Home Health Certification and Plan of Care

Order ID: 1150/19678

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9MC6JD0MJ76	06/11/2026	From: 06/11/2026 To: 08/09/2026	25375	217058

6. Patient's Name and Address

Howard Fales
6421 Forest Ave,
ELKRIDGE, MD 21075-
443-878-5645

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 11/09/1934 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S72.001D	Fx unsp part of nk of r femr subs for clos fx w routn heal	06/11/26

13. ICD	Other Pertinent Diagnoses	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	06/11/26
N18.6	End stage renal disease	06/11/26
K52.9	Noninfective gastroenteritis and colitis unspecified	06/11/26
E03.9	Hypothyroidism unspecified	06/11/26
K21.9	Gastro-esophageal reflux disease without esophagitis	06/11/26
H40.9	Unspecified glaucoma	06/11/26
Z99.2	Dependence on renal dialysis	06/11/26
Z91.81	History of falling	06/11/26

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

ACETAMINOPHEN 500 mg/tablet / Give 2 tablet by mouth every 8 hours for PAIN NOT HOUSE STOCK IF ROUTINE ADMINISTRATION - NOT TO EXCEED 3GM ACETAMINOPHEN PER DAY
CARVEDILOL 6.25 mg / 1 Tablet by mouth twice a day for HTN WITH BREAKFAST AND DINNER - HOLD FOR SBP < 110 and/or HR less than 60
Colesevelam HCl 625 mg/tablet / Give 3 tablet by mouth twice a day for HYPERLIPIDEMIA
Escitalopram Oxalate - Escitalopram Oxalate 10 mg / 1 Tablet by mouth in the morning for Depression
FENOFIBRATE 145 mg / 1 Tablet by mouth in the morning for HLD
Hydralazine Hydrochloride - Hydralazine Hydrochloride 50 mg / 1 Tablet by mouth every morning and at bedtime for HTN HOLD MEDICATION IF SYSTOLIC BLOOD PRESSURE < 110
MIRALAX Powder / Give 17 grams by mouth once in 24 hours as needed for CONSTIPATION MIXED WITH 4 to 8OZ OF FLUID - BOWEL PROTOCOL STEP 2 IF NO BM IN 48 HOURS
Nifedipine Er - Nifedipine 30 mg / 1 Tablet by mouth in the morning for HTN Hold for SBP < 110
RENA-VITE 1 mg / 1 Tablet by mouth in the morning for NUTRITIONAL SUPPORT
Robitussin Dm - Chlorpheniramine Polistirex: Hydrocodone Polistirex 100-10 MG/5ML / Give 10 ml by mouth every 6 hours as needed for COUGH EVERY 6 HOURS
SYNTHROID 125 mcg / 1 Tablet by mouth once a day for Hypothyroidism
Sevelamer HCl 800 mg/tablet / Give 2 tablet by mouth after meal for ESRD
Azelastine Hydrochloride - Azelastine Hydrochloride 137 MCG/SPRAY / 1 spray nostril two times a day for ALLERGIES
ALLOPURINOL 100 mg / 1 Tablet orally in the morning for GOUT
DULCOLAX 10 mg / Insert 1 suppository rectally every 24 hours as needed for BOWEL MOVEMENT IF NO BOWEL MOVEMENT IN 3 DAYS NOTIFY MD IF INEFFECTIVE
BRIMONIDINE TARTRATE Ophthalmic Solution 0.2 % / Instill 1 drop right eye three times a day for Glaucoma
DORZOLAMIDE HYDROCHLORIDE Ophthalmic Solution 2 % / Instill 2 drop right eye two times a day for Glaucoma
XALATAN Solution 0.005 % / instill 1 drop right eye at bedtime for Glaucoma SEPARATE EYE DROP ADMINISTRATION BY 5 MINUTES
BARRIER CREAM - topically every shift for Skin Protection AFT SOAP/H20 Apply to BUTTOCKS AND PERI AREA

14. DME and Supplies:

rolling walker, diabetic supplies, commode, cane, walker

15. Safety Measures:

supervision at all times, transfer with assist, fall precautions, ambulates with device, emergency phone number prominently displayed, ambulates with assistance

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Up As Tolerated, Exercises Prescribed, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required, HISTORY OF DEPRESSION: No

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

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Fracture of unspecified part of neck of right femur, subsequent encounter for closed fracture with routine healing, 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 06/11/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Fiteh Yelekal
6518 Meadowridge Rd Ste 110
Elkridge, MD 21075
PHONE: 667-234-8650 FAX: 16672348641 NPI: 1689241911

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.

