

Home Health Certification and Plan of Care				Order ID: 1150/18717	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
36294373		05/12/2026		From: 05/12/2026 To: 07/10/2026	
4. Medical Record No.		5. Provider No.			
25342		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
James Myers 11320 Red Lion Rd, White Marsh, MD 21162- 443-554-0077			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB 10/14/1937 9.Sex Male			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD		Principal Diagnosis		Date	
S72.001D		Fx unsp part of nk of r femr subs for clos fx w routn heal		05/12/26	
13. ICD		Other Pertinent Diagnoses		Date	
C61.		Malignant neoplasm of prostate		05/12/26	
D70.1		Agranulocytosis secondary to cancer chemotherapy		05/12/26	
D69.59		Other secondary thrombocytopenia		05/12/26	
D63.0		Anemia in neoplastic disease		05/12/26	
I48.0		Paroxysmal atrial fibrillation		05/12/26	
I12.9		Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny		05/12/26	
N18.31		Chronic kidney disease stage 3a		05/12/26	
D50.8		Other iron deficiency anemias		05/12/26	
Z95.0		Presence of cardiac pacemaker		05/12/26	
Z91.81		History of falling		05/12/26	
Z87.891		Personal history of nicotine dependence		05/12/26	
14. DME and Supplies:			15. Safety Measures:		
walker			walker precautions, hip precautions, bathroom safety, medication safety, standard precautions, fall precautions		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation			No Restrictions		
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:			22.B.Discharge Plans		
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.			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 neck of right femur, subsequent encounter for closed 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:<div>The patient is an 88-year-old male with a significant past medical history of hypertension, prostate cancer currently on antineoplastic therapy, atrial fibrillation status post pacemaker placement, chronic anemia/thrombocytopenia, and history of falls. The patient recently sustained a right femoral neck fracture following a fall at home and was subsequently transported to the emergency room, where imaging confirmed the fracture. He underwent surgical repair with percutaneous pinning followed by a rehabilitation stay at a subacute rehab facility. The patient has since returned home and continues to require skilled home health services due to ongoing weakness, impaired mobility, balance deficits, and decline in functional independence. The patient is alert and oriented x4, though he occasionally requires words to be repeated secondary to hearing loss. Comprehensive physical assessment was completed, revealing lungs clear to auscultation, active bowel sounds in all quadrants, warm and intact skin, and a healed surgical incision with a small residual scar noted to the right hip region. The patient denies pain, shortness of breath, dizziness, headache, nausea, or vomiting at this time. He resides with his wife in a single-family home, while his two daughters and their families live in separate homes located within the same family compound, providing additional support as needed. The patient ambulates with the assistance of a rolling walker and currently remains on toe-touch weight-bearing restriction to the right lower extremity. Skilled physical therapy evaluation findings indicate bilateral lower extremity weakness, impaired balance, decreased endurance, altered gait mechanics, and dependence on a rolling walker for mobility. Functional deficits are negatively impacting bed mobility, transfers, household ambulation, and overall safety with mobility tasks, placing the patient at increased risk for falls and potential rehospitalization. Skilled home health physical therapy is medically necessary to address lower extremity strengthening, gait training, balance retraining, transfer training, safety awareness, fall prevention strategies, and progression of functional mobility in order to maximize independence and restore prior level of function. Additionally, the patient was evaluated for skilled occupational therapy services following hospitalization and subacute rehabilitation related to the femur fracture. Prior to hospitalization, the patient was independent with basic self-care tasks, functional transfers, and household ambulation utilizing a rolling walker. At present, the patient demonstrates decreased standing balance, reduced standing tolerance, diminished bilateral upper extremity strength, and decreased activity tolerance, resulting in impaired ability to safely and independently complete self-care activities, functional transfers, and functional ambulation. Skilled occupational therapy services are recommended to address deficits impacting activities of daily living, improve strength and endurance, enhance safety and independence within the home environment, and facilitate return to prior level of functioning. Education was provided regarding fall precautions, safe use of assistive devices, mobility safety, and adherence to weight-bearing restrictions. Continued skilled nursing and therapy services remain indicated for ongoing assessment, rehabilitation, safety monitoring, and prevention of further functional decline.</div><div> </div><div>Date of Order</div><div>05/12/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 04/22/2026</div><div>Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Fracture of unspecified part of neck of right femur, subsequent encounter for closed fracture with routine healing</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div>1 - SOC - SN Notes: SOC</div><div>PT Eval Notes:</div><div>OT Eval Notes:</div><div> </div><div>Physician</div><div>Varghese, Tony</div></div>					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 05/12/2026					
24. Physician's Name and Address			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.		
Tony Varghese 8022 Belair Rd Nottingham, MD 21236 PHONE: 4108820340 FAX: 14108829086 NPI: 1992865448			F2F date : 04/22/2026		
27. Attending Physician's Signature and Date Signed 06/18/2026 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.		
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SN Careplans	SN Goals
SN WK1: 1 (05/12/26-05/16/26) ,WK2: 1 (05/17/26-05/23/26) ,WK3: 1 (05/24/26-05/28/26)	PATIENT-STATED GOAL: to walk without assistive devices
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	GOALS patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule
CAREGIVER: 1. Non-agency caregiver(s) currently provide 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
HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8	patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule
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:Durable power of attorney for health care/Medical power of attorney	
PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, abnormal blood pressure, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, balance deficit	
PROCEDURES: 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, * 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 Goals
PT WK1: 1 (05/12/26-05/16/26) ,WK2: 1 (05/17/26-05/23/26) ,WK3: 1 (05/24/26-05/28/26)	PATIENT-STATED GOAL: not to go back to hospital
PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet 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, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair	GOALS Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 05. Setup or clean-up assistance 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 - 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
PROCEDURES: B LE strengthening: 1, home exercise program: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day., gait training/stair training, transfers training	
TEACH PATIENT/CAREGIVER: 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 - 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	

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/12/2026

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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, Car Transfer - 05. Setup or clean-up assistance, Medication Review-		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 Car Transfer - 05. Setup or clean-up assistance Medication Review-		
OT Careplans OT WK1: 1 (05/12/26-05/16/26) ,WK2: 1 (05/17/26-05/23/26) ,WK3: 1 (05/24/26-05/28/26) PROBLEMS IDENTIFIED ON ASSESSMENT: 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, home exercise program: Bilateral UE strengthening of deltoid, biceps, triceps and pectoral muscles, equipment training, work simplification/energy conservation, strengthening exercises: 1x5wks, transfers training: 1x5wks, transfers training, assist with bathing: 1x5wks 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 - 06. Independent, Chair to Bed to Chair - 06. 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		OT Goals PATIENT-STATED GOAL: Get in the shower 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 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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