

Home Health Certification and Plan of Care				Order ID: 1150/20100	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
AA00019132		06/26/2026		From: 06/26/2026 To: 08/24/2026	
4. Medical Record No.		5. Provider No.			
27298		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Raymond Haley 200 1st Avenue Apt 308, Baltimore, MD 21227- 410-615-9787			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
11/08/1959			Male		
11. ICD		Principal Diagnosis		Date	
E85.4		Organ-limited amyloidosis		06/26/26	
13. ICD		Other Pertinent Diagnoses		Date	
I68.0		Cerebral amyloid angiopathy		06/26/26	
E11.9		Type 2 diabetes mellitus without complications		06/26/26	
I10.		Essential (primary) hypertension		06/26/26	
R74.01		Elevation of levels of liver transaminase levels		06/26/26	
F03.90		Unsp dementia unsp severity without beh/psych/mood/anx		06/26/26	
E78.2		Mixed hyperlipidemia		06/26/26	
F33.1		Major depressive disorder recurrent moderate		06/26/26	
R91.1		Solitary pulmonary nodule		06/26/26	
F17.210		Nicotine dependence cigarettes uncomplicated		06/26/26	
Z86.73		Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits		06/26/26	
Z94.4		Liver transplant status		06/26/26	
Z79.4		Long term (current) use of insulin		06/26/26	
Z79.82		Long term (current) use of aspirin		06/26/26	
14. DME and Supplies:			15. Safety Measures:		
cane			medication safety, fall precautions, diabetic precautions, ambulates with device		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
None of the above			Up As Tolerated		
19. Mental & Pyschosocial Status: COGNITION: 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium., ANXIETY: 4. Constantly, SOCIAL ISOLATION: 2. Sometimes, 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: Yes					
20. Prognosis: fair					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: 8. Unknown, MOBILITY: 8. Unknown			patient will be responsible for managing treatment		
Homebound status: Due to diagnosis of Organ-limited amyloidosis, 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 a 66-year-old White male admitted to home health services for diabetes management, medication education, and comprehensive assessment. His past medical history is significant for mixed hyperlipidemia, chronic dementia, hypertension, traumatic brain injury, recurrent cerebrovascular accidents (strokes), and other chronic comorbidities. The patient resides alone in a senior apartment with his dog, and his 12-year-old daughter <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> on weekends. Upon the Start of Care visit, the patient was alert and oriented to person, place, time, and situation (A&O 4). He complained of right wrist pain but was uncertain whether the discomfort resulted from a recent fall or from sleeping in an awkward position. The patient was instructed to apply ice to the affected area, take acetaminophen (Tylenol) as directed for pain management, and notify his healthcare provider if the pain worsened, persisted, or was associated with swelling or decreased function. He denied chest pain, shortness of breath, dizziness, lightheadedness, nausea, or vomiting. The patient reported his last bowel movement occurred the morning of the visit. Physical assessment revealed lungs clear to auscultation bilaterally, active bowel sounds in all quadrants, dry and intact skin with mild erythema noted on both arms, trace bilateral lower extremity edema, palpable peripheral pulses, and slightly delayed capillary refill. Vital signs were obtained and remained within acceptable parameters. During completion of the OASIS assessment, the patient demonstrated frustration when attempting to sign his name and was encouraged to take his time, reflecting mild cognitive and fine motor limitations. A comprehensive assessment was completed, medications were reviewed and reconciled, and the patient was admitted to home health services. The patient reports using a cane intermittently despite multiple falls and was not utilizing the assistive device during the assessment. He reported approximately three to four falls within the past two months and recurrent falls over the past several years. During one visit, he was observed returning from walking his dog without the use of his cane. Physical therapy evaluation identified right wrist pain, bilateral lower extremity weakness, impaired balance, unsteady gait, decreased safety awareness, and a significant history of recurrent falls, placing the patient at high risk for future falls and injury. These impairments negatively affect his functional mobility, transfer safety, and overall independence. The patient is considered homebound due to his history of recurrent falls, impaired balance, decreased safety awareness, and need for human assistance and an assistive device to safely leave the home. Skilled nursing education focused on diabetes management, medication compliance, recognition of signs and symptoms of hypo- and hyperglycemia, fall prevention strategies, proper use of the prescribed cane during all ambulation, skin care, and the importance of promptly reporting changes in condition, worsening pain, or additional falls to the healthcare provider. Education also reinforced home safety measures to reduce fall risk and the importance of medication adherence. The patient verbalized understanding of the teaching provided. Although skilled physical therapy was initially recommended to address lower extremity strengthening, balance deficits, gait training, transfer safety, fall prevention, and safety awareness in order to improve functional mobility and reduce the risk of further decline, the patient ultimately declined ongoing physical therapy services, stating that he felt relatively independent and did not believe additional therapy was necessary. A one-time physical therapy evaluation was completed, and the patient was discharged from physical therapy at his request after being educated on the risks associated with declining therapy, including continued falls, injury, functional decline, and potential loss of independence. The plan of care includes continued skilled nursing for ongoing assessment, diabetes management, medication education, chronic disease monitoring, reinforcement of fall prevention strategies, and surveillance for changes in functional or cognitive status, with continued encouragement to consistently use his prescribed assistive device and promptly report any additional falls or worsening symptoms.</div><div> </div><div>Date of Order</div><div>06/26/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 06/01/2026</div><div>Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat due to Organ-limited amyloidosis</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave</div></div>					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 06/26/2026					
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.		
Alexis Cruz 3541 Washington Blvd Halethorpe, MD 21227 PHONE: 4435439914 FAX: 18334644420 NPI: 1194306639			F2F date : 06/01/2026		
27. Attending Physician's Signature and Date Signed			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.		
07/02/2026 Date of physician last face-to-face			PAGE 1 of 3		

