# Home Health Certification and Plan of Care

**Order ID: 1150/19653**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 36630257 | 06/09/2026 | From: 06/09/2026 To: 08/07/2026 | 21498 | 217058 |

**6. Patient's Name and Address**

James Forbes
2300 Dulaney Valley Rd Apt C101,
LUTHERVILLE TIMONIUM, MD 21093-
443-468-8276

**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** 06/20/1939 | **9.Sex** Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| I47.20 | Ventricular tachycardia unspecified | 06/09/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| L89.621 | Pressure ulcer of left heel stage 1 | 06/09/26 |
| I10. | Essential (primary) hypertension | 06/09/26 |
| E11.9 | Type 2 diabetes mellitus without complications | 06/09/26 |
| E78.49 | Other hyperlipidemia | 06/09/26 |
| H40.9 | Unspecified glaucoma | 06/09/26 |
| D50.8 | Other iron deficiency anemias | 06/09/26 |
| N17.9 | Acute kidney failure unspecified | 06/09/26 |
| G31.84 | Mild cognitive impairment of uncertain or unknown etiology | 06/09/26 |
| F05. | Delirium due to known physiological condition | 06/09/26 |
| I49.5 | Sick sinus syndrome | 06/09/26 |
| M15.8 | Other polyosteoarthritis | 06/09/26 |
| N40.0 | Benign prostatic hyperplasia without lower urinry tract symp | 06/09/26 |
| J30.9 | Allergic rhinitis unspecified | 06/09/26 |
| F32.A | Depression unspecified | 06/09/26 |
| M85.80 | Oth disrd of bone density and structure unspecified site | 06/09/26 |
| I70.90 | Unspecified atherosclerosis | 06/09/26 |
| F41.9 | Anxiety disorder unspecified | 06/09/26 |
| E53.8 | Deficiency of other specified B group vitamins | 06/09/26 |
| D69.6 | Thrombocytopenia unspecified | 06/09/26 |
| H91.90 | Unspecified hearing loss unspecified ear | 06/09/26 |
| K21.9 | Gastro-esophageal reflux disease without esophagitis | 06/09/26 |
| Z95.0 | Presence of cardiac pacemaker | 06/09/26 |
| Z79.84 | Long term (current) use of oral hypoglycemic drugs | 06/09/26 |
| Z79.51 | Long term (current) use of inhaled steroids | 06/09/26 |

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

Camphor-Menthol External Lotion 0.5-0.5 % (Camphor &Menthol) % Apply to back topically every 12 hours as needed for itching
Naproxen Sodium - Naproxen Sodium 220 MG by mouth every 12 hours as needed for pain
Pantoprazole Sodium - Pantoprazole Sodium 40 mg 1 Tablet by mouth once a day for GERD
Acetaminophen - Acetaminophen 500 mg / 2 Tablet by mouth every 8 hours as needed for pain Do not exceed 3000 mg per day
Bisoprolol Fumarate - Bisoprolol Fumarate 5 mg 1tablet by mouth at bedtime for HTN HOLD FOR SBP <110, HR <60
Cholecalciferol Oral Tablet (Cholecalciferol) 25mg - 2 tablets by mouth once a day for vitamin D deficiency
Quetiapine Fumarate - Quetiapine Fumarate 25 mg by mouth once a day
Albuterol Sulfate HFA 8.5 gm inhalant once a day Give 2 puff by mouth every 24 hours
as needed for SOB RINSE MOUTH AFTER EACH USE
Dorzolamide Hydrochloride - Dorzolamide Hydrochloride eq 2 perc base Instill 1 drop left eye twice a day for glaucoma

**14. DME and Supplies:**

bath bench, rolling walker

**15. Safety Measures:**

cardiac precautions, bathroom safety, walker precautions, medication safety, fall precautions, ambulates with device

**16. Nutrition:**

Z. NO PHYSICIAN-ORDERED DIET

**17. Allergies:**

no known allergies

**18.A. Functional Limitations**

Ambulation

**18.B. Activities Permitted**

Up As Tolerated

**19. Mental & Pyschosocial Status:** COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

**20. Prognosis:** fair

**22. A Rehabilitation Potential:**

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.

