# Home Health Certification and Plan of Care

**Order ID: 1150/20859**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 100061348 | 07/22/2026 | From: 07/22/2026 To: 09/19/2026 | 28285 | 217058 |

**6. Patient's Name and Address**
Jawan Jones
1113 Ramblewood Rd APT C,
BALTIMORE, MD 21239-
443-800-6382

**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** 07/24/1998 | **9.Sex** 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 |

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

Gabapentin - Gabapentin 300 mg 1 capsule by mouth three times a day Pain
Senna - Senna 8.6 MG, Take 1 tablet by mouth once a day As needed for constipation
Methocarbamol - Methocarbamol 750 mg 2 tablets by mouth three times a day Pain
Aleve - Naproxen Sodium eq 200 mg base 2 tablets by mouth every 6 hours As needed for pain
Lidocaine - Lidocaine 4% pain patch transdermal once a day As needed every 24 hours for pain

**14. DME and Supplies:**
rolling walker, walker, bath bench

**15. Safety Measures:**
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:**
regular

**17. Allergies:**
no known allergies

**18.A. Functional Limitations**
Endurance, Ambulation

**18.B. Activities Permitted**
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:**
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**
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:** 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. <br> Date of Order 07/22/2026 Orders Physician Face-to-Face Date: 07/17/2026 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 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 1 - SOC - PT Notes: soc <br> Physician Nkiruka, Obioha

**SN Careplans**

**SN Goals**

**PT Careplans**

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)

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: 10. None of the above

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive:

**PT Goals**

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

GOALS
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
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

**23. Signature and Date of Verbal SOC Where Applicable:**
Electronically Signed by Messick, Charles RN on 07/22/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
Nkiruka Obioha
2391 Greenspring Drive
Timonium, MD 21093
PHONE: 4108473000 FAX: 8554160980 NPI: 1073650024

**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 : 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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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/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: #4 - Observable Surgical Wound - Anterior Right Hip - 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: #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: #1 - Laceration - Anterior Left Knee - Stitches present: Leave open to air. 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 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

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



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

Date
07/22/2026

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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 |
|---|---|
| | PAGE 3 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 07/22/2026 |