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Clinical Condition Requiring Homecare:

The patient is a 91-year-old male referred for skilled home health physical therapy services due to a significant decline in functional mobility following a right femoral neck fracture and subsequent surgical repair with gamma nail fixation performed on 03/14/2026. His past medical history is significant for end-stage renal disease requiring hemodialysis three times weekly (Tuesday, Thursday, and Saturday), congestive heart failure, hypertension, anemia, gait abnormality, generalized muscle weakness, glaucoma, hypothyroidism, and a history of right hip fracture status post surgical intervention. Following his hospitalization and surgical repair, the patient has experienced a notable decline in strength, balance, endurance, and overall functional mobility. Physical therapy evaluation revealed bilateral lower extremity weakness, impaired balance, decreased activity tolerance, and altered gait mechanics. These deficits significantly impact his ability to safely perform bed mobility, transfers, and household ambulation. The patient demonstrates decreased functional endurance, likely compounded by his multiple chronic medical conditions, including congestive heart failure and end-stage renal disease requiring ongoing dialysis treatments. His mobility limitations place him at an increased risk for falls, injury, further functional decline, and potential rehospitalization. The patient currently experiences difficulty with transitional movements, including bed mobility and transfers, and requires increased effort and assistance to safely navigate his home environment. Altered gait mechanics and lower extremity weakness further compromise his safety during ambulation and reduce his overall independence with daily activities. Given his advanced age, recent orthopedic surgery, chronic cardiovascular and renal disease, and history of gait impairment, the patient remains vulnerable to complications associated with immobility, deconditioning, and recurrent falls. Skilled home health physical therapy is medically necessary to address the patient's lower extremity weakness, impaired balance, gait dysfunction, transfer deficits, reduced endurance, and fall risk. Treatment interventions will focus on therapeutic exercise for strengthening, gait training, transfer training, balance retraining, endurance conditioning, functional mobility training, and comprehensive fall prevention education. Therapy services are aimed at improving safety, maximizing functional independence, enhancing mobility within the home environment, reducing caregiver burden, and minimizing the risk of future hospitalization. The plan of care includes ongoing skilled physical therapy to monitor progress, advance therapeutic interventions as tolerated, reinforce safety strategies, and facilitate the patient's return to the highest achievable level of function. Continued interdisciplinary management of the patient's chronic medical conditions, including ESRD requiring dialysis, CHF, hypertension, anemia, glaucoma, and hypothyroidism, remains essential to support rehabilitation outcomes and overall health status.
 Date of Order 06/11/2026 Orders Physician Face-to-Face Date: 06/02/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Fracture of unspecified part of neck of right femur, subsequent encounter for closed fracture with routine healing 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:
 Physician Yelekal, Fiteh

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (06/11/26-06/13/26) ,WK2: 1 (06/14/26-06/20/26) ,WK3: 1 (06/21/26-06/27/26) ,WK4: 1 (06/28/26-07/04/26) ,WK5: 1 (07/05/26-07/11/26) ,WK6: 1 (07/12/26-07/18/26) ,WK7: 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: 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.
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 Goals

PATIENT-STATED GOAL: To be able to walk safer at home

GOALS
Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 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
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 05. Setup or clean-up assistance

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/11/2026

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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: GG0170M1 - 1 - Step (curb), GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M1745 - Behavioral Issues, M2020 - Oral Med Management, M1400 - Dyspnea, limited strength, muscle weakness, balance deficit

PROCEDURES: B LE mm strengthening: 1, 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: * 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, Chair to Bed to Chair - 04. Supervision or touching assistance, Sit to Stand - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, 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, Car Transfer - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, 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

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

Car Transfer - 04. Supervision or touching assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

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
06/11/2026