# Home Health Certification and Plan of Care

**Order ID: 1150/20359**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 3MP9TF0UC51 | 07/08/2026 | From: 07/08/2026 To: 09/05/2026 | 27706 | 217058 |

**6. Patient's Name and Address**

Leland Harvey
10233 DONLEIGH DRIVE,
COLUMBIA, MD 21046-
410-997-8426

**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** 09/06/1934 **9.Sex** Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| S44.21XD | Injury of radial nerve at upper arm level right arm subs | 07/08/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| S42.035D | Nondisp fx of lateral end l clavicle 7thD | 07/08/26 |
| E11.65 | Type 2 diabetes mellitus with hyperglycemia | 07/08/26 |
| I13.0 | Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny | 07/08/26 |
| I50.22 | Chronic systolic (congestive) heart failure | 07/08/26 |
| E11.22 | Type 2 diabetes mellitus w diabetic chronic kidney disease | 07/08/26 |
| N18.31 | Chronic kidney disease stage 3a | 07/08/26 |
| S80.811A | Abrasion right lower leg initial encounter | 07/08/26 |
| S80.812A | Abrasion left lower leg initial encounter | 07/08/26 |
| I48.0 | Paroxysmal atrial fibrillation | 07/08/26 |
| I69.328 | Oth speech/lang deficits following cerebral infarction | 07/08/26 |
| E11.40 | Type 2 diabetes mellitus with diabetic neuropathy unsp | 07/08/26 |
| I25.10 | Athscl heart disease of native coronary artery w/o ang pctrs | 07/08/26 |
| Z99.2 | Dependence on renal dialysis | 07/08/26 |
| Z91.81 | History of falling | 07/08/26 |
| Z95.2 | Presence of prosthetic heart valve | 07/08/26 |
| Z95.0 | Presence of cardiac pacemaker | 07/08/26 |
| Z79.4 | Long term (current) use of insulin | 07/08/26 |
| Z79.01 | Long term (current) use of anticoagulants | 07/08/26 |
| Z79.02 | Long term (current) use of antithrombotics/antiplatelets | 07/08/26 |

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

LISINOPRIL 20 mg 20 MG / 1 Tablet by mouth two times a day for HTN Hold for SBP < 110
FUROSEMIDE 20 mg 20 MG / 1 Tablet by mouth in the morning for CHF
CLOPIDOGREL 75 mg 75 MG / 1 Tablet by mouth at bedtime every Mon, Wed, Fri for AFib
ELIQUIS 2.5 MG / 1 Tablet by mouth every morning and at bedtime for AFib
Janumet Xr - Metformin Hydrochloride: Sitagliptin Phosphate Extended Release 50-1000 MG / 1 Tablet by mouth in the morning for Type 2 DM
AMIODARONE 200 MG / 1 Tablet by mouth in the morning for AFib
JARDIANCE 10 MG / 1 Tablet by mouth in the morning for DM
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000IU; 1 TAB by mouth once a day SUPPLEMENT
Iron - Ferrous Sulfate: Folic Acid 1 TAB by mouth once a day SUPPLEMENT
BETADINE Solution 10% / Apply to LL LEG & RL LEG CLUSTER OF SCABS topically every day shift for WOUND CARE CLEANSE WITH NSS, PAT DRY APPLY BETADINE AND LOTA.

**14. DME and Supplies:**

wound care supplies

**15. Safety Measures:**

standard precautions, fall precautions, diabetic precautions, bleeding precautions, medication safety, supervision at all times, anticoagulant precautions, activity supervision, LEFT ARM SLING

**16. Nutrition:**

cardiac diet, diabetic,

**17. Allergies:**

no known allergies

**18.A. Functional Limitations**

Endurance!Dyspnea With Minimal Exertion!Ambulation

**18.B. Activities Permitted**

Up As Tolerated, Exercises Prescribed

**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:** Good

**22. A Rehabilitation Potential:**

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., 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 Injury of radial nerve at upper arm level, right arm, subsequent encounter, 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 91-year-old male with a significant past medical history of systolic congestive heart failure (LVEF 20%) status post TAVR, paroxysmal atrial fibrillation status post pacemaker, type 2 diabetes mellitus with hypoglycemia, chronic kidney disease, history of cerebrovascular accident (2000) with residual speech difficulty, polyneuropathy, chronic gait instability, and recurrent falls. The patient was referred to home health services following recurrent falls resulting in right radial nerve palsy and a left clavicular fracture. Skilled Nursing services are ordered at a frequency of 1W1, 2W2, and 1W1, with Physical and Occupational Therapy evaluations completed. The patient resides with his spouse in a single-family home with two steps to enter, and the spouse provides assistance with all ADLs and IADLs due to the patient's functional limitations. On assessment, the patient was alert and oriented 3, denied pain, and reported shortness of breath with exertion. Lung sounds were clear throughout. The patient reported a good appetite, and the last bowel movement occurred the previous day. He was observed wearing a left arm sling for the clavicular fracture and a right hand brace for management of right radial nerve palsy, with instructions to continue wearing both braces as directed, including the left shoulder brace for an additional two weeks. The patient demonstrated difficulty opening and using the right hand due to radial nerve palsy, with associated right upper extremity tremors, significantly limiting bilateral upper extremity function and impairing performance of basic activities of daily living, including dressing and bathing, for which caregiver assistance is required. A scabbed wound measuring approximately 4.0 cm 2.0 cm was noted on the left elbow and left open to air. Bilateral lower extremity open draining areas with surrounding redness were also noted. Skilled Nursing contacted the primary care provider to obtain an appointment for further evaluation to rule out cellulitis. The affected lower extremity wounds are being treated with normal saline cleansing followed by Betadine application and left open to air as ordered. Medication reconciliation was completed, with all medications, dosages, frequencies, and purposes reviewed. <hility is-highlighty="true" role="mark" data-hility="93032137-0230-4c13-a00b-e29ab027a8f4" data-hility-name="bleeding precautions" data-hility-match="highlight-pass-38:1" data-decoration-type="background" style="--decoration-thickness: auto;">Bleeding precautions</hility> were reinforced, and the patient and caregiver were instructed to monitor for signs of infection and to follow up with the scheduled physician appointment regarding the bilateral lower extremity wounds. Physical Therapy evaluation identified generalized weakness, bilateral lower

