Home Health Certification and Plan of Care

Order ID: 1150/19779

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
981006996	06/13/2026	From: 06/13/2026 To: 08/11/2026	25422	217058

6. Patient's Name and Address

Roy Gary
101 Chesley Avenue,
BALTIMORE, MD 21206-
410-665-9563

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 04/25/1950 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	06/13/26

13. ICD	Other Pertinent Diagnoses	Date
I21.3	ST elevation (STEMI) myocardial infarction of unsp site	06/13/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	06/13/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	06/13/26
I50.31	Acute diastolic (congestive) heart failure	06/13/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	06/13/26
N18.30	Chronic kidney disease stage 3 unspecified	06/13/26
D63.1	Anemia in chronic kidney disease	06/13/26
I48.91	Unspecified atrial fibrillation	06/13/26
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	06/13/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	06/13/26
K21.9	Gastro-esophageal reflux disease without esophagitis	06/13/26
G47.00	Insomnia unspecified	06/13/26
E66.9	Obesity unspecified	06/13/26
Z68.39	Body mass index [BMI] 39.0-39.9 adult	06/13/26
Z95.1	Presence of aortocoronary bypass graft	06/13/26
Z90.49	Acquired absence of other specified parts of digestive tract	06/13/26
Z79.4	Long term (current) use of insulin	06/13/26
Z79.01	Long term (current) use of anticoagulants	06/13/26
Z79.82	Long term (current) use of aspirin	06/13/26

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

ASPIRIN 81 MG Tablet by mouth one time a day at AC&HS
ATORVASTATIN 40 MG Tablet by mouth in the evening at bedtime for HLD
FLEXERIL 5 MG tablet by mouth every 8 hours as needed for muscle spasm / cramp
Elta-X 20 MSO Tablet effervescent 1 tablet by mouth one time a day for SUPPLEMENT
FAMOTIDINE 20 MG tablet by mouth two times a day for GERD
FUROSEMIDE 40 MG Tablet by mouth two times a day for CHF
MAGNESIUM 400 MG ml by mouth every 24 hours as needed for Infrequent Upset Stomach
MELATONIN 3 MG tablet by mouth at bedtime for Sleeping Aid
METOPROLOL 50 MG tablet by mouth every 6 hours for HTN Hold SBP Less than 110, HR Less than 50
MULTIPLE VITAMIN 1 tablet by mouth one time a day for
ONDANSETRON 4 MG tablet by mouth every 6 hours as needed for N/V
POLYETHYLENE GLYCOL 17 gram by mouth one time a day for Bowel Regimen Dissolve in 4oz of water; hold for loose stools.
SENNA-S 50 MG tablet by mouth two times a day for Bowel Regimen Hold stools / NONF for loose stool
SIMETHICONE 80 MG Tablet by mouth every 6 hours for Gas
DUTASTERIDE AND TAMSULOSIN HYDROCHLORIDE 0.4 MG capsule by mouth one time a day for BPH
WARFARIN 4 MG tablet by mouth at bedtime for DVT prophylaxis
ALBUTEROL 2.5 MG ml inhale orally every 6 hours as needed for SOB/Wheezing
PEG-3350, SODIUM CHLORIDE, SODIUM BICARBONATE, POTASSIUM CHLORIDE AND BISACODYL 10 MG application rectally every 24 hours as needed for Bowel Regimen
INSULIN 25 unit subcutaneously at bedtime for DM
LIDOCAINE 3 patches Topically one time a day for Pain Apply to Upper Back and remove per schedule

14. DME and Supplies:

rolling walker, reacher, diabetic supplies, cane

15. Safety Measures:

walker precautions, standard precautions, sharps precautions, medication safety, fall precautions, emergency phone # clearly displayed, diabetic precautions, cardiac precautions, bleeding precautions, ambulates with device, ambulates with assistance

