Home Health Certification and Plan of Care

Order ID: 1150/19726

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30993725800	04/17/2026	From: 06/16/2026 To: 08/14/2026	24611	217058

6. Patient's Name and Address

John Palmer
4011 TAYLOR AVE,
NOTTINGHAM, MD 21236-
443-793-8110

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 10/11/1980 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I26.99	Other pulmonary embolism without acute cor pulmonale	04/17/26

13. ICD	Other Pertinent Diagnoses	Date
N31.9	Neuromuscular dysfunction of bladder unspecified	04/17/26
R33.9	Retention of urine unspecified	04/17/26
I10.	Essential (primary) hypertension	04/17/26
F20.9	Schizophrenia unspecified	04/17/26
N13.30	Unspecified hydronephrosis	04/17/26
M41.9	Scoliosis unspecified	04/17/26
H47.20	Unspecified optic atrophy	04/17/26
F17.210	Nicotine dependence cigarettes uncomplicated	04/17/26
Z79.891	Long term (current) use of opiate analgesic	04/17/26
Z79.899	Other long term (current) drug therapy	04/17/26
Z96.0	Presence of urogenital implants	04/17/26
Z91.81	History of falling	04/17/26
N13.6	Pyonephrosis	04/17/26
K56.7	Ileus unspecified	04/17/26
L30.9	Dermatitis unspecified	04/17/26
Z87.891	Personal history of nicotine dependence	04/17/26
Z79.01	Long term (current) use of anticoagulants	04/17/26
G82.20	Paraplegia unspecified	04/17/26
K21.9	Gastro-esophageal reflux disease without esophagitis	04/17/26
R29.6	Repeated falls	04/17/26

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

Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg / 1 Capsule by mouth every evening. Commonly known as: FLOMAX
CYCLOBENZAPRINE 10 mg by mouth every 8 hours as needed for Muscle Spasms.
DULOXETINE HYDROCHLORIDE Delayed Release 60 mg / 1 Capsule by mouth DAILY Commonly known as: CYMBALTA
GABAPENTIN 400 mg/capsule / Take 2 capsules by mouth three times a day Commonly known as: NEURONTIN
PROPRANOLOL 10 mg by mouth twice a day as needed (agitation). Commonly known as: INDERAL
RISPERIDONE 3 mg/tablet / Take 6 mg by mouth in the evening Commonly known as: RisperDAL
TRAZODONE 100 mg by mouth in the evening Commonly known as: DESYREL
Chantix - Varenicline Tartrate eq 0.5 mg base 1 tab by mouth as necessary
Ditropan Xl - Oxybutynin Chloride 10 mg 1 tab by mouth once a day
Atorvastatin - Atorvastatin Calcium 10 mg 1 tab by mouth in the morning
Pantoprazole - Pantoprazole Sodium 40 mg 1 tab by mouth once a day
Pantoprazole - Pantoprazole Sodium 40 mg 1 tab by mouth once a day
Pradaxa - Dabigatran Etexilate Mesylate 150 mg Take 1 capsule by mouth every 12 hours Anticoagulant
Nicotine Polacrilex - Nicotine Polacrilex eq 4 mg base Take 1 lozenges by mouth every hour Every 1 to 2 hours X 6 weeks
Nasonex - Mometasone Furoate Monohydrate 50 MCG/ACT nasal spray / 1 spray by Each Nare Nasal 2 times a day For diagnoses: Seasonal allergic rhinitis due to pollen Commonly known as: NASONEX
Diclona 1-4.5 % Gel / Apply 1 Dose to the skin 4 times daily as needed. Generic drug: Diclofenac Sod-Lidocaine HCL. For diagnoses: Neuropathy

14. DME and Supplies:

walker, wheelchair, rolling walker, hand held shower, hospital bed, commode, bath bench, 4 wheeled walker

15. Safety Measures:

fall precautions, ambulates with assistance

16. Nutrition:

regular

17. Allergies:

bee pollen benztropine mesylate haloperidol penicillins

18.A. Functional Limitations

None of the above

18.B. Activities Permitted

No Restrictions,

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: 2 independent, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: Intact , MOBILITY: N/A

22.B.Discharge Plans

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

Homebound status:

Due to diagnosis of Other pulmonary embolism without acute cor pulmonale, 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:

Patient is a 45-year-old male referred for skilled OT services following hospitalization secondary to a multiple sclerosis (MS) exacerbation with urinary tract infection (UTI). The patient had previously been receiving OT services to address deficits limiting his return to prior level of function. Currently, he presents with decreased standing balance, standing tolerance, bilateral upper extremity strength, and overall activity tolerance, resulting in impaired self-care, functional transfers, ambulation, bathing, and grooming tasks. PT evaluation was also completed, with a recent diagnosis of pyonephrosis and a medical history significant for MS, recurrent UTIs, and schizophrenia. Prior to hospitalization, the patient ambulated with a rollator but required assistance with transfers, bed mobility, stair negotiation, and ADLs. Assessment revealed chronic bilateral lower extremity weakness, bilateral foot drop with foot drag during ambulation, and continued difficulty with transfers and bed mobility. The patient was educated on the potential benefits of an orthotist consultation for bilateral ankle-foot orthoses (AFOs) to improve gait safety and reduce foot drag, and he expressed interest. The patient also reported symptoms consistent with a UTI, which were communicated to the triage nurse for follow-up with his urologist. Continued skilled OT and PT services are recommended to improve strength, balance, functional mobility, safety, and independence with daily activities.<o:p></o:p>   Date of Order<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';

