Home Health Certification and Plan of Care

Order ID: 1150/20160

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
85314617	07/01/2026	From: 07/01/2026 To: 08/29/2026	27540	217058

6. Patient's Name and Address
Stephen Haddaway
509 Walker Ave,
BALTIMORE, MD 21212-
443-983-1506

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 08/14/1949 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J18.9	Pneumonia unspecified organism	07/01/26

13. ICD	Other Pertinent Diagnoses	Date
I11.0	Hypertensive heart disease with heart failure	07/01/26
I50.32	Chronic diastolic (congestive) heart failure	07/01/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	07/01/26
L89.150	Pressure ulcer of sacral region unstageable	07/01/26
L89.621	Pressure ulcer of left heel stage 1	07/01/26
L89.899	Pressure ulcer of other site unspecified stage	07/01/26
I87.2	Venous insufficiency (chronic) (peripheral)	07/01/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/01/26
I48.0	Paroxysmal atrial fibrillation	07/01/26
I44.2	Atrioventricular block complete	07/01/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	07/01/26
I35.0	Nonrheumatic aortic (valve) stenosis	07/01/26
E78.5	Hyperlipidemia unspecified	07/01/26
K21.9	Gastro-esophageal reflux disease without esophagitis	07/01/26
M51.369	Oth intvrt disc degen lum rgn w/o lum bck or lw extrm painOth intvrt disc degen lum rgn w/o lum bck or lw extrm pain	07/01/26
G89.29	Other chronic pain	07/01/26
F32.A	Depression unspecified	07/01/26
Z95.1	Presence of aortocoronary bypass graft	07/01/26
Z95.0	Presence of cardiac pacemaker	07/01/26
Z79.4	Long term (current) use of insulin	07/01/26
Z79.82	Long term (current) use of aspirin	07/01/26
Z87.891	Personal history of nicotine dependence	07/01/26

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

ASPIRIN Take 81 MG tablet by mouth daily
ATORVASTATIN Take 40 MG tablet by mouth nightly
BISOPROLOL FUMARATE Take 5 MG tablet by mouth daily
FLOMAX Take 0.4 MG capsule by mouth every evening
GABAPENTIN 100 mg/tablet / Take 300 mg by mouth 2 times daily
METFORMIN Take 1,000 MG tablet by mouth 2 times daily with meals
MIRALAX Take 17 g packet by mouth daily Stir and dissolve 1 packet in any 4-8 ounces of non-carbonated beverage.
OMEPRAZOLE Take 20 MG capsule delayed release by mouth daily
OXYCODONE Take 5 MG capsule by mouth every 6 hours as needed for Pain
senna-docusate 8.6-50 mg/tablet / Take 2 tablets by mouth nightly
SPIRONOLACTONE Take 25 MG tablet by mouth daily
Acetaminophen - Acetaminophen 500mg=1tablet by mouth three times a day
Cyclobenzaprine - Cyclobenzaprine Hydrochloride 5mg=1tablet by mouth every 8 hours As needed for muscle spasms
Sertraline - Sertraline Hydrochloride 100mg=1tablet by mouth once a day
LIDOCAINE 5% patch / Place 1 patch onto the skin Lower back topical every 24 hours

14. DME and Supplies:
wheelchair, AFL, hospital bed, wound care supplies

15. Safety Measures:
smoke detectors , emergency phone # clearly displayed, bathroom safety, medication safety, transfer with assist, wheelchair precautions, standard precautions, fall precautions, diabetic precautions

16. Nutrition:
cardiac diet, diabetic, low cholesterol

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation, Bowel/Bladder Incontinence!Hearing!Paralysis

18.B. Activities Permitted
Wheelchair, Transfer bed/Chair, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Pneumonia unspecified organism, 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 with a significant past medical history of hypertension (HTN), hyperlipidemia, gastroesophageal reflux disease (GERD), congestive heart failure (CHF), chronic hypoxemic respiratory failure, atrial fibrillation, aortic stenosis, complete heart block, coronary artery disease (CAD) status post coronary artery bypass graft (CABG), ambulatory dysfunction, left foot drop, depression, alcohol use disorder, protein-calorie malnutrition, and a sacral pressure injury. The patient was recently hospitalized for altered mental status, urinary tract infection (UTI), hypotension, chronic hypoxemic respiratory failure with pneumonia, and UTI before being discharged to an assisted living facility, where he currently resides with 24-hour caregiver support. His son, Mathew, is the designated next of kin. Upon skilled nursing admission, the patient was alert and oriented to person, place, and time and actively participated in the assessment. Medication reconciliation was completed, and all medications were reviewed with both the patient and caregiver to ensure accurate administration and understanding. The patient is incontinent of both bowel and bladder and requires ongoing assistance with activities of daily living. Skin assessment revealed multiple skin tears involving the left upper extremity and right knee, along with a Stage 2 pressure injury over the sacrum. Wound care orders are pending from the provider. At the time of assessment, all wounds were clean without evidence of acute infection, including absence of increased erythema, warmth, purulent drainage, foul odor, or systemic signs of infection. The caregiver was instructed to closely monitor for changes in wound appearance or signs of infection and to promptly notify the healthcare provider if any concerns arise. Education was also provided regarding proper incontinence care to minimize moisture-associated skin damage, pressure injury prevention through routine repositioning and pressure relief, medication adherence, infection prevention, fall prevention strategies, and the importance of maintaining adequate nutrition and hydration to promote wound healing. The patient and caregiver verbalized

