Home Health Certification and Plan of Care

Order ID: 1150/20585

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6V86JP0CC68	07/15/2026	From: 07/15/2026 To: 09/12/2026	27555	217058

6. Patient's Name and Address
Marshall Gibson
103 Center Place Apt 120,
Dundalk, MD 21222-
410-335-5904

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 08/19/1952 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G35.B1	Multiple sclerosis	07/15/26

13. ICD	Other Pertinent Diagnoses	Date
R13.10	Dysphagia unspecified	07/15/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/15/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	07/15/26
N18.32	Chronic kidney disease stage 3b	07/15/26
K21.9	Gastro-esophageal reflux disease without esophagitis	07/15/26
G40.89	Other seizures	07/15/26
K56.609	Unsp intestnl obst unsp as to partial versus complete obst	07/15/26
N17.0	Acute kidney failure with tubular necrosis	07/15/26
K25.9	Gastric ulcer unsp as acute or chronic w/o hemor or perf	07/15/26
D50.8	Other iron deficiency anemias	07/15/26
J81.1	Chronic pulmonary edema	07/15/26
Z86.718	Personal history of other venous thrombosis and embolism	07/15/26
Z79.4	Long term (current) use of insulin	07/15/26

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

VITAMIN 1 tablet by mouth one time a day for SUPPLEMENT/NUTRITION
MIRALAX 1 scoop by mouth two times a day for BOWEL REGIMEN HOLD FOR LOOSE STOOL
ATORVASTATIN 10mg, take 1 tablet by mouth at bedtime for HLD
Cialis - Tadalafil 10 mg take 1 tablet by mouth once a day
Aspirin 81Mg - Aspirin Take 1 tablet by mouth once a day
Lisinopril - Lisinopril 10 mg take 1 tablet by mouth once a day
Fish Oil - Cod Liver Oil 1200mg, take 1capsule by mouth once a day
TYLENOL 500mg, take 2 tablets Oral every 8 hours As needed for pain
LANTUS 7 unit subcutaneously at bedtime for DM
Calmoseptine Ointment 0.44-20.625 % (Menthol-Zinc Oxide) % topically every shift for Skin Prevention/denuded area Q-shift and after each incontinent episode

14. DME and Supplies:
wheelchair, hoyer lift, hospital bed, grab bars, diabetic supplies, bath bench

15. Safety Measures:
seizure precautions, restricted ROM, medication safety, fall precautions, diabetic precautions, transfer with assist, supervision at all times, bedrails up while in bed, wheelchair precautions, standard precautions, no stair use, hand rails, bathroom safety, activity supervision

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Contracture, Endurance, Bowel/Bladder Incontinence, Ambulation, MS!Paralysis

18.B. Activities Permitted
Wheelchair, Bedrest BRP, Transfer bed/Chair

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: Poor

22. A Rehabilitation Potential:
SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans
SN and OT: patient will be responsible for managing treatment PT: family/careg

Homebound status:
Due to diagnosis of Multiple sclerosis, 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 73-year-old male with a significant past medical history of active primary progressive multiple sclerosis, hypertension, type 2 diabetes mellitus, seizure disorder, dysphagia, gastroesophageal reflux disease (GERD), chronic pulmonary edema, chronic kidney disease, left cerebrovascular accident (CVA) with right hemiparesis, acute kidney injury, and anemia. He was referred to home health services following hospitalization for complications related to multiple sclerosis and repeated vomiting, after which he underwent subacute rehabilitation before returning home. The patient is alert and oriented 4, bedbound, and resides alone in a senior living apartment with no steps. He receives private caregiver assistance for up to 10 hours per day, 7 days a week, with activities of daily living (ADLs), instrumental activities of daily living (IADLs), meal preparation, feeding, and errands. He reports that he previously experienced repeated vomiting while on a pureed diet, resulting in hospitalization and J-tube placement; however, he is currently tolerating a regular chopped diet with thin liquids. He denies shortness of breath, pain, dizziness, lightheadedness, headache, nausea, or vomiting. Assessment revealed diminished lung sounds, warm and intact skin, a scabbed abrasion to the left knee, and sacral excoriation managed with barrier cream by caregivers. The patient has a hospital bed, an electric wheelchair that is currently nonfunctional with a replacement pending delivery, and a Hoyer lift that is also nonfunctional, resulting in him remaining in bed and having been out of bed only once since returning home. Prior to hospitalization, he was non-ambulatory and required extensive assistance with transfers using a Hoyer lift. Examination demonstrated marked generalized weakness, greater on the right than the left, limited range of motion in all planes, impaired bed mobility requiring moderate to maximum assistance, dependent assistance for transfers, poor trunk control, poor sitting balance and weight shifting, decreased sitting tolerance, reduced bilateral upper extremity strength, limited flexibility with low back discomfort during forward trunk flexion, and significant deficits in activity tolerance affecting self-care and functional mobility. The patient expressed a goal of being able to transfer in and out of bed without the use of a Hoyer lift and has a scheduled home visit with his primary care provider on 07/22/2026. Based on the assessment findings, the patient demonstrates good rehabilitation potential and would benefit from continued skilled nursing, physical therapy, and occupational therapy services to address strength, flexibility, bed mobility, sitting balance, wheelchair management and fitting, caregiver education, transfer training, and overall functional independence while reducing the risk of further decline and hospitalization.<o:p></o:p> Date of Order<o:p></o:p> <span