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

Binu Batajoo Shrestha
1447 York Rd
Lutherville, MD 21093
PHONE: 4109337600 FAX: 14109337666 NPI: 1972850980

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 : 04/03/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/19726

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30993725800	04/17/2026	From: 06/16/2026 To: 08/14/2026	24611	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
John Palmer 4011 TAYLOR AVE, NOTTINGHAM, MD 21236- 443-793-8110	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">0<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">6<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">/<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">11/<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">2026<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">
<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Order<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Physician Face-to-Face Date:
04/03/2026<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Clinical Condition Requiring
Home Care per Certifying Physician: PT eval and treat OT eval and treat DX: Other pulmonary embolism without acute cor pulmonale<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Homebound Status per
Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">
<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">4 - Recertification
<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;">OT<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"> Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"> <span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;">to address deficits hindering <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">p<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">atient from returning to
plof<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">PT Eval
Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> Physician:
Batajoo Shrestha, Binu

SN Careplans	SN Goals

PT Careplans	PT Goals
PT WK1: 2 (06/16/26-06/20/26) ,WK2: 1 (06/21/26-06/27/26) ,WK3: 1 (06/28/26-07/04/26) ,WK4: 1 (07/05/26-07/11/26) ,WK5: 1 (07/12/26-07/18/26) ,WK6: 1 (07/19/26-07/25/26) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea PROCEDURES: Medication management : Review medication with pt and family, cough/deep breathing exercises, home exercise program: Assist with hip flexion, laq, hip abduction, supine hip abduction add, heel slides, saq, dynamic standing balance exercises: Focus improved ft clearance, safety amd tech negotiating steps to second floor amd to exit home, gait training/stair training: Focus improved ft clearance, safety amd tech negotiating steps to second floor amd to exit home, transfers training: Focus improved ft clearance, safety amd tech negotiating steps to second floor amd to exit home 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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, caregiver administers and/or packages	PATIENT-STATED GOAL: I'd like to walk better and get up steps easier, get stronger. GOALS Walk 50 ft with 2 Turns - 04. Supervision or touching assistance Don/Doff Footwear - 03. Partial/moderate assistance Walk 10 Feet - 04. Supervision or touching assistance caregiver performs medical/rehabilitation treatments with adequate competence 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 * 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 * prevention exacerbation of anxiety condition including coping patterns

Signature of Physician:	Date

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

Home Health Certification and Plan of Care

Order ID: 1150/19726

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30993725800	04/17/2026	From: 06/16/2026 To: 08/14/2026	24611	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
John Palmer 4011 TAYLOR AVE, NOTTINGHAM, MD 21236- 443-793-8110	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Don/Doff Footwear - 03. Partial/moderate assistance

* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* 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

caregiver administers and/or packages medications appropriately

OT Careplans

OT WK2: 1 (06/21/26-06/27/26) ,WK4: 1 (07/05/26-07/11/26) ,WK6: 1 (07/19/26-07/25/26) ,WK8: 1 (08/02/26-08/08/26)

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:

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 7. Currently taking 5 or more medications

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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: constipation, poor muscle tone, balance deficit, impaired speech

PROCEDURES: Medication Review : Medication reviewed with patient with all medications in the home, home exercise program: Bilateral UE strengthening of triceps muscles with armchair press-ups, triceps extensions utilizing green resistance bands. Bilateral biceps strengthening with Grey resistance bands biceps curls. Bilateral UE shoulder strengthening with yellow resistance bands raises. All exercises 2-3 sets 10-12 reps, equipment training, work simplification/energy conservation, transfers training: Skilled OT, assist with bathing: Skilled OT, assist with transferring: Skilled OT, assist with lower body dressing: Skilled OT

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition

OT Goals

PATIENT-STATED GOAL: Get in the shower by myself

GOALS
Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 03. Partial/moderate assistance

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Don/Doff Footwear - 03. Partial/moderate 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

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/11/2026

Home Health Certification and Plan of Care

Order ID: 1150/19726

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30993725800	04/17/2026	From: 06/16/2026 To: 08/14/2026	24611	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
John Palmer 4011 TAYLOR AVE, NOTTINGHAM, MD 21236- 443-793-8110	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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 - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent

HHA Careplans	HHA Goals
HHA WK1: 1 (06/16/26-06/20/26) ,WK2: 1 (06/21/26-06/27/26) ,WK3: 1 (06/28/26-07/04/26) ,WK4: 1 (07/05/26-07/11/26) ,WK5: 1 (07/12/26-07/18/26) PROCEDURES: assist with bathing: Mod A, assist with toilet transferring: Min A, assist with transferring: Min a, assist with lower body dressing: Min A, assist with lower body dressing: Mod A, assist with upper body dressing: Min A	

Signature of Physician:	Date

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