

Home Health Certification and Plan of Care				Order ID: 1150/20735	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
100061348		07/22/2026		From: 07/22/2026 To: 09/19/2026	
4. Medical Record No.		5. Provider No.			
28285		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Jawan Jones 1113 Ramblewood Rd APT C, BALTIMORE, MD 21239- 443-800-6382			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
07/24/1998			Male		
11. ICD		Principal Diagnosis		Date	
S72.351D		Displ commnt fx shaft of r femr 7thD		07/22/26	
13. ICD		Other Pertinent Diagnoses		Date	
S81.002D		Unspecified open wound left knee subsequent encounter		07/22/26	
J98.11		Atelectasis		07/22/26	
Z79.82		Long term (current) use of aspirin		07/22/26	
Z79.4		Long term (current) use of insulin		07/22/26	
Z79.52		Long term (current) use of systemic steroids		07/22/26	
14. DME and Supplies:			15. Safety Measures:		
rolling walker, walker, bath bench			standard precautions, remove environmental barriers, medication safety, fall precautions, emergency phone number prominently displayed, electrical safety measures, bathroom safety, ambulates with device, ambulates with assistance		
16. Nutrition:			17. Allergies:		
regular			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Ambulation			Exercises Prescribed, Up As Tolerated, WBAT RLE		
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:			22.B.Discharge Plans		
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.			patient will be responsible for managing treatment		
Homebound status: Due to diagnosis of Displaced comminuted fracture of shaft of right femur, subsequent encounter for closed fracture with routine healing, 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>Physical Therapy Start of Care (SOC) assessment was completed for a 27-year-old male with no significant past medical history who was recently hospitalized following a motor vehicle accident (MVA) resulting in a right femur fracture. Prior to hospitalization, the patient was independent with all functional mobility and ambulated without the use of an assistive device. Upon evaluation, the patient demonstrated decreased strength in the right lower extremity, with manual muscle testing (MMT) graded at 3-/5, contributing to impaired mobility and decreased functional independence. The patient currently requires contact guard assistance (CGA) for transfers and short-distance ambulation using a rolling walker (RW). Gait assessment revealed the need for verbal cueing to improve trunk extension and facilitate right heel strike to promote a safer, more normalized gait pattern. These deficits place the patient at an increased risk for falls and limit the ability to safely perform functional mobility tasks independently. The patient is an appropriate candidate for skilled physical therapy services to address lower extremity weakness, impaired balance, gait deviations, and reduced functional mobility. The plan of care includes therapeutic exercises, gait training, transfer training, balance and endurance activities, and patient education focused on safety, proper use of the rolling walker, and fall prevention strategies. Skilled intervention is medically necessary to improve strength, maximize safety and independence with functional mobility, and facilitate the patient's return to his prior level of function.</div><div> </div><div>Date of Order</div><div>07/22/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 07/17/2026</div><div>Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to Displaced comminuted fracture of shaft of right femur, subsequent encounter for closed fracture with routine healing</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div>1 - SOC - PT Notes: soc</div><div> </div><div>Physician</div><div>Kothari, Soor</div></div>					
SN Careplans			SN Goals		
PT Careplans			PT Goals		
PT WK1: 1 (07/22/26-07/25/26) ,WK2: 2 (07/26/26-08/01/26) ,WK3: 2 (08/02/26-08/08/26) ,WK4: 2 (08/09/26-08/15/26) ,WK5: 1 (08/16/26-08/22/26) ,WK6: 1 (08/23/26-08/29/26) ,WK7: 1 (08/30/26-09/05/26) ,WK8: 1 (09/06/26-09/12/26)			PATIENT-STATED GOAL: To be able to walk without pain		
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			GOALS		
CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance			Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance		
			1 - Step (curb) - 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		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 07/22/2026					
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.		
Soor Kothari 1500 Forest Glen Rd Silver Spring, MD 20910 PHONE: 3017547000 FAX: NPI: 1508243627			F2F date : 07/17/2026		
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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HOSPITALIZATION RISKS: 10. None of the above 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:Not Received PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170E1 - Chair to Bed to Chair, 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, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2020 - Oral Med Management, M1400 - Dyspnea, swelling of affected area, limited strength, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, #1 - Laceration - Anterior Left Knee - Stitches present, #4 - Observable Surgical Wound - Anterior Right Hip - Staples present, #3 - Observable Surgical Wound - Anterior Right Thigh - Staples present, #2 - Observable Surgical Wound - Anterior Right Knee - Staples present, bruising/discoloration PROCEDURES: physician-ordered wound care: #1 - Laceration - Anterior Left Knee - Stitches present: Leave open to air. To be managed by doctor, physician-ordered wound care: #2 - Observable Surgical Wound - Anterior Right Knee - Staples present: Cover with dry dressing. Change as necessary. To be managed by doctor, physician-ordered wound care: #3 - Observable Surgical Wound - Anterior Right Thigh - Staples present: Cover with dry dressing. Change as necessary. To be managed by doctor, physician-ordered wound care: #4 - Observable Surgical Wound - Anterior Right Hip - Staples present: Cover with dry dressing. Change as necessary. To be managed by doctor, cough/deep breathing exercises, incentive spirometer, 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, gait training on uneven surfaces, gait training/stair training, transfers training, teach/coordinate/arrange medication packaging and/or administration 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related			* 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 * 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 self-administers medications as prescribed * recalls related medication(s) purpose, schedule 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 - 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 Car Transfer - 05. Setup or clean-up assistance Oral Hygiene - 05. Setup or clean-up assistance Toileting Hygiene - 05. Setup or clean-up assistance Shower/Bathe Self - 03. Partial/moderate 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 Eating - 06. Independent	
Signature of Physician:			Date	
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Optional Name/Signature of Nurse/Therapist:			Date	
Electronically Signed by Messick, Charles RN			07/22/2026	

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medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, 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 - 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, Car Transfer - 05. Setup or clean-up assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate 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, Eating - 06. Independent				

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