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/01/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Rita Mathur
4920 Campbell Blvd
White Marsh, MD 21236
PHONE: 410-933-7793 FAX: 14109337666 NPI: 1619076338

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 : 06/27/2026

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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understanding of all education provided. Physical therapy evaluation demonstrated significant impairments in strength, balance, mobility, and functional independence. The patient resides in an assisted living facility with ramp access and first-floor bedroom and bathroom accommodations. He is primarily wheelchair dependent but is able to ambulate approximately five feet using a rolling walker with minimal assistance, although left foot drop significantly impairs gait mechanics and safety. The patient requires moderate assistance to safely maneuver the rolling walker and transition to the wheelchair. Bed mobility, including supine-to-sit and sit-to-supine transfers, requires minimal assistance with the use of bed rails. Sit-to-stand transfers and stand-pivot transfers between the bed and bedside commode require minimal assistance with a rolling walker. Facility staff report that the patient has experienced two falls during transfer attempts and is currently unable to safely transfer to the bedside commode using a walker with staff assistance, further highlighting his high fall risk. Outdoor mobility, stair negotiation, and car transfers were not assessed during this evaluation. The patient tolerated therapeutic exercises well, completing 10 repetitions each of supine hip flexion, bridging, hook-lying trunk rotations, straight leg raises, hip abduction, knee extension, and ankle pumps without adverse response. Functional assessment revealed severe balance impairment, with a Tinetti Balance and Gait Assessment score of 7/28, indicating a significantly increased risk for falls. The patient remains homebound due to profound generalized weakness, impaired mobility, wheelchair dependence, left foot drop, poor balance, decreased endurance, need for assistance with transfers and activities of daily living, and the considerable and taxing effort required to leave the residence safely. Skilled nursing services remain medically necessary for ongoing cardiopulmonary assessment, medication management, wound assessment and treatment upon receipt of provider wound care orders, skin integrity monitoring, disease process education, nutritional support, and prevention of infection and rehospitalization. Skilled physical therapy is medically necessary to improve lower extremity strength, balance, endurance, gait quality, transfer safety, functional mobility, wheelchair management, and overall safety awareness while reducing fall risk and maximizing independence. Continued interdisciplinary home health services are essential to prevent further functional decline, promote wound healing, improve mobility and safety, and support the patient's ability to remain safely in the assisted living environment.
 Date of Order 07/01/2026 Orders Physician Face-to-Face Date: 06/27/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Pneumonia unspecified organism 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:
 Physician Mathur, Rita

SN Careplans

SN WK1: 1 (07/01/26-07/04/26) ,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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 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, 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; 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:REFUSED

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, meal preparation, M2102f - Patient Supervision, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, abnormal BS < 70/140 > mg/dL, M1610 - Urinary Incontinence, limited range of motion, limited

SN Goals

PATIENT-STATED GOAL: Patient stated he wants his wounds to heal and regain strength

GOALS
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
* 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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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

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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/01/2026

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strength, limited endurance, B1000 - Vision Deficit, Pain Interference with ADLs, Pain Effect on Sleep, balance deficit, #3 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Sacrum - , open sores/lesions, bruising/discoloration, #1 - Abrasion - Other - Left arm - , #2 - Abrasion - Anterior Right Knee -

PROCEDURES: physician-ordered wound care: #2 - Abrasion - Anterior Right Knee -: Cleanse wound with wound cleaner and pat dry apply xeroform and cover with dry dressing daily and PRN for soiled dressing, physician-ordered wound care: #3 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Sacrum -: Cleanse wound with wound cleaner and pat dry apply santyl, cover with alginate and secure with dry dressing daily and PRN for soiled dressing, physician-ordered wound care: #1 - Abrasion - Other - Left arm -: Cleanse wound with wound cleaner and pat dry apply xeroform and cover with dry dressing daily and PRN for soiled dressing, glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration, 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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 transportation needs are met, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

patient's transportation needs are met

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (07/01/26-07/04/26) ,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) ,WK7: 1 (08/09/26-08/15/26) ,WK8: 1 (08/16/26-08/22/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170L1 - Walk 10 ft on Uneven Surface, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170D1 - Sit to Stand, GG0170I1 - Walk 10 Feet, GG0170P1 - Picking Up Object, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170M1 - 1 - Step (curb), GG0170F1 - Toilet Transfer

PROCEDURES: Gait training with rolling walker: Using gait belt, home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, plantarflexion, squats. Sitting knee extension, ankle pumps, equipment training, work simplification/energy conservation, transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 03. Partial/moderate assistance, 1 - Step (curb) - 02. Substantial/maximal assistance, Car Transfer - 05. Setup or clean-up assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance

PT Goals

PATIENT-STATED GOAL: To be able to get out of the bed the way I used to

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

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

Car Transfer - 05. Setup or clean-up assistance

Oral Hygiene - 03. Partial/moderate assistance

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Toilet Transfer - 03. Partial/moderate assistance

1 - Step (curb) - 02. Substantial/maximal assistance

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/01/2026