Home Health Certification and Plan of Care

Order ID: 1150/19376

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
100502592	06/02/2026	From: 06/02/2026 To: 07/31/2026	26069	217058

6. Patient's Name and Address

John Baker
20 Dunvale Road Apt 506,
Towson, MD 21204-
443-929-4210

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 09/13/1937 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	06/02/26

13. ICD	Other Pertinent Diagnoses	Date
I50.32	Chronic diastolic (congestive) heart failure	06/02/26
N18.4	Chronic kidney disease stage 4 (severe)	06/02/26
D63.1	Anemia in chronic kidney disease	06/02/26
E78.2	Mixed hyperlipidemia	06/02/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	06/02/26
I25.2	Old myocardial infarction	06/02/26
I44.2	Atrioventricular block complete	06/02/26
E03.9	Hypothyroidism unspecified	06/02/26
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	06/02/26
F10.90	Alcohol use unspecified uncomplicated	06/02/26
Z87.891	Personal history of nicotine dependence	06/02/26
Z79.890	Hormone replacement therapy	06/02/26
Z79.899	Other long term (current) drug therapy	06/02/26
Z95.1	Presence of aortocoronary bypass graft	06/02/26
Z95.0	Presence of cardiac pacemaker	06/02/26

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

Hydralazine Hydrochloride - Hydralazine Hydrochloride 25 mg / 1 Tablet by mouth every 8 hours for HTN Hold for SBP <110/ HR<60
Quetiapine Fumarate - Quetiapine Fumarate 25 mg / 1 Tablet by mouth at bedtime for Unspecified delusions
Sodium Bicarbonate - Sodium Bicarbonate 650 mg/tablet / Give 2 tablet by mouth twice a day for Heartburn
ATORVASTATIN 40 mg / 1 Tablet by mouth at bedtime for Hyperlipidemia
Hydroxyzine - Hydroxyzine Hydrochloride 25 mg / 1 Tablet by mouth every 8 hours as needed for Anxiety for 2 Weeks
Allopurinol - Allopurinol 50 mg tablet by mouth as necessary every 48 hours for Gout Renal dose
Calcitriol - Calcitriol 0.25 mcg / 1 Capsule by mouth once a day for Calcium deficiency
Metoprolol Succinate - Metoprolol Succinate Extended Release 24 Hour 50 mg/tablet / Give 0.5 tablet1 Tablet by mouth once a day for HTN
Vitamin B12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000 mcg / 1 Tablet by mouth once a day for Supplement
Thiamine - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 100 mg / 1 Tablet by mouth once a day for Supplement
Multiple Vitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 Tablet by mouth once a day for Supplement
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) mg / 1 Tablet by mouth once a day for Supplement Give with food
Cholecalciferol 1000 mg / 1 Tablet by mouth once a day for Supplement
Acetaminophen - Acetaminophen 500 mg / 1 Tablet by mouth every 4 hours as needed for Pain Do not exceed 3000mg per day
LEVOTHYROXINE 25 mcg/tablet / Give 0.5 tablet by mouth in the morning for hypothyroidism take with 1 tab=1.5tab
Levothyroxine - Levothyroxine Sodium 25 mcg/tablet / Give 1 tablet by mouth in the morning for hypothyroidism take with 0.5 =1.5 tab

14. DME and Supplies:

cane

15. Safety Measures:

standard precautions, medication safety, fall precautions, bathroom safety, ambulates with device

16. Nutrition:

low sodium

17. Allergies:

Ciprofloxacin, codeine, metronidazole, Niacin, Penicillin G

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

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:

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

SN:patient will be responsible for managing treatment
PT: family/caregiver will be responsible for managing treatment
OT: patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease, 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 88-year-old male referred to home health services following a recent hospitalization and subsequent skilled nursing/short-term rehabilitation stay for worsening fatigue and memory loss. His past medical history is significant for hypertension, hyperlipidemia, coronary artery disease (CAD), myocardial infarction status post coronary artery bypass grafting (CABG), arteriosclerotic heart disease (ASHD), complete heart block status post pacemaker placement, hypothyroidism, Stage IV chronic kidney disease (CKD), anemia, gout, low vision, hypertensive heart disease, and dementia. Upon assessment, the patient was alert and oriented to person, place, time, and situation (A&O x4). Vital signs were within normal limits. Respirations were even and unlabored, and lung sounds were clear to auscultation bilaterally. Bowel sounds were active in all quadrants. Skin was intact with no noted breakdown or wounds. The patient ambulates with a single-point cane and resides alone in a senior living apartment with elevator access. Prior to his recent decline, he was independent with functional mobility using a single-point cane, basic activities of daily living (ADLs), and self-care tasks, while requiring assistance with instrumental activities of daily living (IADLs), including grocery shopping and transportation to medical appointments. The patient's living environment was noted to be significantly cluttered and unkempt, with excessive trash accumulation throughout the residence and poor bathroom sanitation. The patient is a retired musician and has numerous musical instruments throughout the apartment, contributing to environmental clutter and potential fall hazards. The patient reported that he is gradually working on cleaning the apartment and intends to further improve the condition of his living space. He receives support from a neighbor, Jane, who assists with grocery shopping, transportation to appointments, and medication management. Medications were reviewed during the visit, and it was noted that the neighbor organizes medications into a pillbox to promote adherence. Physical therapy evaluation revealed impaired balance, lower extremity weakness, gait deficits, and difficulty with curb negotiation. Objective measures demonstrated a Tinetti Balance and Gait Assessment score of 12/28, indicating a high fall risk, and a Timed Up and Go (TUG) test result of 24 seconds, reflecting

