Home Health Certification and Plan of Care

Order ID: 1150/19791

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
11406563130	06/13/2026	From: 06/13/2026 To: 08/11/2026	26853	217058

6. Patient's Name and Address

John McAvoy
4601 Valleyview Avenue,
BALTIMORE, MD 21206-
410-501-0427

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 01/18/1965 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I10.	Essential (primary) hypertension	06/13/26

13. ICD	Other Pertinent Diagnoses	Date
E11.65	Type 2 diabetes mellitus with hyperglycemia	06/13/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	06/13/26
K70.30	Alcoholic cirrhosis of liver without ascites	06/13/26
F10.90	Alcohol use unspecified uncomplicated	06/13/26
F31.9	Bipolar disorder unspecified	06/13/26
L40.9	Psoriasis unspecified	06/13/26
K21.9	Gastro-esophageal reflux disease without esophagitis	06/13/26
I85.00	Esophageal varices without bleeding	06/13/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	06/13/26
G47.00	Insomnia unspecified	06/13/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	06/13/26
F17.200	Nicotine dependence unspecified uncomplicated	06/13/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	06/13/26
Z79.82	Long term (current) use of aspirin	06/13/26
Z79.4	Long term (current) use of insulin	06/13/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	06/13/26
Z79.899	Other long term (current) drug therapy	06/13/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	06/13/26
Z89.511	Acquired absence of right leg below knee	06/13/26
Z91.81	History of falling	06/13/26

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

Thera Give 1 tablet by mouth once a day for supplement until 05/24/2027 23:59
ASPIRIN Chewable 81 MG tablet by mouth one time a day for Afib until 05/24/2027 23:59
AMLODIPINE 5 mg/tablet / Give 2 tablet by mouth one time a day for hypertension (hold for bp less than 100)
Metformin Hcl - Metformin Hydrochloride 1000 MG tablet by mouth two times a day for Diabetes mellitus with meals.
DULOXETINE HYDROCHLORIDE Delayed Release 60 MG tablet by mouth one time a day for depression
LISINOPRIL 40 MG tablet by mouth one time a day for hypertension
QUETIAPINE FUMARATE 100 MG tablet by mouth one time a day for schizophrenia
CLOPIDOGREL 75 MG tablet by mouth one time a day for afib until 06/13/2026 23:59 for 20 days.
PANTOPRAZOLE Delayed Release 40 MG tablet by mouth in the morning for GERD
ONDANSETRON 4 MG tablet by mouth every 8 hours for nausea vomiting for 5 days.
ATORVASTATIN 80 MG tablet by mouth at bedtime for HDL until 05/24/2027 23:59
Glipizide - Glipizide 10 MG tablet by mouth two times a day for Diabetes mellitus
Iron-Vitamin C 65-125 MG / 1 Tablet by mouth once a day for Anemia until 05/24/2027 23:59
HUMALOG 100 UNIT/ML subcutaneous before meals and at bedtime
Directions: Inject per as sliding scale: if 0 - 200 = 0 unit <70 follow hypoglycemic protocols; 201 - 260 = 1 unit; 261 - 320 = 2 units; 321 - 380 = 3 units; 381 - 400 = 4 units >400 give 4 units and notify MD,
Insulin Glargine-yfgn Subcutaneous Solution 100 UNIT/ML / Inject 12 unit subcutaneous once a day for Diabetes mellitus Inject 12 Units into the skin every morning.
NICOTINE Patch 24 Hour 14 MG/24HR / Apply 1 patch transdermal one time a day for smoking cessation until 06/23/2026 23:59

14. DME and Supplies:

walker, diabetic supplies

15. Safety Measures:

walker precautions, standard precautions, sharps precautions, infectious material management, fall precautions, diabetic precautions, , cardiac precautions, bleeding precautions, anticoagulant precautions, ambulates with device, ambulates with assistance

