Home Health Certification and Plan of Care

Order ID: 1150/20148

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7NV7YH3XE57	06/27/2026	From: 06/27/2026 To: 08/25/2026	27463	217058

6. Patient's Name and Address
William Hatchet
5005 Gwynn Oak Avenue,
Gwynn Oak, MD 21207-
443-762-5715

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 02/18/1950 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S42.002D	Fx unsp part of l clavicle subs for fx w routn heal	06/27/26

13. ICD	Other Pertinent Diagnoses	Date
S06.5XAD	Traum subdr hem with LOC status unknown subs	06/27/26
I10.	Essential (primary) hypertension	06/27/26
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	06/27/26
E78.5	Hyperlipidemia unspecified	06/27/26
K21.9	Gastro-esophageal reflux disease without esophagitis	06/27/26
F17.210	Nicotine dependence cigarettes uncomplicated	06/27/26
F10.931	Alcohol use unspecified with withdrawal delirium	06/27/26
Z87.440	Personal history of urinary (tract) infections	06/27/26
Z91.81	History of falling	06/27/26

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

ALENDRONATE SODIUM 70 MG / 1 Tablet by mouth in the morning every 7 days for OSTEOPOROSIS take with 6-8 oz of plain water, 30minutes before breakfast
ATORVASTATIN 20 MG / 1 Tablet by mouth at bedtime for Hyperlipidemia
FLOMAX 0.4 MG / 1 Capsule by mouth one time a day for BPH
FOLIC ACID 1 MG / 1 Tablet by mouth one time a day for supplement
GABAPENTIN 300 MG / 1 Capsule by mouth one time a day for Neuropathy
Protonix - Pantoprazole Sodium DR 40 MG / 1 Tablet by mouth two times a day for gerd DO NOT CRUSH
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 MCG (2000 UT) / 1 Tablet by mouth in the morning for supplement

14. DME and Supplies:
None of the above

15. Safety Measures:
standard precautions, fall precautions, ambulates with assistance

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
No Restrictions

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: No

20. Prognosis: Good

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
patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Fracture of unspecified part of left clavicle, subsequent encounter for fracture with routine healing, 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 (HLD), alcohol use disorder, recurrent falls, subacute subdural hematoma, left clavicle fracture/left shoulder injury, chronic back pain, urinary tract infection (UTI), and failure to thrive. The patient was recently discharged from the hospital followed by a stay at a subacute rehabilitation facility after treatment for UTI, failure to thrive, recurrent falls, a subdural hematoma, and a left clavicle fracture sustained from a recent fall down the stairs. The patient remains homebound due to generalized weakness, impaired mobility, history of recurrent falls, hypertension, and left clavicle fracture. Leaving the home requires considerable and taxing effort, and the patient requires human assistance for safe community access due to a significantly increased risk for falls. Upon assessment, the patient was alert and oriented to person, place, and time. He voiced no complaints during the visit. Skin was warm, dry, and intact without evidence of breakdown. Respirations were even and unlabored, with clear lung sounds auscultated throughout all lung fields. No acute cardiopulmonary distress was observed. Physical therapy evaluation was completed. Prior to his recent hospitalization, the patient was independent with ambulation and did not require an assistive device; however, he reported experiencing multiple falls over the past several months, which he attributed to episodes of bilateral lower extremity weakness. Current assessment revealed decreased bilateral lower extremity strength, measured at 3/5 on manual muscle testing (MMT), resulting in impaired functional mobility. The patient currently requires contact guard assistance for sit-to-stand transfers and short-distance ambulation without an assistive device. Although he would likely benefit from the use of a cane or rolling walker to improve gait stability and reduce fall risk, he continues to ambulate without an assistive device. The patient also demonstrates impaired balance, placing him at high risk for future falls. Bilateral upper extremity strength is reduced to 4/5 MMT. He requires assistance with activities of daily living, including bathing and dressing, secondary to weakness, decreased balance, and impaired functional mobility. The patient resides in a multi-level home but utilizes a first-floor living arrangement to minimize stair negotiation and improve safety. Despite education regarding the benefits of skilled physical therapy to improve strength, balance, gait, transfer safety, and fall prevention, the patient declined ongoing physical therapy services, stating that he feels he is functioning adequately and is not interested in additional therapy at this time. Therefore, no further physical therapy <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> will be scheduled. The patient was educated on fall prevention strategies, the importance of using an appropriate assistive device, home safety measures, energy conservation techniques, and the need to report any worsening weakness, falls, or changes in functional status to the healthcare provider. The plan of care will continue to focus on monitoring the patient's overall condition, reinforcing safety and fall prevention education, assessing functional status, and supporting the patient's ability to remain safely at home while minimizing the risk of further injury or hospitalization.
 Date of Order 06/27/2026 Orders Physician Face-to-Face Date: 06/24/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Fracture of unspecified part of left clavicle, subsequent encounter for fracture with routine healing 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: OT Eval Notes:
 Physician Ahanonu, Joy

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 06/27/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Joy Ahanonu
4 W Rolling Cross Rd Ste 100
Catonsville, MD 21228
PHONE: 4108690100 FAX: 14106017317 NPI: 1588837090

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 : 06/24/2026

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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SN WK1: 1 (06/27/26-06/27/26) ,WK2: 1 (06/28/26-07/04/26) ,WK3: 1 (07/05/26-07/11/26) ,WK4: 1 (07/12/26-07/18/26) ,WK5: 1 (07/19/26-07/25/26) ,WK6: 1 (07/26/26-08/01/26) ,WK7: 1 (08/02/26-08/08/26) ,WK8: 1 (08/09/26-08/15/26)

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), 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:POLST (s for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, A1250 - Lack of Necessary Transportation, Home Safety, coughing, M1033 - Exhaustion, M1400 - Dyspnea, M1600 - UTI, muscle weakness, withdrawal from conversations, B1000 - Vision Deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange resources for vision-impaired, coordinate/arrange transportation services

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, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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's living environment is clean/uncluttered

PATIENT-STATED GOAL: To feel 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/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* 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

patient's transportation needs are met

patient's living environment is clean/uncluttered

PT Careplans

PT WK1: 1 (06/27/26-06/27/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170M1 - 1 - Step (curb), GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170P1 - Picking Up Object, GG0170I1 - Walk 10 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver

PT Goals

PATIENT-STATED GOAL: Pt states she is back to his baseline;Pt states he is back to his baseline

Signature of Physician:

Date

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

Date
06/27/2026

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OT Careplans

OT WK2: 1 (06/28/26-07/04/26) ,WK3: 1 (07/05/26-07/11/26) ,WK4: 1 (07/12/26-07/18/26) ,WK5: 1 (07/19/26-07/25/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating

PROCEDURES: Patient/caregiver recalls related purpose and schedule of medications: Medication Review, cough/deep breathing exercises, therapeutic exercises: Using dumbbells or therabands to perform bilateral upper extremity muscle strength exercises, transfers training: Sit to stand transfers

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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Patient will demonstrates improved bilateral upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve Adls and transfers safely

OT Goals

PATIENT-STATED GOAL: Patient wants to get stronger

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/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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

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

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

Don/Doff Footwear - 05. Setup or clean-up assistance

Patient will demonstrates improved bilateral upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve Adls and transfers safely

Shower/Bathe Self - 03. Partial/moderate assistance

Eating - 06. Independent

Signature of Physician:

Date

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

Date
06/27/2026