health care/Medical power of attorney

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

PROCEDURES: Functional ambulation : Therapy, Patient/caregiver recalls related purpose and schedule of medications: Medication review, home exercise program, therapeutic exercises: 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 home remedies to keep lungs healthy, related medication(s) purpose, schedule, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate 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, 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

Eating - 06. Independent

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

Toileting Hygiene - 05. Setup or clean-up assistance

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

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/04/2026