16. Nutrition:

cardiac diet, diabetic

17. Allergies:

penicillin

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation, Endurance

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: 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

patient will be responsible for managing treatment

Homebound status: After undergoing Colon cancer requiring surgical resection, complicated by a myocardial infarction and subsequent coronary artery bypass grafting (CABG x3), 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 admitted to home health services following hospitalization and rehabilitation for colon cancer requiring surgical resection, complicated by a myocardial infarction and subsequent coronary artery bypass grafting (CABG x3). His past medical history is significant for chronic kidney disease (CKD), congestive heart failure (CHF), atrial fibrillation, gastroesophageal reflux disease (GERD), aortocoronary bypass, neuropathy, diabetes mellitus, and heart disease. The patient resides with his wife in a multi-level single-family home with seven steps and a railing at the entrance; however, his bedroom and bathroom are located on the first floor. His wife was present during the assessment and provides support as needed. The patient is alert and oriented, denies urinary or bowel incontinence, and skin assessment revealed intact skin without wounds or breakdown. He ambulates with a rolling walker and requires supervision for mobility and safety. A comprehensive skilled nursing assessment was completed following referral to home health services after a fall and subsequent hospitalization. The patient remains homebound due to the considerable effort required to leave the home, dependence on an assistive device, and impaired mobility. He is currently ambulating approximately 30 feet on indoor surfaces with a rolling walker under supervision. Bed mobility and transfers to the bed, chair, and toilet require supervision and verbal cueing to maintain sternal precautions related to his recent CABG surgery. A Tinetti Balance Assessment score of 15/28 indicates an elevated fall risk. During the physical therapy evaluation, the patient tolerated therapeutic exercises including supine hip flexion, bridging, straight leg raises, hip abduction, knee extension, and ankle pumps for 10 repetitions each. Prior to hospitalization, the patient was independent with basic self-care activities, functional transfers, and ambulation. Currently, he demonstrates decreased standing balance, reduced standing tolerance, bilateral upper extremity weakness, generalized deconditioning, and diminished activity tolerance, resulting in decreased independence with self-care tasks, functional transfers, and ambulation. These impairments significantly impact his ability to safely perform daily activities and return to his prior level of function. Skilled physical therapy is medically necessary to improve strength, endurance, balance, gait, transfer ability, and overall functional mobility while reinforcing sternal

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

Alyssa Mathew
4920 Campbell Blvd
Baltimore, MD 21236
PHONE: FAX: NPI: 1144640269

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 : 06/10/2026

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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precautions and reducing fall risk. Skilled occupational therapy is also indicated to address deficits in upper extremity strength, activity tolerance, standing balance, self-care performance, and functional independence. Skilled nursing services are recommended at a frequency of 1 visit per week for 3 weeks for ongoing assessment, disease process management, medication review, monitoring for postoperative and cardiac complications, patient and caregiver education, and coordination of care. The interdisciplinary plan of care is focused on maximizing safety, restoring independence, preventing rehospitalization, and facilitating the patient's return to his highest achievable level of function within the home environment.
 Date of Order 06/13/2026 Orders Physician Face-to-Face Date: 06/10/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Colon cancer requiring surgical resection, complicated by a myocardial infarction and subsequent coronary artery bypass grafting (CABG x3) 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 Mathew, Alyssa

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) ,WK4: 1 (06/28/26-07/04/26) ,WK6: 1 (07/12/26-07/18/26) ,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: 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; 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.
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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

SN Goals

PATIENT-STATED GOAL: I want to get around better;I want to get around better

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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/13/2026

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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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, swelling in the arms/legs, delayed capillary refill, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, poor muscle tone, muscle weakness, limited endurance, limited strength, obesity

PROCEDURES: glucose testing via monitor

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

PT Careplans

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, hip abduction, bridging, straight leg raise. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, 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

PT Goals

PATIENT-STATED GOAL: To return to driving and using my 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, home exercise program: Bilateral UE triceps strengthening- Bilateral UE lifting restriction (cardiac precautions). Once precautions lifted Bilateral UE triceps kickbacks, armchair press-ups, triceps extensions yellow resistance bands., equipment training, work simplification/energy conservation, transfers training: Skilled OT, assist with bathing: Skilled OT, assist with lower body dressing: 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, 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
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

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