Home Health Certification and Plan of Care

Order ID: 1150/20574

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
AA00022350	07/15/2026	From: 07/15/2026 To: 09/12/2026	27389	217058

6. Patient's Name and Address
Melvin Butler
4503 Penhurst Avenue Apt 2,
BALTIMORE, MD 21215-
443-401-5483

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 03/18/1940 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	07/15/26

13. ICD	Other Pertinent Diagnoses	Date
E11.319	Type 2 diabetes w unsp diabetic rtnop w/o macular edema	07/15/26
I10.	Essential (primary) hypertension	07/15/26
M17.0	Bilateral primary osteoarthritis of knee	07/15/26
E78.5	Hyperlipidemia unspecified	07/15/26
D50.9	Iron deficiency anemia unspecified	07/15/26
G31.84	Mild cognitive impairment of uncertain or unknown etiology	07/15/26
F95.9	Tic disorder unspecified	07/15/26
E04.1	Nontoxic single thyroid nodule	07/15/26
F39.	Unspecified mood [affective] disorder	07/15/26
H40.1113	Primary open-angle glaucoma right eye severe stage	07/15/26
E55.9	Vitamin D deficiency unspecified	07/15/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	07/15/26
Z79.82	Long term (current) use of aspirin	07/15/26
Z91.81	History of falling	07/15/26
Z85.46	Personal history of malignant neoplasm of prostate	07/15/26

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

LATANOPROST Ophthalmic Solution 0.005% / Instill 1 drop both eyes at bedtime for glaucoma
ACETAMINOPHEN 325 MG / 1 Tablet by mouth every 6 hours as needed for headaches
ASPIRIN Chewable 81 MG Tablet by mouth once a day for anticoagulant
Atorvastatin Calcium - Atorvastatin Calcium 80 mg/tablet / Give 40 mg by mouth at bedtime for hyperlipidemia
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 MCG (1000 UT) / Give 1000 unit by mouth one time a day for vit D deficiency
TRIHEXYPHENIDYL HYDROCHLORIDE 5 MG Tablet by mouth every 8 hours for involuntary muscle movement disorder

14. DME and Supplies:
walker, bath bench

15. Safety Measures:
standard precautions, supervision at all times, walker precautions, medication safety, diabetic precautions, fall precautions, bathroom safety, ambulates with device, , ambulates with assistance, activity supervision

16. Nutrition:
low cholesterol, diabetic,

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance!Hearing!Paralysis

18.B. Activities Permitted
Up As Tolerated

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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status:
Due to diagnosis of Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene, 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:
Start of care (SOC) was completed, and all required consents were signed by the patient. The patient is an 86-year-old male with a past medical history of diabetes mellitus, hypertension, tic disorder, cognitive impairment, right open-angle glaucoma with visual impairment/blindness, bilateral knee osteoarthritis, hyperlipidemia, iron deficiency, and a history of falls. He is alert and oriented and lives alone in a dwelling on his sister's property, requiring navigation of 23 stairs daily, making it a taxing effort to leave the home due to lower extremity weakness, impaired vision, ambulatory difficulty, and the need for a rolling walker, vision cane, and supervision for safety. Slip guards have been installed on the stairs to reduce fall risk. The patient's goal is to improve stair negotiation and walking endurance. Assessment revealed no open wounds, no recent falls, good appetite and hydration, a bowel movement the previous day without abdominal discomfort, and abnormal lung sounds. Medication reconciliation was completed, and the patient reported that Jardiance caused loose stools and was subsequently discontinued. His most recent HbA1c was 6.3%, and a written medication list was provided. The patient also reported that prescribed eye drops were not administered during his recent skilled nursing facility stay and continues to wear dark glasses due to visual impairment. Physical therapy evaluation demonstrated bilateral lower extremity weakness (MMT 3-/5), decreased balance, and impaired functional mobility, requiring contact guard assistance for transfers and short-distance ambulation with a rolling walker and verbal cues to improve trunk extension. Skilled nursing and physical therapy services are medically necessary to provide ongoing disease and medication management, cardiopulmonary assessment, fall prevention, strengthening, balance training, gait and stair training, and to improve safety, functional independence, and return to the patient's prior level of function. <p class="p" align="justify"

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/15/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
OLIVETTE GUEDON
10 North Greene Street
BALTIMORE, MD 21201
PHONE: 4106057000 FAX: 14106057912 NPI: 1497857312

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 : 06/18/2026

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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 <o:p></o:p> Date of Order<o:p></o:p> 07/15/2026<o:p></o:p> Physician Face-to-Face Date: 06/18/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat HHA DX: Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene<o:p></o:p> Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>   1 - SOC - SN Notes:<o:p></o:p> PT Eval Notes:<o:p></o:p> Physician: Guedon, Olivette

SN Careplans

SN WK1: 1 (07/15/26-07/18/26) ,WK2: 1 (07/19/26-07/25/26) ,WK3: 1 (07/26/26-08/01/26) ,WK4: 1 (08/02/26-08/08/26) ,WK5: 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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 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, 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; 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 ; 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

SN Goals

PATIENT-STATED GOAL: Walk safely be able walk steps safely and be able to Play golf

GOALS
patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

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 administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/15/2026

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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.

No open wounds noted
Advance Directive:Na

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2102c - Med Admin, meal preparation, M2020 - Oral Med Management, M2102f - Patient Supervision, M1400 - Dyspnea, M1033 - Exhaustion, abn cholesterol > 200 mg/dL, abnormal BS < 70/140 > mg/dL, muscle weakness, limited endurance, limited strength, Pain Interference with Therapy activities, B1000 - Vision Deficit, Pain Interference with ADLs, Pain Effect on Sleep, balance deficit

PROCEDURES: cough/deep breathing exercises, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired

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, * 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 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 WK1: 1 (07/15/26-07/18/26) ,WK3: 1 (07/26/26-08/01/26) ,WK5: 1 (08/09/26-08/15/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170G1 - Car Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170F1 - Toilet Transfer

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, home exercise program: Review HEP: seated knee ext, hip flex, hip abd, quad sets, gluteal squeezes, ankle pumps at least 1x10. Once tolerated, upgrade to standing heel/ toe raises, knee flex, hip flex, hip abd at least 1x10 with UE support as needed. Upgrade as tolerated, equipment training, work simplification/energy conservation, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, 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, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching 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

PT Goals

PATIENT-STATED GOAL: To be able to walk without help

GOALS
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 - 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

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching 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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/15/2026