Home Health Certification and Plan of Care

Order ID: 1150/19561

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
41106353	06/05/2026	From: 06/05/2026 To: 08/03/2026	26570	217058

6. Patient's Name and Address

Stephen Ater
107 East Elm Avenue,
BALTIMORE, MD 21206-
443-340-9355

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 10/30/1944 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	06/05/26

13. ICD	Other Pertinent Diagnoses	Date
I48.0	Paroxysmal atrial fibrillation	06/05/26
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	06/05/26
S82.001D	Unsp fx right patella subs for clos fx w routn heal	06/05/26
I10.	Essential (primary) hypertension	06/05/26
J44.9	Chronic obstructive pulmonary disease unspecified	06/05/26
E78.5	Hyperlipidemia unspecified	06/05/26
K22.70	Barrett's esophagus without dysplasia	06/05/26
D64.9	Anemia unspecified	06/05/26
Z85.01	Personal history of malignant neoplasm of esophagus	06/05/26
Z79.4	Long term (current) use of insulin	06/05/26
Z79.01	Long term (current) use of anticoagulants	06/05/26
Z79.891	Long term (current) use of opiate analgesic	06/05/26
Z86.718	Personal history of other venous thrombosis and embolism	06/05/26
Z95.810	Presence of automatic (implantable) cardiac defibrillator	06/05/26
Z87.891	Personal history of nicotine dependence	06/05/26

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

ALENDRONATE SODIUM 70 MG tablet by mouth every 7 days Commonly known as: FOSAMAX. ASK your doctor about these medications
AMLODIPINE 5 mg / 1 Tablet by mouth daily Commonly known as: NORVASC
ELIQUIS 5 mg / 1 Tablet by mouth 2 times daily Start taking on: June 8, 2026
FUROSEMIDE 20 mg / 1 Tablet by mouth once a day for 2 days, THEN 1 tablet 1 time daily as needed. Commonly known as: LASIX.
AMIODARONE 400 mg / 1 Tablet by mouth twice a day for 7 days, THEN 1 tablet daily. Commonly known as: PACERONE.
ATORVASTATIN 10 MG tablet by mouth daily Commonly known as: LIPITOR
GLIPIZIDE 5 MG tablet by mouth 2 times daily before meals Commonly known as: GLUCOTROL
JARDIANCE 10 mg/tablet / Take 25 mg by mouth daily Generic drug: empagliflozin.
Metoprolol Succinate - Metoprolol Succinate 25 MG tablet extended release 24 HR by mouth daily Commonly known as: TOPROL XL
Vitamin D 10 MCG (400 UNIT) / 1 Tablet by mouth once a day Commonly known as: CHOLECALCIFEROL
TYLENOL 167 MG/5ML Liqd mouth Generic drug: Acetaminophen
Insulin Glargine-yfgn solution pen-injector 100 UNIT/ML / Inject 15 Units into the skin subcutaneous in the evening Takes prn. Commonly known as: SEMGLEE

14. DME and Supplies:

rolling walker, wheelchair, diabetic supplies, , bath bench, , cane, commode

15. Safety Measures:

sharps precautions, remove environmental barriers, fall precautions, electrical safety measures, diabetic precautions, bathroom safety, , ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance, Balance

18.B. Activities Permitted

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: good

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., 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

family/caregiver will be responsible for managing treatment
add discharge plan

Homebound status: Due to diagnosis of Atherosclerotic heart disease of native coronary artery without angina pectoris, 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 an 81-year-old individual recently referred for home health services following hospitalization for pacemaker and implantable cardioverter-defibrillator (ICD) placement. The patient also has a recent history of hospitalization secondary to a fall resulting in a right patellar fracture. The patient resides with their daughter in a single-family home equipped with a ramped entrance as well as an alternative access consisting of five steps with a handrail. The bedroom and bathroom are conveniently located on the first floor, allowing for safer mobility and accessibility within the home environment. Upon assessment, the patient demonstrated impaired functional mobility and decreased strength affecting overall safety and independence. The patient ambulates approximately 25 feet on indoor surfaces using a rolling walker with supervision and requires supervision for sit-to-stand transfers from both bed and chair surfaces. Bed mobility was assessed and found to be independent. Assessment of community mobility, including outdoor ambulation, stair negotiation, and car transfer ability, was not completed during this visit. Skin assessment revealed pressure ulcers present on both great toes, which are currently being managed by the patient's daughter. The surgical incision from the recent pacemaker and defibrillator placement remains covered, and no concerns regarding the incision site were reported during this visit. Continued monitoring of wound healing and skin integrity is recommended. The patient is considered homebound due to the significant physical effort required to leave the home, decreased endurance, impaired mobility, and elevated fall risk. Functional assessment demonstrated a Tinetti Balance and Gait Assessment score of 13/28, indicating a high risk for falls. Given the patient's recent fall history, lower extremity fracture, recent cardiac procedure, impaired balance, and reduced functional mobility, skilled home health physical therapy services are medically necessary to improve strength, balance, endurance, gait safety, and overall functional independence. The goal of therapy is to maximize safety within the home environment, reduce fall risk, and improve mobility to the highest attainable level of function. Occupational therapy services were offered; however, the patient declined occupational therapy intervention at this time.
 Date of Order 06/05/2026 Orders Physician Face-to-Face Date: 06/02/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat , OT-eval & treat Ddue to Atherosclerotic heart disease of native coronary artery without angina pectoris 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 Mathur, Rita

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 06/05/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Rita Mathur
4920 Campbell Blvd
White Marsh, MD 21236
PHONE: 410-933-7793 FAX: 14109337666 NPI: 1619076338

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.

Home Health Certification and Plan of Care

Order ID: 1150/19561

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
41106353	06/05/2026	From: 06/05/2026 To: 08/03/2026	26570	217058

6. Patient's Name and Address
Stephen Ater
107 East Elm Avenue,
BALTIMORE, MD 21206-
443-340-9355

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 (06/05/26-06/06/26) ,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) ,WK8: 1 (07/19/26-07/25/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 8

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status 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/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:Refused

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170J1 - Walk 50 ft with 2 Turns, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, 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, GG0170I1 - Walk 10 Feet, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, limited strength, limited endurance, balance deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, bruising/discoloration

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction,

PT Goals

PATIENT-STATED GOAL: Client will be able to get around the house by himself with less fatigue

GOALS
Toilet Transfer - 06. Independent

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

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

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

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 - 06. Independent

Toileting Hygiene - 06. Independent

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 - 05. Setup or clean-up assistance

Signature of Physician:

Date

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

Date
06/05/2026

Home Health Certification and Plan of Care

Order ID: 1150/19561

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
41106353	06/05/2026	From: 06/05/2026 To: 08/03/2026	26570	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Stephen Ater 107 East Elm Avenue, BALTIMORE, MD 21206- 443-340-9355	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, equipment training, 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, * 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, 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 - 06. Independent, 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, 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 - 06. Independent, Toileting Hygiene - 06. Independent, 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 - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/05/2026