

Home Health Certification and Plan of Care				Order ID: 1150/20008	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
491012318		06/14/2026		From: 06/14/2026 To: 08/12/2026	
4. Medical Record No.		5. Provider No.			
26887		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Sing Allen 1314 Dartmouth Avenue, PARKVILLE, MD 21234- 443-653-4993			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB 05/26/1959 9.Sex Male			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD	Principal Diagnosis	Date	ACETAMINOPHEN 500 MG mg by mouth every 8 hours for Pain		
I11.0	Hypertensive heart disease with heart failure	06/14/26	Atorvastatin Calcium - Atorvastatin Calcium 40 mg by mouth at bedtime for HLD		
13. ICD	Other Pertinent Diagnoses	Date	Bupropion Hydrochloride - Bupropion Hydrochloride Extended Release 150 MG tablet by mouth twice a day for Depression		
I50.21	Acute systolic (congestive) heart failure	06/14/26	Dabigatran Etexilate Mesylate 150 MG capsule by mouth twice a day for DVT		
L89.616	Pressure-induced deep tissue damage of right heel	06/14/26	DULOXETINE HYDROCHLORIDE Delayed Release 60 MG capsule by mouth in the morning for Depression		
I82.401	Acute embolism and thombos unsp deep veins of r low extrem	06/14/26	Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) MG / 1 Tablet by mouth in the morning for Anemia		
I48.0	Paroxysmal atrial fibrillation	06/14/26	Fluticasone-Salmeterol Aerosol Powder Breath Activated 100-50 MCG/ACT / 1 Inhalation by mouth once a day and evening shift for asthma		
G20.A1	Parkinson's dis w/o dyskinesia w/o mention of fluctuations	06/14/26	Losartan Potassium And Hydrochlorothiazide - Hydrochlorothiazide: Losartan Potassium 100-25 MG / 1 Tablet by mouth in the morning for HTN		
F02.80	Dem in oth dis classd elswhrnsp sevw/o beh/psych/mood/anx	06/14/26	NIFEDIPINE ER 60 MG tablet by mouth in the morning for HTN		
J45.998	Other asthma	06/14/26	OXYCODONE 5 MG tablet by mouth every 6 hours as needed for PAIN MANAGEMENT		
G47.33	Obstructive sleep apnea (adult) (pediatric)	06/14/26	PANTOPRAZOLE Delayed Release 40 MG tablet by mouth in the morning for GERD		
M10.9	Gout unspecified	06/14/26	PREGABALIN 150 MG capsule by mouth 2 times daily for Neuropathic Pain		
F41.1	Generalized anxiety disorder	06/14/26	SEROQUEL 100 mg / 1 Tablet by mouth at bedtime for Bipolar disorder		
F31.89	Other bipolar disorder	06/14/26	Umeclidinium Ellipta Aerosol Powder, breath activated Give 2 puff by mouth in the morning for asthma rinse mouth with water after use		
M13.862	Other specified arthritis left knee	06/14/26	Oxycontin - Oxycodone Hydrochloride ER 10 MG tablet by mouth every 12 hours for Pain for 30 Days		
K21.00	Gastro-esophageal reflux dis with esophagitis without bleed	06/14/26	NALOXONE 4 MG/0.1ML / 1 spray alternating nostril Nasal as needed for Unresponsiveness Give 1 spray (4 mg/0.1ml) in nostril for unresponsiveness and/or respiratory depression related to opioid ingestion; May repeat every 2-3 minutes in alternating nostrils as needed until resident is responsive, or emergency medical assistance arrives.		
