Home Health Certification and Plan of Care

Order ID: 1150/19689

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
49704860400	06/01/2026	From: 06/01/2026 To: 07/30/2026	26390	217058

6. Patient's Name and Address

Mirza Baig
8764 Cloudleap Ct Apt 14,
Columbia, MD 21045-
301-291-8828

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 10/01/1949 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
L89.152	Pressure ulcer of sacral region stage 2	06/01/26

13. ICD	Other Pertinent Diagnoses	Date
L98.8	Oth disrd of the skin and subcutaneous tissue	06/01/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	06/01/26
I50.33	Acute on chronic diastolic (congestive) heart failure	06/01/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	06/01/26
N18.32	Chronic kidney disease stage 3b	06/01/26
D63.1	Anemia in chronic kidney disease	06/01/26
I48.21	Permanent atrial fibrillation	06/01/26
I27.20	Pulmonary hypertension unspecified	06/01/26
E78.5	Hyperlipidemia unspecified	06/01/26
K21.00	Gastro-esophageal reflux dis with esophagitis without bleed	06/01/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	06/01/26
M10.9	Gout unspecified	06/01/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	06/01/26
Z95.1	Presence of aortocoronary bypass graft	06/01/26
Z79.01	Long term (current) use of anticoagulants	06/01/26
Z79.4	Long term (current) use of insulin	06/01/26
Z74.01	Bed confinement status	06/01/26
Z87.891	Personal history of nicotine dependence	06/01/26

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

Rivaroxaban 20mg; 1 Tablet by mouth in the evening for AFib
Doxazosin Mesylate - Doxazosin Mesylate eq 2 mg base 2 mg / 1 Tablet by mouth in the morning for HTN
Furosemide - Furosemide 40 mg 40 mg / 1 Tablet by mouth in the morning for CHF
Rosuvastatin Calcium - Rosuvastatin Calcium 20 mg 20mg; 1 tab by mouth once a day cholesterol
Isosorbide Mononitrate - Isosorbide Mononitrate 30 mg Extended Release 24 Hour 30 MG / 1 Tablet by mouth in the morning for HTN
Metoprolol Tartrate - Metoprolol Tartrate 50 mg 50 mg / 1 Tablet by mouth twice a day for Hypertension
Jardiance - Empagliflozin 10 mg / 1 Tablet by mouth in the morning for dm
Finasteride - Finasteride 5 mg 5 mg / 1 Tablet by mouth at bedtime for BPH
Crestor - Rosuvastatin Calcium 20 mg 20 mg / 1 Tablet by mouth at bedtime for HLD
Acetaminophen - Acetaminophen 500 mg/tablet / Give 2 tablet by mouth every 8 hours as needed for MILD TO SEVERE PAIN NOT TO EXCEED 3GM ACETAMINOPHEN PER DAY
INSULIN GLARGINE 25 UNITS subcutaneous once a day DM
Barrier Cream - Barrier Cream 0 Apply to BUTTOCKS AND PERI AREA topical every hour Skin Protection

14. DME and Supplies:

walker, diabetic supplies

15. Safety Measures:

standard precautions, fall precautions, diabetic precautions, ambulates with device, walker precautions, medication safety, ambulates with assistance, transfer with assist, supervision at all times, sharps precautions, activity supervision

16. Nutrition:

diabetic, cardiac diet, Carb-controlled diet

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Walker, Exercises Prescribed

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: No

20. Prognosis: fair

22. A Rehabilitation Potential:

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

22.B.Discharge Plans

SN:patient will be responsible for managing treatment
PT: family/caregiver will be responsible for managing treatment
OT: family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Pressure ulcer of sacral region stage 2, 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 76-year-old male recently discharged from a skilled nursing facility following hospitalization from 05/04/2026 to 05/10/2026 for acute symptomatic gastrointestinal bleeding with severe anemia requiring transfusion of four units of packed red blood cells, acute-on-chronic heart failure with preserved ejection fraction (HFpEF) exacerbation, acute kidney injury superimposed on chronic kidney disease stage 3B, and an acute gout flare. His extensive past medical history includes hypertension, hyperlipidemia, gastroesophageal reflux disease, gout, chronic kidney disease stage 3B, coronary artery disease status post coronary artery bypass grafting (CABG), chronic diastolic congestive heart failure with pulmonary hypertension, permanent atrial fibrillation, type 2 diabetes mellitus requiring insulin therapy, benign prostatic hyperplasia status post transurethral resection of the prostate (TURP), esophageal varices, acute posthemorrhagic anemia, muscle weakness, gait impairment, and a history of stage II sacral/buttock pressure ulcer. Following hospitalization, the patient completed a rehabilitation stay at a skilled nursing facility and was referred for home health skilled nursing and physical/occupational therapy services. Skilled nursing is scheduled for 2 visits per week for 1 week, followed by 1 visit per week for 7 weeks, with PT and OT evaluations ordered. Upon assessment, the patient was alert and oriented to person, place, and time. He denied pain at the time of visit. Lung sounds were diminished throughout all fields, and the patient reported shortness of breath with moderate exertion. Appetite was described as fair, and the patient reported his last bowel movement occurred yesterday. No peripheral edema was observed. The patient ambulates with a rolling walker for safety and stability; however, he occasionally furniture surfs within the home. He resides with family members who assist with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) as needed. Previous stage II pressure areas to the buttocks have fully healed, and education was provided regarding the continued daily use of barrier cream to prevent skin breakdown and maintain skin integrity. Physical therapy evaluation revealed significant functional decline related to recent hospitalization, severe anemia, heart failure exacerbation, chronic kidney disease, and multiple comorbidities. The patient demonstrates generalized weakness, impaired balance, decreased endurance, reduced activity tolerance, dyspnea with exertion, impaired transfers, and abnormal gait, resulting in an increased risk for falls and reduced independence compared to his prior level of function. Bilateral upper extremity strength was assessed at approximately 4/5 manual muscle testing. The patient requires contact guard assistance for sit-to-stand and toilet transfers and benefits from verbal cueing for