**23. Signature and Date of Verbal SOC Where Applicable:**

Electronically Signed by Messick, Charles RN on 07/08/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**

Margaret Wang
5900 Waterloo Road
Columbia, MD 21045
PHONE: 4107402900 FAX: 14107402907 NPI: 1154612075

**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 : 06/30/2026

**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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extremity weakness, impaired balance, altered gait mechanics, decreased endurance, and impaired upper extremity function secondary to the right radial nerve palsy and left clavicular fracture. These deficits increase the effort required for bed mobility, necessitate supervision or assistance during transfers, and contribute to unsteady household ambulation with a high risk for falls. Although the patient is currently able to ambulate and transfer independently at times without an assistive device, functional mobility remains compromised by impaired balance, decreased endurance, and upper extremity limitations, placing him at continued risk for falls and injury. The patient is considered homebound due to impaired mobility, recurrent falls, need for caregiver assistance, and the considerable effort required to safely leave the home. Occupational Therapy evaluation further noted that the patient experienced two falls within the past year, occurring in March and June, resulting in the left clavicular fracture and right radial nerve palsy. The patient has a scheduled follow-up appointment with Dr. Yeh, hand surgeon, for evaluation of the right radial nerve palsy. The patient's primary goal is to improve right hand function and regain independence with daily activities. Skilled Occupational Therapy is medically necessary to improve upper extremity function, maximize hand strength and coordination, increase independence with ADLs, provide adaptive strategies, and prevent further functional decline. Continued Skilled Nursing, Physical Therapy, and Occupational Therapy services remain medically necessary for ongoing disease management, wound assessment and treatment, medication education, strengthening, balance and gait training, transfer training, fall prevention, caregiver education, and monitoring for complications to maximize safety, functional independence, and reduce the risk of hospitalization. <br> Date of Order 07/08/2026 Orders Physician Face-to-Face Date: 06/30/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Injury of radial nerve at upper arm level, right arm, subsequent encounter Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes: <br> Physician Wang, Margaret

## SN Careplans

SN WK1: 1 (07/08/26-07/11/26) ,WK2: 2 (07/12/26-07/18/26) ,WK3: 2 (07/19/26-07/25/26) ,WK4: 2 (07/26/26-08/01/26)

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, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 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.
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:MOLST: 1a) ATTEMPT CPR

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, dependent edema, M1033 - Exhaustion, M1400 - Dyspnea, limited strength, limited endurance, weak hand grips, rough/scaly/cracked skin, open sores/lesions, #1 - Other - Other - BLE OPEN SCATTERED AREAS - UNMEASUREABLE DRAINING CLEAR EXUDATE

PROCEDURES: physician-ordered wound care: #1 - Other - Other - BLE OPEN SCATTERED AREAS - UNMEASUREABLE DRAINING CLEAR EXUDATE, physician-ordered wound care: #1 - Other - Other - BLE OPEN SCATTERED AREAS - UNMEASUREABLEDRAINING CLEAR EXUDATE: SN/PT/CG TO CLEANSE BLE OPEN AREAS WITH NSS, PAT DRY, APPLY BETADINE AND LEAVE OPEN TO AIR. DAILY., cough/deep

## SN Goals

PATIENT-STATED GOAL: TO GAIN MORE USE OF MY RIGHT HAND

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

meal preparation is available to patient for all meals

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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 4 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 07/08/2026 |

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breathing exercises, wound vacuum

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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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, meal preparation is available to patient for all meals

## PT Careplans

PT WK1: 1 (07/08/26-07/11/26)

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: B LE mm 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 - 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: To get to walking back to normal

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: 1 (07/08/26-07/11/26) ,WK2: 1 (07/12/26-07/18/26) ,WK3: 1 (07/19/26-07/25/26) ,WK4: 1 (07/26/26-08/01/26) ,WK5: 1 (08/02/26-08/08/26) ,WK6: 1 (08/09/26-08/15/26) ,WK7: 1 (08/16/26-08/22/26) ,WK8: 1 (08/23/26-08/29/26) ,WK9: 1 (08/30/26-09/05/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, M1400 - Dyspnea, 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: Medication review : med list updates, Improve R hand function : dexterity and fine coordination, Improve UE strength to 4+ : for sh, elbow and wrist, Improve UE strength to 4+ : for sh, elbow and wrist, cough/deep breathing exercises, home exercise program, 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 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 - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

## OT Goals

PATIENT-STATED GOAL: to improve R hand functions

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

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 - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Signature of Physician:

Date



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

Date
07/08/2026

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Picking Up Object - 06. Independent

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

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

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:

Date



Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

07/08/2026