**22.B.Discharge Plans**

patient will be responsible for managing treatment

**Homebound status:**

Due to diagnosis of Ventricular tachycardia 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

**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**

Lindsey Thattassery
750 Main St
Reisterstown, MD 21136
PHONE: 4105263043 FAX: 14105841871 NPI: 1497956676

**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 : 04/27/2026

**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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Clinical Condition Requiring Homecare:

The patient is an 86-year-old male living alone in a one-bedroom apartment with assistance from family and friends as needed. He was admitted to home health services following hospitalization and a subsequent skilled nursing facility stay related to syncope, collapse, influenza A with acute hypoxic respiratory failure, acute bronchitis with bronchospasm, generalized weakness, frequent falls, and functional decline. His past medical history is significant for ventricular tachycardia/sick sinus syndrome status post pacemaker placement, recurrent syncopal episodes, anemia, thrombocytopenia, type 2 diabetes mellitus, hypertension, hyperlipidemia, gastroesophageal reflux disease, acute kidney injury, benign prostatic hyperplasia, glaucoma, hearing loss, depression, and esophageal cancer status post esophagectomy. Upon assessment, the patient was alert and oriented 4, ambulating with a rollator, and reported chronic neck pain rated 8/10 related to a prior injury, managed with Aleve. He also reported mild shortness of breath with exertion and intermittent chest discomfort with breathing; however, oxygen saturation was 97% on room air, and he recently completed pulmonary function testing with planned pulmonology follow-up. Physical assessment revealed diminished lung sounds bilaterally, present bowel sounds, palpable pulses, generalized upper and lower extremity weakness, impaired balance, decreased endurance, abnormal gait mechanics, and reduced functional mobility, contributing to an increased fall risk. The patient ambulates with a cane or rollator, requires standby assistance for sit-to-stand transfers, and remains independent or modified independent with most activities of daily living, including dressing, bathing with a shower chair, and toilet transfers using a raised toilet seat. Occupational therapy determined that no further OT services are indicated at this time; however, skilled nursing and physical therapy services remain medically necessary to address cardiopulmonary status, strength deficits, balance impairment, gait dysfunction, fall prevention, safety awareness, and functional mobility in order to maximize independence and reduce the risk of rehospitalization.<o:p></o:p>   Date of Order<o:p></o:p> 06/09/2026<br>Order<o:p></o:p> Physician Face-to-Face Date: 04/27/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Ventricular tachycardia unspecified<o:p></o:p> 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>   1 - SOC - SN Notes:<o:p></o:p> PT Eval Notes:<o:p></o:p> OT Eval Notes:<o:p></o:p> Physician: Thattassery, Lindsey

## SN Careplans

SN WK1: 1 (06/09/26-06/13/26) ,WK2: 2 (06/14/26-06/20/26) ,WK3: 2 (06/21/26-06/27/26) ,WK4: 1 (06/28/26-07/04/26)

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: 4. Assistance needed, but no non-agency caregiver(s) available

HOSPITALIZATION RISKS: 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 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.

## SN Goals

PATIENT-STATED GOAL: I want to remain independent.

GOALS
patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications,

| Signature of Physician: | Date |
|---|---|
| | |



| Optional Name/Signature of Nurse/Therapist: | Date |
|---|---|
| Electronically Signed by Messick, Charles RN | 06/09/2026 |

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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: D0160 - Depression, M2020 - Oral Med Management, M2102f - Patient Supervision, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, chest pain, dizziness/syncope, lung sounds not clear, M1400 - Dyspnea, heartburn/indigestion, limited strength, balance deficit, Pain Effect on Sleep, B1000 - Vision Deficit, bruising/discoloration, #1 - 1 - Intact skin with non-blanchable redness of a localized area usually over a bony prominence. - Other - Left heel - Non blanchable erythema

PROCEDURES: cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: Skin prep applies daily. Leave open to air and elevate heels with pillows., teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, caregiver administers and/or packages medications appropriately

treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* 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

## PT Careplans

PT WK1: 1 (06/09/26-06/13/26)

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

PROCEDURES: home exercise program: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day. Emphasis on improving right knee ROM, reducing stiffness, and promoting quadriceps activation., gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car 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, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

## PT Goals

PATIENT-STATED GOAL: No skilled PT services needed

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car 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

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

## OT Careplans

## OT Goals

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 4 |
| Optional Name/Signature of Nurse/Therapist: | Date |
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OT WK1: 1 (06/09/26-06/13/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing

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, 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, 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 - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

PATIENT-STATED GOAL: Eval only

GOALS
Toilet Transfer - 06. Independent

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

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

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

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

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date



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

Date
06/09/2026