16. Nutrition:

diabetic

17. Allergies:

vancomycin shrimp

18.A. Functional Limitations

Ambulation, Endurance, Amputation

18.B. Activities Permitted

Walker, , Up As Tolerated, ,

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: Yes

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

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Essential (primary) hypertension, 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 60-year-old individual admitted to home health services following hospitalization and subacute rehabilitation related to a cerebrovascular accident (CVA) and recent transient ischemic attack (TIA), with a history of multiple falls. Past medical history is significant for type 2 diabetes mellitus, hypertension, right below-knee amputation (BKA) with prosthesis use, alcoholic cirrhosis, bipolar disorder, and sleep apnea. The patient resides in a multi-level group home with eight steps and a handrail at the entrance, while the bedroom and bathroom are located on the second floor. Upon skilled nursing assessment, the patient was alert and oriented, denied incontinence, and demonstrated intact skin without evidence of breakdown or pressure injuries. Skilled nursing services were initiated with a recommended frequency of once weekly for three weeks, and physical and occupational therapy evaluations were ordered as part of the home health plan of care. During the physical therapy evaluation, the patient demonstrated impaired functional mobility, decreased balance, and an elevated fall risk as evidenced by a Tinetti Balance Assessment score of 14/28. The patient ambulated approximately 30 feet on indoor surfaces using a rolling walker and right lower extremity prosthesis under supervision. The patient was able to negotiate 14 stairs with the use of a handrail and supervision, performed bed mobility independently, and completed transfers to bed, chair, and toilet with supervision. Due to impaired balance, recent neurological events, prosthetic limb use, and the considerable effort required to leave the home safely, the patient meets homebound criteria. Skilled physical therapy is medically necessary to improve strength, balance, gait safety, functional mobility, and fall prevention in order to maximize independence and reduce the risk of further injury or hospitalization. Occupational therapy evaluation revealed a decline from the patient's prior level of function. Prior to hospitalization, the patient was independent with basic

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 06/13/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Jerome Chambers
4920 Campbell Blvd
White Marsh, MD 21236
PHONE: 14109337600 FAX: NPI: 1053978189

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 : 06/09/2026

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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self-care activities, functional transfers, and ambulation. Currently, the patient presents with decreased standing balance, reduced standing tolerance, diminished bilateral upper extremity strength, and decreased activity tolerance, resulting in impaired performance of self-care tasks, functional transfers, and household mobility. Skilled occupational therapy services are recommended to address these deficits through therapeutic exercise, balance training, endurance-building activities, safety education, and functional task retraining with the goal of restoring the patient to the highest possible level of independence and safety within the home environment. The interdisciplinary plan of care includes ongoing skilled nursing assessment, disease process management, fall prevention education, and rehabilitation services to support recovery, improve functional outcomes, and prevent further decline.
 Date of Order 06/13/2026 Orders Physician Face-to-Face Date: 06/09/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Essential (primary) hypertension 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 PT Eval Notes: OT Eval Notes:
 Physician Chambers, Jerome

SN Careplans

SN WK1: 1 (06/13/26-06/13/26) ,WK2: 1 (06/14/26-06/20/26) ,WK3: 1 (06/21/26-06/27/26) ,WK5: 1 (07/05/26-07/11/26) ,WK7: 1 (07/19/26-07/25/26) ,WK9: 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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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; 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 ; 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.

NA
Advance Directive:Advanced Directive See MOLST

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, Home Safety, dependent edema, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, poor muscle tone, muscle weakness, swelling of affected area, limited endurance, limited strength, obesity

PROCEDURES: glucose testing via monitor, 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered

SN Goals

PATIENT-STATED GOAL: I want to manage my DM

GOALS
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 self-administers medications as prescribed
* 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's living environment is clean/uncluttered

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

06/13/2026

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PT 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) ,WK9: 1 (08/02/26-08/08/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet 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, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair

PROCEDURES: home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps. Prone knee flexion, hip extension, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet 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, Car Transfer - 05. Setup or clean-up assistance

PATIENT-STATED GOAL: To be able to walk to the store myself with a cane

GOALS
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 - 05. Setup or clean-up assistance

Chair to Bed to Chair - 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

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

Car Transfer - 05. Setup or clean-up assistance

OT Careplans

OT WK2: 1 (06/14/26-06/20/26) ,WK4: 1 (06/28/26-07/04/26) ,WK6: 1 (07/12/26-07/18/26) ,WK8: 1 (07/26/26-08/01/26) ,WK10: 1 (08/09/26-08/11/26)

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: Medication Review : Medication reviewed with patient with all medications in the home, however needles required for DM medications not in the home. Patient states needless to be delivered tomorrow., home exercise program: Bilateral UE triceps and biceps strengthening for functional transfer independence. Triceps extensions, triceps kickbacks, armchair press-ups, biceps curls 2-3 sets utilizing yellow to green resistance bands, equipment training, work simplification/energy conservation, transfers training, transfers training: Skilled OT, assist with bathing: Skilled OT

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, 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, 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

OT Goals

PATIENT-STATED GOAL: Get in the shower

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

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

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

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
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/13/2026