Z79.01	Long term (current) use of anticoagulants	06/14/26	Albuterol Sulfate - Albuterol Sulfate (2.5 MG/3ML) 0.083 % / 3 ml Inhale orally nebulizer every 6 hours as needed for Wheezing/SOB		
Z91.81	History of falling	06/14/26	MOMETASONE FUROATE External Solution 0.1 % / Apply to skin topical every 24 hours as needed for itching		
14. DME and Supplies: walker, wheelchair, reacher			15. Safety Measures: wheelchair precautions, walker precautions, standard precautions, medication safety, knee precautions, fall precautions, emergency phone # clearly displayed, cardiac precautions, bleeding precautions, bathroom safety, anticoagulant precautions, ambulates with device, ambulates with assistance		
16. Nutrition: cardiac diet			17. Allergies: codeine		
18.A. Functional Limitations Ambulation, Endurance			18.B. Activities Permitted Walker, Wheelchair, Up As Tolerated		
19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, 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 family/caregiver will be responsible for managing treatment		
Homebound status: Due to diagnosis of Hypertensive heart disease with heart failure, 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.					
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 06/14/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address Nkiruka Obioha 2391 Greenspring Drive Timonium, MD 21093 PHONE: 4108473000 FAX: 8554160980 NPI: 1073650024			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 06/30/2026 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. PAGE 1 of 4		

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PARKVILLE, MD 21234-			Owings Mills, MD 21117-8284		
443-653-4993			410-321-8448		
			1487113239		
Clinical Condition					
Requiring Homecare:for entry. He receives intermittent assistance from his fiancé, Sandy. The patient was referred to home health services following a recent hospitalization and subsequent subacute rehabilitation stay after sustaining a mechanical fall. His hospitalization was complicated by Parkinson's disease, septic arthritis of the left knee, left lower extremity deep vein thrombosis (DVT), idiopathic gout, hypertensive heart disease, congestive heart failure, and hypertension. His past medical history is also significant for acute embolism, atrial fibrillation, obstructive sleep apnea, anxiety, bipolar disorder, gastroesophageal reflux disease (GERD), and dementia. Upon skilled nursing assessment, the patient was alert and oriented and demonstrated an understanding of the plan of care. Examination of the left knee revealed drain sites that were closed with intact sutures. The incision sites were clean, dry, and left open to air, with no signs or symptoms of infection noted. There are currently no physician orders for suture removal. The patient was referred for skilled nursing, physical therapy, and occupational therapy services following discharge from the hospital and rehabilitation facility. Skilled nursing services are recommended at a frequency of one visit per week for three weeks (1W3) to monitor the patient's postoperative status, cardiopulmonary condition, medication management, safety, and overall disease progression. The next skilled nursing visit is scheduled for Thursday. Prior to hospitalization, the patient was modified independent with all functional transfers, independently ambulated with a single-point cane, independently performed activities of daily living (ADLs), and independently negotiated stairs. At the time of the physical therapy evaluation, the patient primarily utilized a wheelchair for mobility and demonstrated significant functional decline. He presented with impaired balance, evidenced by a Tinetti Balance and Gait Assessment score of 10/28, placing him at high risk for falls. Additional deficits included lower extremity weakness, impaired bed mobility, difficulty performing transfers, gait dysfunction with a rollator, and a moderate atalgic gait pattern characterized by poor left lower extremity stance time. These impairments significantly limit his functional mobility and increase his fall risk. The patient demonstrates good rehabilitation potential and is expected to benefit from skilled physical therapy interventions focused on improving strength, balance, gait mechanics, transfer ability, bed mobility, endurance, and overall functional independence while reducing fall risk. Occupational therapy evaluation revealed that prior to hospitalization the patient was independent with basic self-care activities, functional transfers, and household ambulation. Since hospitalization and rehabilitation, he has experienced decreased standing balance, reduced standing tolerance, diminished bilateral upper extremity strength, and decreased overall activity tolerance. These deficits have resulted in reduced independence with self-care tasks, functional transfers, and functional ambulation, limiting his ability to safely return to his prior level of function. Skilled occupational therapy services are medically necessary to address these impairments through therapeutic interventions, ADL retraining, upper extremity strengthening, balance training, energy conservation strategies, and functional mobility training to maximize safety, independence, and quality of life within the home environment. The patient remains homebound due to impaired mobility, decreased endurance, generalized weakness, and increased fall risk, requiring the continued provision of skilled home health services.					