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 06/02/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Robert Vissing
120 Sister Pierre Dr
Towson, MD 21204
PHONE: 4103211224 FAX: 14103211231 NPI: 1457352395

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 : 05/15/2026

27. Attending Physician's Signature and Date Signed **06/11/2026**: 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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impaired mobility and increased fall risk. The patient was noted to be highly verbose and frequently required redirection to remain focused on therapeutic tasks. Despite these challenges, he demonstrates good rehabilitation potential and is expected to benefit from skilled physical therapy interventions aimed at improving balance, strength, gait mechanics, functional mobility, safety awareness, and fall prevention. Occupational therapy evaluation found decreased standing balance, reduced standing tolerance, diminished bilateral upper extremity strength, and decreased overall activity tolerance, resulting in limitations with higher-level IADLs and functional task performance. These deficits have contributed to a decline from his prior level of function and impact his ability to safely and independently manage household responsibilities. Skilled occupational therapy services are recommended to address these impairments, improve functional endurance and strength, enhance safety during daily activities, and facilitate the patient's return to his highest possible level of independence. Patient education was provided regarding medication compliance, personal hygiene, hand hygiene, home safety, and the importance of maintaining a clean and organized living environment to reduce fall risk and promote overall health. The patient verbalized understanding of the education provided. Continued skilled nursing, physical therapy, and occupational therapy services are indicated to monitor medical status, reinforce education, improve functional mobility and safety, address deficits related to strength, balance, endurance, and ADL/IADL performance, and support the patient's ability to remain safely in his home environment.
 Date of Order 06/02/2026 Orders Physician Face-to-Face Date: 05/15/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat due to Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease 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: PT Eval Notes:
 Physician Vissing, Robert

SN Careplans

SN WK1: 1 (06/02/26-06/06/26) ,WK2: 1 (06/07/26-06/13/26) ,WK3: 1 (06/14/26-06/20/26) ,WK4: 1 (06/21/26-06/27/26) ,WK5: 1 (06/28/26-07/04/26)

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: 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102f - Patient Supervision, meal preparation, M2102d - Caregiver Performs Treatment, abnormal blood pressure, M1033 - Exhaustion, M1400 - Dyspnea, limited strength, balance deficit

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments

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, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: To function independently and safely

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
* 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

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/02/2026

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PT Careplans

PT WK1: 1 (06/02/26-06/06/26) ,WK2: 1 (06/07/26-06/13/26) ,WK3: 1 (06/14/26-06/20/26) ,WK4: 1 (06/21/26-06/27/26) ,WK5: 1 (06/28/26-07/04/26)

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: Medication management : Meds reviewed with pt, home exercise program: As tolerated, Heelraises, toe raises, hip abduction, flexion, hip extension, hamstring, curls, seated laq, dynamic standing balance exercises: Focus on improved wt shifting, reaction time and hip ankle step strategies to reduce fall risk, gait training on uneven surfaces, 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, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: To continue to live independently and be less dependent on Jane.

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

Picking Up Object - 05. Setup or clean-up assistance

OT Careplans

OT WK2: 1 (06/07/26-06/13/26) ,WK4: 1 (06/21/26-06/27/26) ,WK6: 1 (07/05/26-07/11/26) ,WK8: 1 (07/19/26-07/25/26)

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 with AM medications taken prior to tx session, home exercise program: Bilateral UE strengthening of deltoid, biceps, triceps and pectoral muscles, therapeutic exercises: Skilled OT, equipment training, work simplification/energy conservation, transfers training: Skilled OT, assist with bathing: Skilled OT, assist with lower body dressing: Skilled OT, assist with upper body dressing: Skilled OT

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, 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: Play my instruments

GOALS
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

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

Signature of Physician:

Date

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

Date
06/02/2026