Home Health Certification and Plan of Care

Order ID: 1150/19411

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
31295621	03/19/2026	From: 05/18/2026 To: 07/16/2026	23701	217058

6. Patient's Name and Address
Robert Pear
1336 Fox Glove Square,
BELCAMP, MD 21017-
443-787-6311

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 04/25/1949 **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	03/19/26

13. ICD	Other Pertinent Diagnoses	Date
I50.32	Chronic diastolic (congestive) heart failure	03/19/26
N18.32	Chronic kidney disease stage 3b	03/19/26
K81.0	Acute cholecystitis	03/19/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	03/19/26
I48.91	Unspecified atrial fibrillation	03/19/26
E78.5	Hyperlipidemia unspecified	03/19/26
I42.8	Other cardiomyopathies	03/19/26
E03.8	Other specified hypothyroidism	03/19/26
I77.810	Thoracic aortic ectasia	03/19/26
M1A.3420	Chronic gout due to renal impairment left hand w/o tophus	03/19/26
E55.9	Vitamin D deficiency unspecified	03/19/26
F41.9	Anxiety disorder unspecified	03/19/26
F33.2	Major depressv disorder recurrent severe w/o psych features	03/19/26
K21.9	Gastro-esophageal reflux disease without esophagitis	03/19/26
R23.4	Changes in skin texture	03/19/26
E66.813	Other obesity	03/19/26
Z68.37	Body mass index [BMI] 37.0-37.9 adult	03/19/26
Z79.01	Long term (current) use of anticoagulants	03/19/26
Z43.4	Encounter for attn to oth artif openings of digestive tract	03/19/26
Z95.810	Presence of automatic (implantable) cardiac defibrillator	03/19/26
Z86.16	Personal history of COVID-19	03/19/26

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

SERTRALINE 50mg take 1 tablet by mouth once a day Depression
FUROSEMIDE 20 mg 1 tablet by mouth once a day Edema
DABIGATRAN ETEXILATE 150mg take 1 capsule by mouth twice a day Anticoagulant
COZAAR 50 mg 1 tablet by mouth once a day HTN, hold for SBP <110 or

CENTRUM MULTIVITAMIN 1 tablet by mouth in the morning Supplement
ARMOUR THYROID 0 25 mcg, take 1 tablet by mouth in the morning Hypothyroidism
ALLOPURINAL 300mg, take 1 tablet by mouth at bedtime Gout
Acetaminophen - Acetaminophen 325mg, take 2 tablets by mouth every 6 hours as needed for pain
Atorvastatin - Atorvastatin Calcium 40 mg, Take 1 tablet by mouth at bedtime cholesterol
Lopressor - Metoprolol Tartrate 50 mg take 1 tablet by mouth once a day HTN
Vitamin C - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000MG, take 1 tablet by mouth once a day supplement
Synthroid - Levothyroxine Sodium 75 mcg 90 tablets by mouth in the morning
Cordarone - Amiodarone Hydrochloride 200 mg Take half tablet bymouth by mouth once a day
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 240 by mouth once a day

14. DME and Supplies:
cane, walker, wheelchair

15. Safety Measures:
None of the above

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
NSAIDs

18.A. Functional Limitations
None of the above

18.B. Activities Permitted
No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: , SOCIAL ISOLATION: 2 independent, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: Intact , MOBILITY: Intact

22.B.Discharge Plans
PT: family/caregiver will be responsible for managing treatment OT: patient will

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:
During the evaluation, the patient reported feeling fatigued but stated that a recent physician appointment resulted in no changes to the current plan of care. The patient acknowledged not consistently following recommended transfer techniques, preferring previous methods despite education provided. Functional improvements were noted in transfers, lower extremity strength, balance, gait sequencing, activity tolerance, and stair negotiation, with the patient able to negotiate a full flight of stairs with contact guard to supervision assistance. Balance assessments demonstrated a Tinetti score of 15/28 and a Timed Up and Go (TUG) score of 24 seconds. The patient required distant supervision for shower transfers and was independent with all dressing tasks while seated at the edge of the bed, demonstrating good sitting balance. Throughout the episode of care, the patient received skilled instruction in transfers, bed mobility, gait training on even and uneven surfaces, dynamic balance activities, strengthening, stair negotiation, home safety, fall prevention, pain management, medication safety, breathing techniques, and a lower extremity home exercise program. The patient demonstrated good recall of the home exercise program, improved safety awareness, and effective use of pursed-lip breathing. Overall, the patient has shown meaningful progress toward functional goals and continues to demonstrate good rehabilitation potential to benefit from ongoing skilled therapeutic intervention to address remaining deficits and maximize safety and independence.
<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 05/14/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 03/11/2026
 Clinical Condition Requiring Home Care per Certifying Physician: SN, PT, OT due to Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/14/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Stephanie Davis
3400 Box Hill Corporate Center Dr
Abingdon, MD 21009
PHONE: 1-800-777-7904 FAX: kaiser NPI: 1013976091

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 : 03/11/2026

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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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<o:p></o:p>
 4 - Recertification OT Notes: due to: required distant supervision for shower transfers<o:p></o:p> PT Eval Notes:<o:p></o:p> Physician: Davis, Stephanie

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (05/18/26-05/23/26), WK2: 1 (05/24/26-05/30/26), WK3: 1 (05/31/26-06/06/26), WK4: 1 (06/07/26-06/13/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400 - Dyspnea, Pain Interference with Therapy activities, GG0170E1 - Chair to Bed to Chair, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170M1 - 1 - Step (curb), GG0170M1 - 1 - Step (curb), GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand

PROCEDURES: Medication management : Review medication with pt and wife, cough/deep breathing exercises, incentive spirometer, home exercise program: Laq, hip flexion, hip abduction, hamstring curls, heel raises, 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, * 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet 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 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, Picking Up Object - 05. Setup or clean-up assistance, Stair negotiation, Car transfers

PT Goals

PATIENT-STATED GOAL: To walk steadier get stronger and be able to get up steps with less assistance

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

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

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

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

Car transfers

Stair negotiation

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

4 Steps - 05. Setup or clean-up assistance

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

OT Careplans

OT WK1: 1 (05/18/26-05/23/26)

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: 7. Currently taking 5 or more medications

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

OT Goals

PATIENT-STATED GOAL: Get in the shower

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/14/2026

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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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing, abnormal blood pressure, abnormal thyroid <> 0.40 - 4.50 mIU/mL, balance deficit

PROCEDURES: Medication Review : Medication reviewed with patient and caregiver with all medications in the home. , home exercise program: Bilateral UE strengthening of anterior deltoid, biceps, triceps and pectoral muscles, equipment training, work simplification/energy conservation

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, Sit to Stand - 06. Independent, Walk 10 Feet - 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

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Sit to Stand - 06. Independent

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

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