Home Health Certification and Plan of Care

Order ID: 1150/19656

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8WW6K29VX54	06/11/2026	From: 06/11/2026 To: 08/09/2026	26559	217058

6. Patient's Name and Address

Edward Chearney
3509 Horton Ave,
BROOKLYN, MD 21225-
443-604-9984

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 02/28/1948 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	06/11/26

13. ICD	Other Pertinent Diagnoses	Date
I50.32	Chronic diastolic (congestive) heart failure	06/11/26
N18.30	Chronic kidney disease stage 3 unspecified	06/11/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	06/11/26
M25.561	Pain in right knee	06/11/26
M25.562	Pain in left knee	06/11/26
G89.29	Other chronic pain	06/11/26
I89.0	Lymphedema not elsewhere classified	06/11/26
L40.9	Psoriasis unspecified	06/11/26
E78.00	Pure hypercholesterolemia unspecified	06/11/26
F32.A	Depression unspecified	06/11/26
R33.9	Retention of urine unspecified	06/11/26
R05.1	Acute cough	06/11/26
E66.01	Morbid (severe) obesity due to excess calories	06/11/26
Z68.43	Body mass index [BMI] 50.0-59.9 adult	06/11/26
Z87.820	Personal history of traumatic brain injury	06/11/26

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

HYDRODIURIL 25 mg tablet by mouth daily Patient-reported medication
Atorvastatin - Atorvastatin Calcium 40 mgs by mouth at bedtime
Carvedilol - Carvedilol 12.5 mg by mouth twice a day
Jardiance - Empagliflozin 10 mgs by mouth once a day
Furosemide - Furosemide 40 mg by mouth once a day
Sennosides - Senna 8.6 mgs by mouth once a day 2 tabs by mouth daily
Flonase - Fluticasone Propionate 0.05 mg/spray nasal once a day
Voltaren - Diclofenac Sodium 10% subcutaneous twice a day apply to bilateral knees twice per day, appy 4g to each knee twice per day

14. DME and Supplies:

rolling walker, grab bars, commode, cane

15. Safety Measures:

transfer with assist, hand rails, fall precautions, avoid temperature extremes, ambulates with device, standard precautions, emergency phone number prominently displayed, ambulates with assistance, walker precautions, smoke detectors , bathroom safety, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

rosuvastatin

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Cane, Up As Tolerated, Exercises Prescribed, Walker, Transfer bed/Chair

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: 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 Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease, 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 78-year-old male admitted to home health physical therapy services following a recent hospitalization and rehabilitation stay related to significant bilateral lower extremity and groin swelling. Physical therapy start-of-care and admission assessments were completed, informed consents were obtained, medication reconciliation was performed, a home safety assessment was conducted, and the patient handbook was reviewed. The physical therapy plan of care was discussed and developed with the patient, who verbalized understanding and agreement with the proposed treatment plan. The referring physician, Dr. Syed Riaz, was notified of the completed home health admission. The patient was admitted to Harbor Hospital on 04/21/2026 after experiencing severe swelling of both legs and the groin area. He remained hospitalized for approximately two weeks before transferring to Autumn Lake Rehabilitation Facility, where he continued his recovery until discharge home on 06/05/2026. The patient returned home via ambulance transport and required assistance to be carried up the three steps leading into the rear entrance of his residence due to significant mobility limitations. Prior to this hospitalization, the patient was able to access the second floor of his home and function with greater independence. Since returning home, he has experienced a substantial decline in mobility and functional status. The patient lives alone in a two-story row home that is reported to be in partial disrepair. Due to his current physical limitations, he remains confined to the first floor and is unable to negotiate stairs to access the second level of the home. A bed has been set up in the living room, and he utilizes a bedside commode for toileting needs. The patient reported that his home was burglarized approximately one week prior to the visit, resulting in the theft of his walker and power wheelchair. Consequently, he currently mobilizes throughout the first floor primarily by propelling himself in a wheeled office chair. He reported that his daughter is arranging for a replacement walker to improve his mobility and safety within the home. Physical therapy evaluation revealed multiple significant impairments affecting the patient's functional independence and safety. The patient presents with bilateral knee pain, decreased strength in both lower extremities, impaired balance, decreased functional mobility, unsteady gait, difficulty performing transfers, inability to negotiate stairs, decreased safety awareness, and a history of falls. These deficits place the patient at a high risk for falls, injury, further functional decline, and loss of independence. His current mobility limitations significantly impact his ability to safely navigate the home environment and perform daily activities without assistance. Given the patient's substantial decline in functional status following hospitalization and rehabilitation, skilled home health physical therapy is medically necessary to address lower extremity weakness, impaired balance, gait dysfunction, transfer deficits, stair negotiation limitations, and safety concerns. Interventions will focus on therapeutic exercise, strengthening, gait training, transfer training, balance retraining, fall prevention strategies, home safety education, and functional mobility training to maximize independence and restore the highest possible level of function within the home environment. Without skilled physical therapy intervention, the patient remains at significant risk for recurrent falls, progressive deconditioning, increased dependence, and potential rehospitalization. The patient participated in the development of the physical therapy plan of care and expressed agreement with all goals and interventions. Home physical therapy services are scheduled to begin on 06/11/2026

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

Syed Riaz
518 S Camp Meade Rd
Linthicum, MD 21090
PHONE: 410-691-2302 FAX: 14106912306 NPI: 1366519480

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 : 05/18/2026

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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at a frequency of two <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> per week for two weeks, followed by one visit per week for six additional weeks. Ongoing assessment and treatment will focus on improving strength, balance, mobility, transfer ability, safety awareness, and overall functional independence to support the patient's ability to remain safely in his home environment.
 Date of Order 06/11/2026 Orders Physician Face-to-Face Date: 05/18/2026 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat ot-eval & treat due to Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease 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
 Physician Riaz, Syed

SN Careplans

SN Goals

PT Careplans

PT WK1: 2 (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) ,WK8: 1 (07/26/26-08/01/26)

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: 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, 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/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

PT Goals

PATIENT-STATED GOAL: To be able to get up and down my steps

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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 performs medical/rehabilitation treatments with adequate competence

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

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

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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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170K1 - Walk 150 Feet, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, swelling in the arms/legs, M1400 - Dyspnea, M1033 - Exhaustion, limited endurance, muscle weakness, Pain Interference with ADLs

PROCEDURES: cough/deep breathing exercises, home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., therapeutic modalities: Apply ice to bilateral knees x 20 minutes with necessary barrier and skin assessments q 5 minutes., work simplification/energy conservation, gait training/stair training, transfers training, assist with fall prevention

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, * 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 performs medical/rehabilitation treatments with adequate competence, Chair to Bed to Chair - 06. Independent, Sit to Stand - 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, 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, Eating - 06. Independent, Upper Body Dressing - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
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