Home Health Certification and Plan of Care

Order ID: 1150/20114

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
11259301	06/30/2026	From: 06/30/2026 To: 08/28/2026	27376	217058

6. Patient's Name and Address

Johnny Evans
198 Eastern Rd,
PASADENA, MD 21122-
443-848-3307

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 08/08/1954 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I11.0	Hypertensive heart disease with heart failure	06/30/26

13. ICD	Other Pertinent Diagnoses	Date
I50.32	Chronic diastolic (congestive) heart failure	06/30/26
E11.69	Type 2 diabetes mellitus with other specified complication	06/30/26
E78.2	Mixed hyperlipidemia	06/30/26
S72.112D	Disp fx of greater trochanter of l femr 7thD	06/30/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	06/30/26
M48.061	Spinal stenosis lumbar region without neurogenic claud	06/30/26
E87.6	Hypokalemia	06/30/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	06/30/26
M1A.9XX0	Chronic gout unspecified without tophus (tophi)	06/30/26
E55.9	Vitamin D deficiency unspecified	06/30/26
K43.9	Ventral hernia without obstruction or gangrene	06/30/26
I67.2	Cerebral atherosclerosis	06/30/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	06/30/26
E66.9	Obesity unspecified	06/30/26
Z68.34	Body mass index [BMI] 34.0-34.9 adult	06/30/26
Z85.828	Personal history of other malignant neoplasm of skin	06/30/26
Z79.82	Long term (current) use of aspirin	06/30/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	06/30/26
Z79.891	Long term (current) use of opiate analgesic	06/30/26
Z87.891	Personal history of nicotine dependence	06/30/26
Z95.1	Presence of aortocoronary bypass graft	06/30/26
Z66.	Do not resuscitate	06/30/26
Z91.81	History of falling	06/30/26

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

OPCON-A Ophthalmic Solution 0.027-0.315 % / Instill 1 drop both eyes every 6 hours as needed for itchy eyes
RESTASIS Ophthalmic Emulsion 0.05 % / Instill 1 drop both eyes 2 times daily for dry eyes
ACETAMINOPHEN 500 MG / 1 Tablet by mouth every 6 hours as needed for pain 1-5
AMLODIPINE 10 MG / 1 Tablet by mouth one time a day for HTN
ASPIRIN Chewable 81 MG / 1 Tablet by mouth one time a day for prophylaxis
ATORVASTATIN 80 MG / 1 Tablet by mouth one time a day for HLD nightly
CARVEDILOL 25 MG Tablet by mouth 2 times daily with meals for HTN
CETIRIZINE HYDROCHLORIDE 10 MG / 1 Tablet by mouth every 24 hours as needed for Allergies
CVS D3 Oral Capsule 50 MCG (2000 UT) / 1 Tablet by mouth one time a day for supplement
FAMOTIDINE 40 MG / 1 Tablet by mouth every 24 hours as needed for GERD
FARXIGA 10 MG / 1 Tablet by mouth one time a day for DM
FUROSEMIDE 80 MG / 1 Tablet by mouth one time a day for CHF
HYDRALAZINE 25 MG / 1 Tablet by mouth three times a day for HTN
LOSARTAN POTASSIUM 100 MG / 1 Tablet by mouth one time a day for HTN
Metformin Hcl - Metformin Hydrochloride ER 750 MG / 1 Tablet by mouth one time a day for DM
MIRALAX Oral Packet 17 GM / Give 1 packet by mouth one time a day for Constipation
OXYCODONE 10 MG Tablet by mouth every 6 hours as needed for pain 6-10
Potassium Chloride - Potassium Chloride Crys ER 10 MEQ / 1 Tablet by mouth once a day for HTN

14. DME and Supplies:

bath bench, walker, cane, diabetic supplies

15. Safety Measures:

walker precautions, transfer with assist, supervision at all times, standard precautions, fall precautions, cardiac precautions, ambulates with device

16. Nutrition:

regular

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance, Hearing

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: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans

