

Home Health Certification and Plan of Care				Order ID: 1150/18077	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
9M31E57CH28		04/18/2026		From: 04/18/2026 To: 06/16/2026	
				4. Medical Record No.	
				24998	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Michael Johnson			HomeCentris Healthcare LLC		
1611 N. Payson St,			10 Crossroads Drive, Suite 102		
BALTIMORE, MD 21217-			Owings Mills, MD 21117-8284		
410-578-9121			410-321-8448		
			1487113239		
8. DOB			9. Sex		
09/12/1942			Male		
11. ICD			Date		
J44.9			04/18/26		
Principal Diagnosis			Chronic obstructive pulmonary disease unspecified		
13. ICD			Date		
M48.061			04/18/26		
Other Pertinent Diagnoses			Spinal stenosis lumbar region without neurogenic claud		
G89.29			04/18/26		
			Other chronic pain		
N18.9			04/18/26		
			Chronic kidney disease u		
D63.1			04/18/26		
			Anemia in chronic kidney disease		
M17.0			04/18/26		
			Bilateral primary osteoarthritis of knee		
Z91.81			04/18/26		
			History of falling		
Z87.440			04/18/26		
			Personal history of urinary (tract) infections		
14. DME and Supplies:			15. Safety Measures:		
walker, wheelchair, commode			wheelchair precautions, walker precautions, , , hand rails, , fall precautions, ambulates with assistance		
16. Nutrition:			17. Allergies:		
regular			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation			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:			22.B.Discharge Plans		
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.			patient will be responsible for managing treatment		
Homebound status: Due to diagnosis of Chronic obstructive pulmonary disease unspecified, 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: <p class="MsoNoSpacing">The patient is an 83-year-old, alert and oriented 3, with a recent fall and hospitalization, and a medical history significant for COPD, bilateral knee osteoarthritis, lumbar spinal stenosis, chronic pain, chronic kidney disease, anemia, and recurrent falls. The patient resides with a nephew in a townhouse with seven steps and a railing to enter, with the bedroom and bathroom located on the second floor. The patient primarily uses a wheelchair but is able to ambulate up to 30 feet indoors with a rolling walker under supervision, demonstrating decreased bilateral step length, and can negotiate up to three steps with bilateral rail support and supervision. Bed mobility is independent, and transfers from sitting to standing require supervision. The patient denies shortness of breath and pain at this time, remains continent of bowel and bladder, and has warm, dry, intact skin, though reports stiffness in both knees and no falls since 1/26. Functional assessment indicates significant fall risk, as evidenced by a Tinetti score of 11/28, and the patient is considered homebound due to the considerable effort required to leave the home. During the visit, the patient participated in therapeutic exercises, including supine hip flexion, bridging, hooklying rotation, straight leg raises, hip abduction, seated knee extension, and ankle pumps (10 repetitions each) with cues for proper technique. OT evaluation notes deficits in ADLs, upper body strength, functional mobility, activity tolerance, and safety, with reported bilateral knee pain impacting ambulation; the patient is awaiting a cortisone injection. Skilled PT and OT services are recommended to improve strength, mobility, pain management, and overall functional independence.</p><p class="MsoNoSpacing"><o:p> </o:p></p><p class="MsoNoSpacing">Date of Order<o:p></o:p></p><p class="MsoNoSpacing">04/18/2026 Order<o:p></o:p></p><p class="MsoNoSpacing">Physician Face-to-Face Date: 04/09/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Chronic obstructive pulmonary disease unspecified 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></p><p class="MsoNoSpacing"> 1 - SOC - SN Notes: PT Eval Notes: OT Eval Notes: <o:p></o:p></p><p class="MsoNoSpacing">Physician:Fitzgerald, Tarnisha</p>					
SN Careplans			SN Goals		
SN WK1: 1 (04/18/26-04/18/26) ,WK2: 1 (04/19/26-04/25/26) ,WK3: 1 (04/26/26-05/02/26) ,WK4: 1 (05/03/26-05/09/26)			PATIENT-STATED GOAL: To walk independently		
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			GOALS		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			patient/caregiver recalls		
HOSPITALIZATION RISKS: 8. Currently reports exhaustion			* 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		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 04/18/2026					
24. Physician's Name and Address			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.		
Tarnisha Fitzgerald			F2F date : 04/09/2026		
7950 Harford Rd					
Parkville, MD 21234					
PHONE: 8444810217 FAX: 18443101510 NPI: 1164940656					
27. Attending Physician's Signature and Date Signed 06/05/2026 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.		
			PAGE 1 of 3		

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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:Niece power of attorney PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, frequent urination, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, B1000 - Vision Deficit PROCEDURES: cough/deep breathing exercises, incentive spirometer, monitor intake & output, coordinate/arrange resources for vision-impaired, monitor dialysis schedule 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, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, 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 * 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/caregiver recalls * how to keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule
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PT Careplans	PT Goals
PT WK2: 2 (04/19/26-04/25/26) ,WK3: 1 (04/26/26-05/02/26) ,WK4: 1 (05/03/26-05/09/26) ,WK6: 1 (05/17/26-05/23/26) ,WK8: 1 (05/31/26-06/06/26) ,WK10: 1 (06/14/26-06/16/26)	PATIENT-STATED GOAL: To return to using a cane inside the house
PROCEDURES: Stretching to bilateral knees : Flexion and extension, home exercise program: supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction, quad sets. sitting knee extension and ankle pumps. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats, equipment training, gait training/stair training, transfers training	GOALS Toilet Transfer - 06. Independent
TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 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, 12 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, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent	Walk 150 Feet - 04. Supervision or touching assistance
	1 - Step (curb) - 04. Supervision or touching assistance
	12 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
	Shower/Bathe Self - 04. Supervision or touching assistance
	Lower Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/18/2026

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		Don/Doff Footwear - 06. Independent Upper Body Dressing - 06. Independent 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 4 Steps - 04. Supervision or touching assistance Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent		
OT Careplans OT WK1: 1 (04/18/26-04/18/26) ,WK5: 1 (05/10/26-05/16/26) ,WK7: 1 (05/24/26-05/30/26) ,WK9: 1 (06/07/26-06/13/26) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea PROCEDURES: cough/deep breathing exercises, home exercise program: Red theraband: bilateral shoulder flex, abd. internal/external rotation, elbow flex/ext, squeeze sponges and pinch between thumb and each finger, dynamic standing balance exercises: As needed, transfers training: As needed 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		OT Goals PATIENT-STATED GOAL: To get around without falling 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 * 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
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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