Home Health Certification and Plan of Care				Order ID: 1150/20100
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
AA00019132	06/26/2026	From: 06/26/2026 To: 08/24/2026	27298	217058
6. Patient's Name and Address Raymond Haley 200 1st Avenue Apt 308, Baltimore, MD 21227- 410-615-9787		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		

home</div><div>
</div><div>1 - SOC - SN Notes:
soc</div><div>PT Eval Notes:</div><div>
</div><div>Physician</div><div>Cruz, Alexis</div>

SN Careplans

SN WK1: 1 (06/26/26-06/27/26) ,WK2: 1 (06/28/26-07/04/26) ,WK3: 2 (07/05/26-07/11/26) ,WK4: 2 (07/12/26-07/18/26)

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: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, D0160 - Depression, M1745 - Behavioral Issues, M2020 - Oral Med Management, D0700 - Social Isolation, M2102f - Patient Supervision, meal preparation, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, dependent edema, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, limited strength, involuntary movement of extremity, rough/scaly/cracked skin, red/tender pressure points

PROCEDURES: Medication Review: Review medication list with patient at every visit., cough/deep breathing exercises, glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange preparation of missing meals

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 exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: "I just want to take my meds the right way."

GOALS

patient/caregiver recalls

- * depression-prevention strategies including avoidance of isolation
- * healthy eating
- * sleeping habits
- * identification of activities that bring pleasure
- * preventive care
- * recalls related medication(s) purpose, schedule

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 exacerbation of anxiety condition including coping patterns
- * improved concentration
- * strategies to reduce anxiety
- * identification of anxiety precipitants, conflicts, and threats
- * 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

patient/caregiver recalls

- * strategies to increase socialization
- * recalls related medication(s) purpose, schedule

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans	PT Goals
Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/26/2026

Home Health Certification and Plan of Care				Order ID: 1150/20100
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
AA00019132	06/26/2026	From: 06/26/2026 To: 08/24/2026	27298	217058
6. Patient's Name and Address Raymond Haley 200 1st Avenue Apt 308, Baltimore, MD 21227- 410-615-9787			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	
PT WK2: 1 (06/28/26-07/04/26) PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170O1 - 12 Steps, GG0130F1 - Upper Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170P1 - Picking Up Object, GG0170D1 - Sit to Stand, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer PROCEDURES: gait training/stair training, transfers training, assist with fall prevention: Pt teaching provided on Falls prevention -use recomended AD at all times and/or direct assistance by CG as needed -make sure clothing does not drag on floor to create trip hazard -proper footwear, no scuffs - Strength program has been initiated for LEs, continue 1-2x/day -carry phone at all times in case of emergency -Consider medic alert button -Fall recover technique discussed -Keep stairs free of obstacles -Maintain functional pathways throughout the home and at all exits -use night lights -Advised against holding onto towel bars or soap dishes, consider grab bars, check grab bars before use -remove scatter rugs, if one must remain use double sided rug tape -Add non skid mat in the shower -keep the floor dry in the bathroom, if using a shower seat dry self completely before stepping out. Instructed pt on Fall recovery technique-Instructed pt on self assessment, if hurt to stay still and call 911. If not hurt and able to move, to slowly go up on all fours, or sit up then scoot back to the closest chair/bed then turn to a kneeling position, prop one leg and push with bilateral UE and BLE to partially stand, then pivot to sit. Other technique is to crawl or scoot to the stairs and bump up on 2nd or 3rd step then use the rail to stand up. Instructed pt to contact physician for any falls, with or without injuries. Pt VU of instructions provided via TB. 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent			PATIENT-STATED GOAL: Just to be able to live independently 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 Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Shower/Bathe Self - 06. Independent	

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/26/2026