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

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 06/30/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Uchemadu Nwaononiwu
7670 Quarterfield Road
Glen Burnie, MD 21061
PHONE: FAX: NPI: 1770710451

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 : 06/23/2026

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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Clinical Condition Requiring Homecare:

The patient is a 71-year-old male with a past medical history significant for congestive heart failure (CHF), coronary artery disease (CAD) status post CABG, COPD, Type 2 diabetes mellitus, hypertension, hyperlipidemia, diastolic heart failure, lumbar stenosis, chronic back pain, and hypokalemia. He was recently hospitalized following a mechanical fall on 5/24/26 resulting in a left greater trochanter fracture, which was managed conservatively, followed by inpatient rehabilitation. He resides with his supportive spouse in a cluttered single-family home with two steps to enter and remains on the first floor. During the visit, the patient reported low back pain rated 8/10, relieved with scheduled pain medication, and admitted to inconsistent monitoring of blood glucose, blood pressure, and daily weight despite his chronic conditions. Education was provided regarding the importance of routine self-monitoring and medication safety, and he has a scheduled appointment with his physician to discuss obtaining a continuous glucose monitor. Medications were reviewed with no discrepancies or refill needs, admission paperwork was completed, and the patient agreed to the plan of care while declining home health aide services. Functionally, he ambulates with a cane but demonstrates left hip pain, decreased left lower extremity strength, impaired balance, unsteady gait, reduced functional mobility, decreased safety awareness, and a significant history of recurrent falls, placing him at high risk for future falls and functional decline. Skilled home health physical therapy is medically necessary to provide therapeutic exercise, gait and transfer training, balance retraining, fall prevention education, and functional mobility training to improve strength, safety, and independence with mobility and activities of daily living while reducing the risk of rehospitalization.<o:p></o:p>   Date of Order<o:p></o:p> 06/30/2026<o:p></o:p> Physician Face-to-Face Date: 06/23/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Hypertensive heart disease with heart failure<o:p></o:p> Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>   1 - SOC - SN Notes:<o:p></o:p> OT Eval Notes:<o:p></o:p> PT Eval Notes:<o:p></o:p> Physician: Nwaononiwu, Uchemadu

SN Careplans

SN WK1: 1 (06/30/26-07/04/26) ,WK2: 2 (07/05/26-07/11/26) ,WK3: 2 (07/12/26-07/18/26) ,WK4: 1 (07/19/26-07/25/26) ,WK5: 1 (07/26/26-08/01/26) ,WK6: 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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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, 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

SN Goals

PATIENT-STATED GOAL: To be able to walk and help my son on jobs without falling

GOALS
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
* 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 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's living environment is clean/uncluttered

meal preparation is available to patient for all meals

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/30/2026

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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:Patient does not have an Advanced Directive on file

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, Home Safety, meal preparation, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, muscle spasms, muscle weakness, limited endurance, limited strength, limited range of motion, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, B1000 - Vision Deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, glucose testing via monitor, coordinate/arrange preparation of missing meals, coordinate/arrange for maintenance of clean/uncluttered living area, 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, * 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's living environment is clean/uncluttered, meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (06/30/26-07/04/26) ,WK2: 2 (07/05/26-07/11/26) ,WK3: 1 (07/12/26-07/18/26) ,WK4: 1 (07/19/26-07/25/26) ,WK5: 1 (07/26/26-08/01/26) ,WK6: 1 (08/02/26-08/08/26) ,WK7: 1 (08/09/26-08/15/26)

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: home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip ext, leg curls., therapeutic modalities: Apply ice to L hip x 20 minutes with necessary barrier and skin assessments q 5 minutes., dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., 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, 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

PT Goals

PATIENT-STATED GOAL: I want to get back to walking without my cane

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: 3 (06/27/26-06/27/26) ,WK2: 3 (06/28/26-07/04/26)

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: exe for sh, elbow and wrist, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition

OT Goals

PATIENT-STATED GOAL: return to PLOF

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

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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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. 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 - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent	* 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 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 Shower/Bathe Self - 06. Independent Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent Upper Body Dressing - 06. Independent

Signature of Physician:	Date
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