Home Health Certification and Plan of Care

Order ID: 1150/19542

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3A17VD0QH65	04/15/2026	From: 06/14/2026 To: 08/12/2026	24255	217058

6. Patient's Name and Address

Jacob Ovadia
5716 Gist Ave,
BALTIMORE, MD 21215-
410-578-8033

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 05/13/1946 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.65	Type 2 diabetes mellitus with hyperglycemia	04/15/26

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	04/15/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	04/15/26
N18.31	Chronic kidney disease stage 3a	04/15/26
D63.1	Anemia in chronic kidney disease	04/15/26
N17.9	Acute kidney failure unspecified	04/15/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	04/15/26
M17.11	Unilateral primary osteoarthritis right knee	04/15/26
K21.9	Gastro-esophageal reflux disease without esophagitis	04/15/26
E78.5	Hyperlipidemia unspecified	04/15/26
F43.23	Adjustment disorder with mixed anxiety and depressed mood	04/15/26
E66.01	Morbid (severe) obesity due to excess calories	04/15/26
Z68.41	Body mass index [BMI] 40.0-44.9 adult	04/15/26
Z79.4	Long term (current) use of insulin	04/15/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	04/15/26
Z79.891	Long term (current) use of opiate analgesic	04/15/26
Z87.01	Personal history of pneumonia (recurrent)	04/15/26
Z91.81	History of falling	04/15/26

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

DICLOFENAC 1 % Apply to bilateral knees topically two times a day for Pain
FLOMAX 0.4 MG capsule by mouth in the evening for benign prostatic hyperplasia
LOSARTAN POTASSIUM 100 MG tablet by mouth in the morning for HTN Hold for SBP less than 120 and HR less than 60
VITAMIN 1 tablet by mouth one time a day for VITAMIN D DEFIENCY
TRAMADOL 25 MG tablet by mouth two times a day for pain control
Motrin - Ibuprofen 200mg by mouth as necessary Pain
INSULIN 100 UNIT/ML solution injection Inject into the skin nightly. Commonly known as: SEMGLEE
Requires reconciliation per office dose is150 u daily
GLUCAGON 1 MG ml intramuscularly as needed for Blood Sugars less than 60 and unconscious or unresponsive, and call MD
METFORMIN 500 MG tablet extended release 24 HR mouth every evening. Commonly known as: GLUCOPHAGE XR
PANTOPRAZOLE 40 mg tablet delayed release mouth 2 times daily. Commonly known as: PROTONIX
SENNA 8.6 MG Tabs mouth nightly as needed for Contipation. Commonly known as: SENOKOT
METOPROLOL 50 MG tablet mouth two tablets every morning, and one tablet every evening. Commonly known as: LOPRESSOR
PRAVASTATIN 40 MG tablet mouth daily. Commonly known as: PRAVACHOL
AZELASTINE 0.1 % nasel solution nasal by Each Nare route 2 times daily. Commonly known as: ASTELIN
FLUTICASONE 50 MCG/ACT nasal spray nasal by Each Nare route 2 times daily. Commonly known as: FLONASE
LANTUS 22 unit subcutaneously at bedtime for Type 2 diabetes mellitus

14. DME and Supplies:

wheelchair, rolling walker, hospital bed, diabetic supplies

15. Safety Measures:

standard precautions, remove environmental barriers, , medication safety, electrical safety measures, emergency phone # clearly displayed, fall precautions, diabetic precautions, bathroom safety, , , ambulates with device, ambulates with assistance

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 3. Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently, ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: WNL, HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

22.B.Discharge Plans

patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Type 2 diabetes mellitus with hyperglycemia, 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 a 79-year-old male admitted to home health services for medication management due to lower extremity weakness and pain, requiring assistance with activities of daily living (ADLs) and transfers, making leaving the home a taxing effort. His past medical history includes diabetes mellitus on insulin therapy, hyperlipidemia, hypoglycemia, and chronic pain. He resides with a caregiver who assists with all ADLs. The patient is alert and oriented, with stable vital signs and a random blood glucose of 130 via continuous glucose monitoring; however, a discrepancy in the prescribed versus self-administered Novolog dose has been identified, and the provider has been contacted for clarification. The patient is primarily bedbound due to an unsteady gait, uses incontinence products, and has access to a walker and wheelchair, with no reported falls or wounds. He reports occasional labored breathing without abnormal lung sounds and has been instructed to use a spirometer five times daily. Therapy evaluations indicate significant functional decline, including decreased upper and lower extremity strength, impaired balance, and dependence in mobility and self-care tasks. The patient requires contact guard to minimal assistance for bed mobility, transfers, and brief standing with a rolling walker, and demonstrates understanding of prescribed exercises. Skilled nursing, physical therapy, and occupational therapy services have been initiated to improve strength, safety, and functional independence, with the goal of enabling the patient to ambulate short distances within the home, although prognosis is guarded given prolonged immobility.
 Date of Order 06/09/2026 Orders Physician Face-to-Face Date: 03/26/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat due to Type 2 diabetes mellitus with hyperglycemia Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: The patient is recertified due to difficulty with weight-bearing on the RLE secondary to knee pain. The patient requires continued skilled PT services to further increase strength, improve balance and increase safety and independence in functional mobility to return to PLOF.
 Physician Cooper, Robert

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 06/09/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Robert Cooper
6503 Park Heights Ave
Baltimore, MD 21215
PHONE: 4103582397 FAX: 14103582399 NPI: 1235159898

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 : 03/26/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/19542

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3A17VD0QH65	04/15/2026	From: 06/14/2026 To: 08/12/2026	24255	217058

6. Patient's Name and Address
Jacob Ovadia
5716 Gist Ave,
BALTIMORE, MD 21215-
410-578-8033

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

PT Careplans

PT WK1: 1 (06/14/26-06/20/26) ,WK2: 1 (06/21/26-06/27/26) ,WK4: 1 (07/05/26-07/11/26) ,WK6: 1 (07/19/26-07/25/26) ,WK8: 1 (08/02/26-08/08/26)

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, blood sugar < 60 > 300

CAREGIVER: WNL

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, 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:Na

PROBLEMS IDENTIFIED ON ASSESSMENT: M1033 - Exhaustion, limited endurance, muscle weakness, balance deficit, obesity

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, 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, gait training/stair training: Ambulation on level surfaces with RW and supervision x 10 ft at least, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition

PT Goals

PATIENT-STATED GOAL: To be able to walk again

GOALS
Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 Feet - 02. Substantial/maximal assistance

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
* 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

Toilet Transfer - 03. Partial/moderate 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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
06/09/2026

Home Health Certification and Plan of Care

Order ID: 1150/19542

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3A17VD0QH65	04/15/2026	From: 06/14/2026 To: 08/12/2026	24255	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Jacob Ovadia 5716 Gist Ave, BALTIMORE, MD 21215- 410-578-8033	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 03. Partial/moderate assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 Feet - 02. Substantial/maximal assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/09/2026