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
Joseph Brodine
9101 Franklin Square Dr
Baltimore, MD 21237
PHONE: 4437772000 FAX: 18668579388 NPI: 1467987446

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 : 06/17/2026

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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Marshall Gibson 103 Center Place Apt 120, Dundalk, MD 21222- 410-335-5904	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Multiple sclerosis<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;"> 1 - SOC - SN Notes: <span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">PT Eval Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">OT Eval Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Physician:<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;"> Brodine, Joseph

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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:SEE MOLST

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, abnormal blood pressure,

SN Goals

PATIENT-STATED GOAL: To be able to transfer in and out of bed without using a hoyerl lift.

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

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

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M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, muscle weakness, balance deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, glucose testing via monitor

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

PT Careplans

PT WK1: 1 (07/15/26-07/18/26) ,WK2: 1 (07/19/26-07/25/26) ,WK3: 2 (07/26/26-08/01/26) ,WK4: 1 (08/02/26-08/08/26) ,WK5: 1 (08/09/26-08/15/26) ,WK6: 1 (08/16/26-08/22/26) ,WK7: 1 (08/23/26-08/29/26) ,WK8: 1 (08/30/26-09/05/26) ,WK9: 1 (09/06/26-09/12/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer

PROCEDURES: Sitting balance : Train caregiver how to assist pt working on sitting balance at edge of bed static and dynamic, Flexibility: Train caregiver on how to stretch pt properly with 20 second holds each stretch to improve hip flexion, extension, knee extension, hip abduction dorsiflexion, Hoyerlift trg: Clinician will train pt caregiver on setup and how to use hoyer lift to trans pt wc<>bed, wheelchair training, home exercise program: Supine heelslides, hip abduction abduction, hip IR, ER, saq, slr, aps, quadsets. Train caregiver on how to stretch pt properly with 20 second holds each stretch to improve hip flexion, extension, knee extension, hip abduction dorsiflexion, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 02. Substantial/maximal assistance, Chair to Bed to Chair - 02. Substantial/maximal assistance, Car Transfer - 02. Substantial/maximal assistance, Toilet Transfer - 01. Dependent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Flexibility, Hoyer lift trg, Sitting g static and dynamic balance

PT Goals

PATIENT-STATED GOAL: Try to improve my flex,and strength, move easier in bed and work on getting out of bed more often.

GOALS
Sit to Stand - 02. Substantial/maximal assistance

Chair to Bed to Chair - 02. Substantial/maximal assistance

Car Transfer - 02. Substantial/maximal assistance

Toilet Transfer - 01. Dependent

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Flexibility

Hoyer lift trg

Sitting g static and dynamic balance

OT Careplans

OT WK2: 1 (07/19/26-07/25/26) ,WK4: 1 (08/02/26-08/08/26) ,WK6: 1 (08/16/26-08/22/26) ,WK8: 1 (08/30/26-09/05/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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 : Medication reviewed with patient with all medications in the home., wheelchair training: Skilled OT, home exercise program: Left UE triceps extensions, biceps curls, shoulder raises, equipment training, work simplification/energy conservation, assist with feeding/eating: Skilled OT, assist with grooming: 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 - 03. Partial/moderate assistance, Toileting Hygiene - 01. Dependent, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 01. Dependent, Don/Doff Footwear - 01. Dependent, Eating - 05. Setup or clean-up assistance

OT Goals

PATIENT-STATED GOAL: Get out of bed

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

Oral Hygiene - 03. Partial/moderate assistance

Toileting Hygiene - 01. Dependent

Shower/Bathe Self - 02. Substantial/maximal assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 01. Dependent

Don/Doff Footwear - 01. Dependent

Eating - 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