Home Health Certification and Plan of Care

Order ID: 1150/20164

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
12166546	07/01/2026	From: 07/01/2026 To: 08/29/2026	27488	217058

6. Patient's Name and Address

Lloyd Johnson
4722 Old Court Rd,
Owings Mills, MD 21208-
443-657-7148

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 08/21/1941 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I48.0	Paroxysmal atrial fibrillation	07/01/26

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	07/01/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/01/26
N18.32	Chronic kidney disease stage 3b	07/01/26
G30.9	Alzheimer's disease unspecified	07/01/26
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	07/01/26
E78.5	Hyperlipidemia unspecified	07/01/26
G40.909	Epilepsy unsp not intractable without status epilepticus	07/01/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	07/01/26
H40.9	Unspecified glaucoma	07/01/26
N30.00	Acute cystitis without hematuria	07/01/26
B96.89	Oth bacterial agents as the cause of diseases classd elswhr	07/01/26
Z79.4	Long term (current) use of insulin	07/01/26
Z79.899	Other long term (current) drug therapy	07/01/26

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

Brimonidine Tartrate - Brimonidine Tartrate Ophthalmic Solution 0.2% / Instill 1 drop both eyes three times a day for Glaucoma
Dorzolamide Hydrochloride And Timolol Maleate - Dorzolamide Hydrochloride: Timolol Maleate 2-0.5% / Instill 1 drop both eyes twice a day for Glaucoma
Metoprolol Tartrate - Metoprolol Tartrate 50 MG / 1 Tablet by mouth twice a day for HTN Hold if SBP <110 or HR <50
Asa - Aspirin 81mg by mouth once a day
Atorvastatin - Atorvastatin Calcium 40mg 1 tablet by mouth in the evening Cholesterol
Flomax - Tamsulosin Hydrochloride 0.4 MG / 1 Capsule by mouth at bedtime for benign prostatic hyperplasia
Amlodipine - Amlodipine Besylate 10 MG / 1 Tablet by mouth once a day for HTN
Pantoprazole - Pantoprazole Sodium DR 40 MG / 1 Tablet by mouth once a day for GERD
Quetiapine Fumarate - Quetiapine Fumarate 25 mg/tablet / Give 12.5 mg by mouth three times a day As needed for Agitation
Melatonin - Melatonin 3mg by mouth at bedtime
Hydralazine - Hydralazine Hydrochloride 100mg 1 table5 by mouth three times a day
Drisdol - Ergocalciferol 50,000 International Units by mouth once a week
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 0 Give 1 tablet by mouth once a day for Supplement
Gavilax Powder (Polyethylene Glycol 3350) 0 Give 17 gram by mouth once a day for Bowel regimen Dissolve in 8oz of water; hold for loose stools
Insulin NHP Isophane & Regular Subcutaneous Suspension (70-30) 100 UNIT/ML / Inject 5 unit subcutaneous twice a day for DM Before breakfast & dinner

14. DME and Supplies:

commode, bath bench, diabetic supplies, walker

15. Safety Measures:

medication safety, diabetic precautions, fall precautions, walker precautions, seizure precautions, bathroom safety, ambulates with device, activity supervision

16. Nutrition:

diabetic

17. Allergies:

lisinopril

18.A. Functional Limitations

Legally Blind!Hearing!Ambulation

18.B. Activities Permitted

Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 8. Patient unable to respond, 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: 8. Unknown, MOBILITY: 8. Unknown