Order: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 due to Hypertensive heart disease with heart failure					
Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home					
SOC - SN Notes: soc					
PT Eval Notes:PT Eval Notes:OT Eval Notes:					
Physician					
Obioha, Nkiruka					
SN Careplans					
SN WK1: 1 (06/14/26-06/20/26) ,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)					
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), 5. Decline in mental, emotional, or behavioral status in the past 3 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, 8. Currently reports exhaustion					
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					
SN Goals					
PATIENT-STATED GOAL: I want to walk 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					
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					
patient/caregiver recalls					
* how to achieve wound healing including cleaning and dressing wound					
* position changes					
* skin care					
* diet modification					
* record wound measurements					
* 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					
Signature of Physician:		Date			
		PAGE 2 of 4			
Optional Name/Signature of Nurse/Therapist:		Date			
Electronically Signed by Messick, Charles RN		06/14/2026			

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Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing. N/A Advance Directive:See MOLST for code status PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M2020 - Oral Med Management, swelling in the arms/legs, M1033 - Exhaustion, M1400 - Dyspnea, muscle spasms, poor muscle tone, muscle weakness, swelling of affected area, limited endurance, limited range of motion, limited strength, involuntary movement of extremity, balance deficit, #1 - Other - Other - Left knee - Drain sites closed with sutures to be kept clean dry and open to air. Edges well approximated. No order for suture removal. PROCEDURES: physician-ordered wound care: #1 - Other - Other - Left knee - Drain sites closed with sutures to be kept clean dry and open to air. Edges well approximated. No order for suture removal., cough/deep breathing exercises 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, * 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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						
PT Careplans PT WK1: 1 (06/14/26-06/20/26) ,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) ,WK7: 1 (07/26/26-08/01/26) ,WK8: 1 (08/02/26-08/08/26) ,WK9: 1 (08/09/26-08/12/26) PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170G1 - Car 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, GG0170E1 - Chair to Bed to Chair PROCEDURES: Medication management : Review medication with pt and caregiver, home exercise program: Supine exercises heelslides, aps, qs, slr initially AA progress to arom, hamstring, hip flexor and gastroc, quad stretching 20 second holds on lle 4-5 reps, seated: laq eccentric knee extension, hip flexion assist as needed, hip abduction, hamstring curls, DF, PF 2-310, dynamic standing balance exercises: With ue support as needed with device work wt shifting, reaching outside bos , righting reaction, gait training on uneven surfaces, gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: 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, 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			PT Goals PATIENT-STATED GOAL: To Improve my balance strength in my left leg and improve my walking. 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 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			
OT Careplans OT WK1: 1 (06/14/26-06/20/26) ,WK3: 1 (06/28/26-07/04/26) ,WK5: 1 (07/12/26-07/18/26) ,WK7: 1 (07/26/26-08/01/26) ,WK9: 1 (08/09/26-08/12/26) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, 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: Medication Review : Medication reviewed with patient and caregiver with all medications in the home, cough/deep breathing exercises, incentive spirometer, home exercise program: Bilateral UE triceps strengthening- w/c press-ups, triceps extensions, triceps kick backs 2-3 sets yellow and green resistance bands, equipment training, work simplification/energy conservation, transfers training: Skilled OT, transfers training, assist with bathing: Skilled OT, assist with toilet transferring: 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, * 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06.			OT Goals PATIENT-STATED GOAL: Walk better GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent 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 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			
Signature of Physician:			Date			
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Independent, Toilet Transfer - 06. Independent, Car 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, Walk 10 ft on Uneven Surface - 04. Supervision or touching 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		Sit to Stand - 06. Independent Car 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 Walk 10 ft on Uneven Surface - 04. Supervision or touching 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		

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