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 06/01/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Mateen Awan
10796 Hickory Ridge Rd
Columbia, MD 21044
PHONE: 4109929355 FAX: 14109923447 NPI: 1316918303

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 : 05/25/2026

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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proper limb placement and safety awareness. He requires increased effort and assistance for functional mobility within the home and demonstrates limited tolerance for ambulation and performance of ADLs. Skilled nursing reviewed all prescribed medications, including indications, dosages, administration schedules, and potential side effects. The patient reported not checking his blood glucose level on the day of the visit despite having diabetic monitoring supplies available in the home. The last recorded weight was obtained during hospitalization. Education was provided regarding chronic disease management, medication adherence, blood glucose monitoring, heart failure self-management, fall prevention, skin integrity maintenance, and recognition of symptoms requiring prompt medical attention. The patient would benefit from continued skilled nursing services for ongoing assessment, disease process education, medication management, monitoring of cardiopulmonary and diabetic status, and reinforcement of compliance with the prescribed treatment regimen. Continued physical and occupational therapy services are indicated to address strength deficits, balance impairments, transfer safety, gait training, endurance limitations, and functional independence with ADLs and mobility in order to reduce fall risk and prevent rehospitalization.
 Date of Order 06/01/2026 Orders Physician Face-to-Face Date: 05/25/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat due to Pressure ulcer of sacral region stage 2 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 - SN Notes: soc OT Eval Notes: PT Eval Notes:
 Physician Awan, Mateen

SN Careplans

SN WK1: 1 (06/01/26-06/06/26) ,WK2: 1 (06/07/26-06/13/26) ,WK4: 1 (06/21/26-06/27/26) ,WK6: 1 (07/05/26-07/11/26) ,WK8: 1 (07/19/26-07/25/26)

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 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:MOLST: 1a) ATTEMPT CPR

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, Home Safety, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, limited strength, limited endurance, balance deficit, Pain Interference with ADLs

PROCEDURES: cough/deep breathing exercises, incentive spirometer, glucose testing via monitor, coordinate/arrange preparation of missing meals, coordinate/arrange for maintenance of clean/uncluttered living area

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)

SN Goals

PATIENT-STATED GOAL: I WANT TO GET STRONGER AND HAVE THERAPY

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

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

patient's living environment is clean/uncluttered

meal preparation is available to patient for all meals

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/01/2026

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purpose, schedule, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (06/01/26-06/06/26) ,WK2: 1 (06/07/26-06/13/26) ,WK3: 1 (06/14/26-06/20/26) ,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)

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, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170E1 - Chair to Bed to Chair

PROCEDURES: B LE mm strengthening: 1, Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time., 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., 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 - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 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, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: Not to go back to hospital

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

Sit to Stand - 06. Independent

Car 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 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

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

OT Careplans

OT WK1: 1 (06/01/26-06/06/26) ,WK3: 1 (06/14/26-06/20/26) ,WK4: 1 (06/21/26-06/27/26) ,WK5: 1 (06/28/26-07/04/26) ,WK6: 1 (07/05/26-07/11/26)

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

PROCEDURES: Patient/caregiver recalls related purpose and schedule of medications: Medication review, home exercise program: Home exercise program to constant of using water bottles, dumbbells or theraband for upper extremity., work simplification/energy conservation, transfers training: Transfer

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, Oral Hygiene - 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 will demonstrate improved bilateral upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

OT Goals

PATIENT-STATED GOAL: Patient wants to be more independent

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

Oral Hygiene - 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 will demonstrate improved bilateral upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/01/2026