Home Health Certification and Plan of Care

Order ID: 1150/20893

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36635308	07/27/2026	From: 07/27/2026 To: 09/24/2026	28225	217058

6. Patient's Name and Address

Hervery Smith
14 Horse Chestnut Court,
ESSEX, MD 21221-
410-553-7775

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 08/03/1939 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J18.9	Pneumonia unspecified organism	07/27/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	07/27/26
D64.9	Anemia unspecified	07/27/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	07/27/26
R13.10	Dysphagia unspecified	07/27/26
Z91.81	History of falling	07/27/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	07/27/26
Z85.46	Personal history of malignant neoplasm of prostate	07/27/26
Z87.891	Personal history of nicotine dependence	07/27/26

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

Albuterol Sulfate And Ipratropium Bromide - Albuterol Sulfate: Ipratropium Bromide 2.5 mg0.5 mg/3 mL NEB / Neb 3 ml inhalant q4h PRN SOB and/or wheezing use as needed every 4 hours, 'chronic medication'
TERAZOSIN 1 MG / 1 Capsule PO Nightly
MULTIVITAMIN 1 tab PO Daily
AMLODIPINE 2.5 MG / 1 Tablet PO Daily

14. DME and Supplies:

nebulizer, hand held shower, cane, bath bench

15. Safety Measures:

standard precautions, medication safety, fall precautions, bathroom safety, ambulates with device

16. Nutrition:

low sodium

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

No Restrictions

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: 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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Pneumonia unspecified organism, 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 an 86-year-old male admitted to home health services following recent hospitalization for pneumonia after presenting with generalized weakness for approximately one month, a one-week history of cough, and two falls at home. He was treated with antibiotics during hospitalization and referred for skilled nursing, physical therapy, and occupational therapy due to persistent weakness, impaired mobility, and decline in functional status. His past medical history is significant for altered mental status, benign prostatic hyperplasia, dysphagia, hemorrhagic stroke with prior craniotomy secondary to a motor vehicle accident approximately one year ago, prostate cancer, urinary incontinence, and recurrent falls. According to his wife, the patient has experienced persistent weakness and impaired gait since his brain hemorrhage, with multiple hospitalizations and skilled rehabilitation admissions prior to returning home. Upon assessment, the patient is alert and oriented to person, place, time, and situation (A&O4). Vital signs are within normal limits. He denies pain, shortness of breath, headache, and dizziness. Although he has a prescribed nebulizer, he refuses to use it despite recent treatment for pneumonia. The patient ambulates with a cane; however, his wife reports that he frequently furniture walks and is noncompliant with using his rollator or rolling walker as recommended. He demonstrates a slow, deliberate gait pattern while visually monitoring each step, with moderate unsteadiness, impaired coordination, unsafe transfer techniques, decreased balance, and moderate difficulty negotiating stairs, placing him at significant risk for falls. The patient resides with his wife, daughter, and grandson in a split-level single-family home requiring navigation of two sets of six stairs. Prior to his recent decline, he was independent with bed mobility, transfers, dressing, toileting, and functional ambulation with a single-point cane, requiring only supervision for sponge bathing. Physical therapy evaluation identified deficits in lower extremity strength, coordination, gait sequencing, static and dynamic balance, endurance, and overall functional mobility. Skilled physical therapy is medically necessary to address lower extremity strengthening, gait training, coordination, balance retraining, transfer training, stair negotiation, and fall prevention in order to improve safety and restore the patient's highest level of functional independence. Education and training were initiated for both the patient and his wife regarding the safe use of a small-base quad cane in the right hand. Detailed instruction emphasized maintaining the cane several inches lateral to the right foot and avoiding placement of the cane too far in front during ambulation to improve stability and reduce fall risk. The patient demonstrates fair rehabilitation potential but continues to exhibit resistance to using a rollator or rolling walker, which remains a primary safety concern. Occupational therapy evaluation revealed decreased standing balance, standing tolerance, bilateral upper extremity strength, and activity tolerance, resulting in reduced independence with self-care activities, functional transfers, and functional ambulation. Prior to hospitalization, the patient independently completed dressing, grooming, self-feeding, functional transfers, and household ambulation with a single-point cane and required supervision only for sponge bathing. Skilled occupational therapy is medically necessary to improve upper extremity strength, standing tolerance, balance, safety awareness, and performance of activities of daily living to facilitate a safe return to his prior level of functional independence. Skilled nursing services will continue to monitor the patient's cardiopulmonary status following pneumonia, reinforce medication adherence, assess for recurrence of respiratory symptoms or infection, monitor overall health status, provide ongoing fall prevention education, encourage compliance with prescribed assistive devices and respiratory treatments, and coordinate interdisciplinary care to reduce the risk of further functional decline and rehospitalization.
 Date of Order 07/27/2026 Orders Physician Face-to-Face Date: 07/14/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's msw due to Pneumonia unspecified organism Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Mian, Jamshid

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 07/27/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Jamshid Mian
9114 Philadelphia Rd
Baltimore, MD 21237
PHONE: 4432315711 FAX: 14432315790 NPI: 1538143953

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 : 07/14/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/20893

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36635308	07/27/2026	From: 07/27/2026 To: 09/24/2026	28225	217058

6. Patient's Name and Address
Hervery Smith
14 Horse Chestnut Court,
ESSEX, MD 21221-
410-553-7775

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

SN Careplans

SN WK1: 1 (07/27/26-08/01/26) ,WK2: 1 (08/02/26-08/08/26) ,WK3: 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: 3. Multiple hospitalizations (2 or more) in the past 6 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; 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:Yes

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, M1610 - Urinary Incontinence, muscle weakness, balance deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer

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, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: To walk stronger without falling

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/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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

PT Careplans

PT WK1: 1 (07/27/26-08/01/26) ,WK2: 2 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, 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, GG0170E1 - Chair to Bed to Chair

PROCEDURES: Medication management : Review medication with pt and caregiver, home exercise program: Laq, stepping strategies focus accuracy and control stepping fwd, back and side stepping in place then progress to amb with lead, standi g tes as tolerated hip flexion, heelraises, toe raises, hamstring curls, hip abduction trg, home exercise program: Laq, stepping strategies focus accuracy and control stepping fwd, back and side stepping in place then progress to amb with lrad, standing tes as tolerated hip flexion, heelraises, toe raises, hamstring curls, hip abduction trg, dynamic standing balance exercises: Work LE coordination trg to improve step accuracy and consistency when walking focus improving smooth pursuit while amb with LRAD., gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 06. Independent, Sit to Stand - 06.

PT Goals

PATIENT-STATED GOAL: To improve my strength, walking and balance so I am steadier and more independent

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

Signature of Physician:

Date

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

Date
07/27/2026

Home Health Certification and Plan of Care

Order ID: 1150/20893

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36635308	07/27/2026	From: 07/27/2026 To: 09/24/2026	28225	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Hervery Smith 14 Horse Chestnut Court, ESSEX, MD 21221- 410-553-7775	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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

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

OT Careplans

OT WK1: 1 (07/27/26-08/01/26) ,WK3: 1 (08/09/26-08/15/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing

PROCEDURES: Medication Review : Medication reviewed with patient and caregiver with all medications in the home, cough/deep breathing exercises, incentive spirometer, home exercise program: Bilateral biceps curls, armchair press-ups, triceps extensions 2-3 sets 8-12 reps, equipment training, work simplification/energy conservation, transfers training

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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 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, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Get in the shower

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

Shower/Bathe Self - 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

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

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/27/2026