Home Health Certification and Plan of Care

Order ID: 1150/19055

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6QE8JU5CV20	04/02/2026	From: 06/01/2026 To: 07/30/2026	24229	217058

6. Patient's Name and Address
John McKnight
214 S. Monastery Avenue,
Baltimore, MD 21229-
443-540-6832

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 11/09/1942 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
M54.16	Radiculopathy lumbar region	04/02/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	04/02/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	04/02/26
G40.909	Epilepsy unsp not intractable without status epilepticus	04/02/26
M54.12	Radiculopathy cervical region	04/02/26
E78.5	Hyperlipidemia unspecified	04/02/26
M16.9	Osteoarthritis of hip unspecified	04/02/26
R35.0	Frequency of micturition	04/02/26
Z79.4	Long term (current) use of insulin	04/02/26
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	04/02/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	04/02/26
Z79.82	Long term (current) use of aspirin	04/02/26
Z91.81	History of falling	04/02/26

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

ASPIRIN Delayed Release 81 mg / 1 Tablet by mouth daily
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 MCG (2000 UT) / 1 Capsule by mouth once a day
GABAPENTIN 300 mg / 1 Capsule by mouth twice a day
Rosuvastatin Calcium - Rosuvastatin Calcium 40 mg / 1 Tablet by mouth daily
VIAGRA 100 mg / 1 Tablet by mouth once a day as needed
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg / 1 Capsule by mouth DAILY
Multiple Vitamins w/ Minerals (Centrum Silver 50+Men) 1 Tablet by mouth once a day
Jardiance - Empagliflozin 25mg by mouth once a day
Metformin Er - Metformin Hydrochloride 500 mg/tablet / Take 2 tablets by mouth once a day
B-12 ER 5000 MCG / 1 Tablet by mouth once a day
Finerenone 10 mg by mouth once a day To improve kidney function
Tresiba - Insulin Degludec 100 UNIT/ML / 14 units subcutaneous daily

14. DME and Supplies:
rolling walker, grab bars, cane, bath bench, Stair glide

15. Safety Measures:
standard precautions, remove environmental barriers, medication safety, medical alert/lifeline, fall precautions, diabetic precautions, bleeding precautions, bathroom safety, anticoagulant precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Paralysis, Balance

18.B. Activities Permitted
Cane, Walker, Exercises Prescribed, Up As Tolerated, ,

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: WFL , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Radiculopathy lumbar region, 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 an 83-year-old male with a recent hospitalization for a diabetic emergency (blood glucose of 499) and a past medical history significant for CVA with left-sided weakness, hypertension, hyperlipidemia, diabetes, cervical and lumbar radiculopathy, hip osteoarthritis, epilepsy (unspecified convulsions), and urinary frequency. He resides with his spouse in a multi-level townhouse with the bedroom and bathroom on the second floor, requiring navigation of eight steps with a railing; a stair glide is available for assistance. The patient is homebound due to the significant effort required to leave the home and a high fall risk, as evidenced by a Tinetti score of 10/28. He ambulates short distances using a straight cane or rolling walker with decreased bilateral step length, unsteadiness, and need for gait cues, and demonstrates difficulty with basic activities of daily living and functional mobility. The patient presents with generalized weakness and impaired balance and would benefit from skilled occupational therapy to address fall risk, improve strength, and enhance independence with ADLs.
 Date of Order 05/28/2026 Orders Physician Face-to-Face Date: 02/10/2026 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat ot-eval & treat due to Radiculopathy lumbar region Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: The patient is recertified due to ambulating on indoor surface with rolling walker 85 feet with decreased bilateral step length even with cues. Cues to decrease walker placement. TUG is 134 seconds. The patient is not performing home exercise program, and patient needs to perform home program daily and use the walker daily.
 Physician Bajaj, Bhavandeep

SN Careplans	SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/28/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Bhavandeep Bajaj
3455 Wilkens Ave Suite L-10
Baltimore, MD 21229
PHONE: 410-644-4444 FAX: 14106444484 NPI: 1003011214

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 : 02/10/2026

27. Attending Physician's Signature and Date Signed **06/04/2026**: 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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PT Careplans

PT WK1: 1 (06/01/26-06/06/26) ,WK2: 1 (06/07/26-06/13/26) ,WK3: 1 (06/14/26-06/20/26) ,WK4: 1 (06/21/26-06/27/26) ,WK5: 1 (06/28/26-07/04/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, 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: WNL

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, 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 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: limited strength, limited endurance, balance deficit

PROCEDURES: Dynamic and static standing activities : Side stepping, tandem gait, unilateral stance, tandem stance, home exercise program: Sitting knee extension, ankle pumps. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Supine hip flexion, bridging, hooklying rotation, straight leg raise, gait training/stair training, transfers training

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 keep home safe for patient with dementia coping strategies for the caregiver*, 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, patient's enviroment has adequate stairs railings, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet 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, Car

PT Goals

PATIENT-STATED GOAL: To be able to get around the house better and have less difficulty getting to the car

GOALS
Toilet Transfer - 06. Independent

Sit to Stand - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Picking Up Object - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 10 Feet - 04. Supervision or touching assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

caregiver performs medical/rehabilitation treatments with adequate competence

patient self-administers medications as prescribed
* 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

Eating - 06. Independent

Toileting Hygiene - 06. Independent

patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* 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

Upper Body Dressing - 06. Independent

Oral Hygiene - 06. Independent

patient's enviroment has adequate stairs railings

caregiver administers and/or packages medications appropriately

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
05/28/2026

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Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Careplans

OT WK1: 1 (06/01/26-06/06/26)

PROCEDURES: home exercise program: clinician will document procedures at time of visit, strengthening exercises: TBD, dynamic standing balance exercises: PRN

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, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: to be able to be I;to be able to be I

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

Toileting Hygiene - 06. Independent

Eating - 06. Independent

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 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	05/28/2026