Home Health Certification and Plan of Care

Order ID: 1150/19860

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3CU7NK3CQ46	06/13/2026	From: 06/13/2026 To: 08/11/2026	26820	217058

6. Patient's Name and Address

Andrew Paige
8343 Montgomery Run Road E,
Ellicott City, MD 21043-
240-507-0204

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 08/12/1955 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
M17.0	Bilateral primary osteoarthritis of knee	06/13/26

13. ICD	Other Pertinent Diagnoses	Date
M62.551	Muscle wasting and atrophy NEC right thigh	06/13/26
M62.552	Muscle wasting and atrophy NEC left thigh	06/13/26
M62.562	Muscle wasting and atrophy NEC left lower leg	06/13/26
M62.561	Muscle wasting and atrophy NEC right lower leg	06/13/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	06/13/26
N18.32	Chronic kidney disease stage 3b	06/13/26
D63.1	Anemia in chronic kidney disease	06/13/26
M10.069	Idiopathic gout unspecified knee	06/13/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	06/13/26
R33.8	Other retention of urine	06/13/26
N13.8	Other obstructive and reflux uropathy	06/13/26
D69.6	Thrombocytopenia unspecified	06/13/26
E83.51	Hypocalcemia	06/13/26
F41.1	Generalized anxiety disorder	06/13/26
E78.89	Other lipoprotein metabolism disorders	06/13/26
E46.	Unspecified protein-calorie malnutrition	06/13/26
K21.9	Gastro-esophageal reflux disease without esophagitis	06/13/26
R29.6	Repeated falls	06/13/26
F17.210	Nicotine dependence cigarettes uncomplicated	06/13/26
F10.20	Alcohol dependence uncomplicated	06/13/26
F13.20	Sedative hypnotic or anxiolytic dependence uncomplicated	06/13/26
Z91.81	History of falling	06/13/26

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

Refresh Ophthalmic Solution 1.4-0.6 % / Instill 1 drop both eyes twice a day for DRY EYES
MULTIVITAMIN 1 tablet by mouth one time a day for Supplement
ALLOPURINOL 300 mg / 1 Tablet by mouth one time a day for Gout
CYCLOBENZAPRINE 10 mg / 1 Tablet by mouth every 8 hours as needed for Spasms
FIORICET 50-300-40 mg/tablet / Give 2 capsule by mouth every 6 hours as needed for MIGRAINE HEADACHE
FLOMAX 0.4 mg / 1 Capsule by mouth at bedtime for benign prostatic hyperplasia
Metoprolol Tartrate - Metoprolol Tartrate 25 mg / 1 Tablet by mouth two times a day for HTN HOLD FOR SBP LESS THAN 110 AND HR LESS THAN 60
OXYCODONE 5 mg / 1 Tablet by mouth every 6 hours as needed for Pain 5-10
Protonix - Pantoprazole Sodium Delayed Release 40 mg / 1 Tablet by mouth one time a day for GERD *DO NOT CRUSH*
TYLENOL 8 Hour Extended Release / Give 650 mg by mouth every 8 hours for Pain
Lidocaine Patch - Lidocaine 5 % / Apply to right knee topical one time a day for pain 12hr in 12hr off and remove per schedule

14. DME and Supplies:

urinary/catheter supplies, bath bench, cane, walker

15. Safety Measures:

knee precautions, , walker precautions, supervision at all times, standard precautions, bathroom safety, fall precautions, activity supervision, ambulates with assistance, ambulates with device

16. Nutrition:

low sodium,

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Walker, Cane, 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: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans

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

Homebound status: Due to diagnosis of Bilateral primary osteoarthritis of knee, 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 70-year-old male admitted to home health services following hospitalization and rehabilitation for recurrent falls, gout-related knee effusions, electrolyte imbalances, and functional decline. Consent for treatment was obtained and signed by the patient. The patient is considered homebound due to significant ambulatory limitations related to bilateral knee osteoarthritis with chronic pain, lower extremity weakness, gait instability, muscle wasting and atrophy, anemia, and electrolyte imbalances, requiring the assistance of one person and the use of a walker for safe mobility, making leaving the home a taxing effort. The patient is alert and oriented to person, place, and time and resides in a condominium with his wife, who serves as his primary caregiver. Past medical history is significant for alcohol use disorder, nicotine dependence, generalized anxiety disorder with benzodiazepine dependence, hypertension, bilateral knee osteoarthritis, idiopathic gout, protein-calorie malnutrition, thrombocytopenia, chronic kidney disease, benign prostatic hyperplasia, obstructive/reflux uropathy, urinary retention requiring chronic Foley catheterization, GERD, chronic pain syndrome, leukocytosis, recurrent falls, gait instability, anemia, hypocalcemia, and muscle wasting of the bilateral lower extremities. During the Start of Care assessment, the patient reported persistent bilateral knee pain rated 6-7/10, with the right knee noted to be more swollen than the left. He also reported intermittent swelling of the feet, tingling and numbness of the lower extremities, and a pulling sensation associated with standing, likely related to the Foley catheter. The patient reported taking prescribed pain medication and a muscle relaxant for symptom management and is utilizing lidocaine patches to the right knee and leg for additional pain relief. He ambulates with a walker and occasionally uses a cane but reports being very cautious during ambulation to prevent falls. The patient reported four or more falls within the past year, including a fall while in rehabilitation that resulted in a left shoulder fracture. Appetite is reported as good. The last bowel movement occurred two days prior to assessment, and the patient stated he anticipates having a bowel movement today. He reported sleeping well the previous night and denied chills, excessive sweating, abnormal bleeding, or other acute symptoms. Assessment revealed no open wounds, bruising, or skin abnormalities. The patient reported a prior incident of possible abuse during his stay at a skilled nursing