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Paroxysmal atrial fibrillation, 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 84-year-old male with a past medical history significant for Alzheimer's dementia, atrial fibrillation, hypertension (HTN), type 2 diabetes mellitus (T2DM), seizure disorder, and chronic kidney disease (CKD) stage 3b. He was admitted to home health services following a recent hospitalization for Candida glabrata infection and acute cystitis. The patient has completed the prescribed course of antibiotic therapy prior to the start of care. Upon arrival at the assisted living facility, the patient was observed sitting comfortably in a recliner while finishing lunch. He resides in an assisted living facility where he receives 24-hour supervision and assistance with his daily care. The patient was alert and oriented to self only, consistent with his diagnosis of Alzheimer's dementia. He was able to correctly state his full date of birth but was unable to identify his current age, location, or other orientation questions. Facility staff reported that the patient is legally blind. Due to cognitive impairment, the patient was unable to provide informed consent; therefore, verbal consent for treatment was obtained from his daughter. A comprehensive skilled nursing assessment was completed. Vital signs were obtained and were within acceptable parameters. The patient was cooperative throughout the assessment. Lung sounds were clear bilaterally, respirations were even and unlabored, and bowel sounds were present in all quadrants. The caregiver reported the patient's last bowel movement occurred the previous day. Skin assessment revealed warm, dry, and intact skin without evidence of breakdown. Peripheral pulses were palpable in all extremities with trace bilateral lower extremity edema noted. Capillary refill was within normal limits. Medication reconciliation was completed, and all medications available in the patient's medication bin were reviewed for accuracy and compliance. The patient is homebound due to advanced cognitive impairment, legal blindness, generalized weakness, impaired functional mobility, and dependence on caregiver assistance for safe mobility and activities of daily living. Skilled nursing services are medically necessary for ongoing assessment of the patient's cardiopulmonary and overall health status, medication management, monitoring for recurrence of urinary tract infection or other infectious processes, chronic disease management, caregiver education, safety monitoring, and prevention of hospitalization. An occupational therapy evaluation was completed. The patient currently resides in an assisted living facility with continuous 24-hour supervision and assistance. Functional assessment demonstrated that the patient requires maximal assistance to total assistance for completion of all activities of daily living (ADLs) and moderate assistance for functional mobility. Deficits related to cognitive impairment, visual impairment, decreased functional mobility, and reduced independence significantly limit the patient's ability to safely perform self-care tasks. Skilled occupational

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

Laura Emmanuel-Allen
7141 Security Blvd
Woodlawn, MD 21044
PHONE: FAX: NPI: 1114312352

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 : 06/25/2026

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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therapy services are medically necessary to improve functional mobility, maximize participation in activities of daily living, provide caregiver education, implement compensatory strategies for cognitive and visual deficits, enhance safety within the living environment, and promote the patient's highest attainable level of functional independence while reducing caregiver burden.
 Date of Order 07/01/2026 Orders Physician Face-to-Face Date: 06/25/2026 Clinical Condition Requiring home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Paroxysmal atrial fibrillation 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:
 Physician Emmanuel-Allen, Laura

SN Careplans

SN WK1: 1 (07/01/26-07/04/26) ,WK2: 2 (07/05/26-07/11/26) ,WK3: 1 (07/12/26-07/18/26) ,WK4: 1 (07/19/26-07/25/26)

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, blood sugar < 60 > 300

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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

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: M1700 - Cognition, M1745 - Behavioral Issues, M2020 - Oral Med Management, dependent edema, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, muscle weakness, limited endurance, seizures, balance deficit, weak hand grips, B1000 - Vision Deficit

PROCEDURES: cough/deep breathing exercises, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor, 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 keep home safe for patient with dementia coping strategies for the caregiver*, 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 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

SN Goals

PATIENT-STATED GOAL: Unable to verbalize

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

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

OT Careplans

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

07/01/2026

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OT WK1: 1 (07/01/26-07/04/26) ,WK2: 1 (07/05/26-07/11/26) ,WK3: 1 (07/12/26-07/18/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170G1 - Car Transfer, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170E1 - Chair to Bed to Chair, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand

PROCEDURES: cough/deep breathing exercises, home exercise program: To increase use of BUE to increase ROM in B shoulders and MMT to aid use of walker, equipment training, 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, 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 - 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 Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance, ADL training

PATIENT-STATED GOAL: to return to PTA admission status.

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

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 - 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 Transfer - 05. Setup or clean-up assistance

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

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

ADL training

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