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

Harshinder Sidhu
1205 York Rd Ste 11
Timonium, MD 21093
PHONE: 4432350031 FAX: 14432698566 NPI: 1982881298

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 : 05/22/2026

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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facility, for which law enforcement was reportedly contacted by the facility; however, no physical signs of injury were observed during today's visit. Respiratory assessment was unremarkable with no abnormal lung sounds noted. The Foley catheter remained patent and intact with a leg bag in place. The catheter drainage bag was changed by the skilled nurse during the visit, and urine was observed to be yellow and clear. The patient reported occasional cigarette smoking and ongoing alcohol use history. He also reported being unable to attend scheduled follow-up appointments with his primary care provider and urologist following discharge. Patient education was provided regarding the importance of maintaining adequate hydration through increased fluid and water intake, Foley catheter care and monitoring, fall prevention strategies, safe use of assistive devices, and the importance of attending follow-up medical appointments. The patient verbalized understanding of the instructions provided. The patient demonstrates bilateral lower extremity weakness, impaired balance, decreased endurance, altered gait mechanics, and significant functional limitations affecting bed mobility, transfers, household ambulation, stair negotiation, and activities of daily living. He currently requires moderate assistance with basic activities of daily living and has limitations with instrumental activities of daily living. Skilled nursing services are medically necessary for ongoing assessment and management of chronic disease processes, Foley catheter management, medication education, monitoring for complications related to anemia, thrombocytopenia, kidney disease, and electrolyte imbalances, as well as reinforcement of safety and fall prevention measures. Skilled physical therapy has been ordered and is medically necessary to improve strength, balance, gait, functional mobility, transfer safety, and endurance in order to reduce fall risk, maximize independence, and prevent further decline and rehospitalization. Skilled occupational therapy has also been ordered to address deficits in activities of daily living, upper extremity function, home safety, and overall functional independence. Skilled nursing frequency is planned for 1 visit in week 1, 2 visits in week 2, and 1 visit weekly for 5 additional weeks. The patient remains at high risk for falls, injury, and rehospitalization and will continue to benefit from multidisciplinary home health intervention.
 Date of Order 06/13/2026 Orders Physician Face-to-Face Date: 05/22/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat due to Bilateral primary osteoarthritis of knee 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 OT Eval Notes: PT Eval Notes:
 Physician Sidhu, Harshinder

SN Careplans

SN WK1: 1 (06/13/26-06/13/26) ,WK2: 2 (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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 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

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.

No open wounds noted
Advance Directive:Yes

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102f - Patient Supervision, meal preparation, M2102d - Caregiver Performs Treatment, abnormal blood pressure, M1400 - Dyspnea, abnormal electrolyte panel, heartburn/indigestion, urine retention, M1610 - Urinary Catheter, limited endurance, limited strength, muscle weakness, muscle spasms, swelling of affected area, poor muscle tone, limited range of motion, balance deficit, B1000 - Vision Deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, swell/redness surround. skin, discolored patches of skin

SN Goals

PATIENT-STATED GOAL: To be able to walkb

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/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
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver performs medical/rehabilitation treatments with adequate competence

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

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PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, catheter change, care & irrigation: Patient attends urology appointment, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired

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, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence

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)

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: B LE mm strengthening: 1, home exercise program, 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 - 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 - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: Not to go back to hospital

GOALS
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

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

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) ,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)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, 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: cough/deep breathing exercises, incentive spirometer, home exercise program, equipment training, work simplification/energy conservation

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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 02. Substantial/maximal assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Be able to do daily routine

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/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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 02. Substantial/maximal assistance

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