Home Health Certification and Plan of Care

Order ID: 1150/20908

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8U81E42UG11	07/28/2026	From: 07/28/2026 To: 09/25/2026	26133	217058

6. Patient's Name and Address

Ronald Reely
555 Atwood Rd,
Bel Air, MD 21014-
410-615-5081

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 02/07/1945 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I11.0	Hypertensive heart disease with heart failure	07/28/26

13. ICD	Other Pertinent Diagnoses	Date
I50.32	Chronic diastolic (congestive) heart failure	07/28/26
I50.810	Right heart failure unspecified	07/28/26
I27.20	Pulmonary hypertension unspecified	07/28/26
J44.9	Chronic obstructive pulmonary disease unspecified	07/28/26
J96.21	Acute and chronic respiratory failure with hypoxia	07/28/26
I48.91	Unspecified atrial fibrillation	07/28/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/28/26
E78.00	Pure hypercholesterolemia unspecified	07/28/26
I82.409	Acute embolism and thombos unsp deep vn unsp lower extremity	07/28/26
I25.2	Old myocardial infarction	07/28/26
M81.0	Age-related osteoporosis w/o current pathological fracture	07/28/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	07/28/26
K40.90	Unil inguinal hernia w/o obst or gangr not spcf as recur	07/28/26
F41.9	Anxiety disorder unspecified	07/28/26
F33.9	Major depressive disorder recurrent unspecified	07/28/26
Z99.81	Dependence on supplemental oxygen	07/28/26
Z79.01	Long term (current) use of anticoagulants	07/28/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	07/28/26
Z86.711	Personal history of pulmonary embolism	07/28/26
Z86.19	Personal history of other infectious and parasitic diseases	07/28/26
Z87.01	Personal history of pneumonia (recurrent)	07/28/26
Z87.891	Personal history of nicotine dependence	07/28/26

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

Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg / 1 Capsule by mouth at bedtime for BPH
SPIRONOLACTONE 25 mg 25 mg / 1 Tablet by mouth in the morning for CONGESTIVE HEART FAILURE
SIMVASTATIN 20 mg 20 mg / 1 Tablet by mouth at bedtime for HYPERLIPIDEMIA
Senokot S - Senna 8.6-50 mg/tablet / Give 2 tablet by mouth at bedtime for constipation
MIRALAX 0 Powder / Give 17 gram by mouth in the morning for BOWEL REGIMEN, SHOULD BE MIXED WITH AT LEAST 8 OUNCES OF FLUID
FLUOXETINE 20 mg / 1 Capsule by mouth in the morning for DEPRESSION
ELIQUIS 2.5 mg / 1 Tablet by mouth every morning and at bedtime for ATRAL FIBRILLATION
ACETAMINOPHEN 500 mg/tablet / Give 2 tablet by mouth every 6 hours as needed for MILD TO SEVERE PAIN NOT TO EXCEED 3GM ACETAMINOPHEN PER DAY; Take 2 tabs to equal 1000mg
SYSTANE Solution 0.4-0.3 % / Instill 1 drop in both eyes two times a day for DRY EYES
INCRUSE ELLIPTA 0 Aerosol Powder Breath Activated 62.5 MCG/INH / 1 puff inhale orally in the morning for COPD
BUDESONIDE Suspension 0.5 MG/2ML / 2 ml inhale orally every morning and at bedtime for COPD. Rinse mouth after use VIA NEBULIZER HOB ELEVATED at 45%.TO AVOID SHORTNESS OF BREATH FOR COPD. *Must RINSE MOUTH AFTER USE*
ALBUTEROL HFA Aerosol Solution 108 (90 Base) MCG/ACT / 2 puff inhale orally every 24 hours as needed for SOB/ WHEEZING HOB ELEVATED AT 45% TO AVOID SHORTNESS OF BREATH FOR COPD.
Oxygen - Oxygen 3 L nasal cannula continuous Shortness of Breath
Albuterol Sulfate And Ipratropium Bromide - Albuterol Sulfate: Ipratropium Bromide Solution 0.5-2.5 (3) MG/3ML / 3 ml inhale orally every 6 hours for COPD VIA NEBULIZER. HOB ELEVATED AT 45% TO AVOID SHORTNESS OF BREATH FOR COPD.
Nitrostat - Nitroglycerin 0.4 mg / 1 Tablet sublingually every 5 minutes as needed for CHEST PAIN MAY REPEAT X 3 DOSES: NOTIFY MD IF NOT RESOLVED AND SEND TO ER *BLOOD PRESSURE AND PULSE TO BE TAKEN BEFORE EACH DOSE*

14. DME and Supplies:

grab bars, oxygen supplies, hand held shower, wheelchair, bath bench, walker, nebulizer, commode

15. Safety Measures:

smoke detectors , medical alert/lifeline, emergency phone # clearly displayed, , activity supervision, anticoagulant precautions, O2 precautions, transfer with assist, wheelchair precautions, bleeding precautions, standard precautions, fall precautions, ambulates with device, medication safety, bathroom safety

16. Nutrition:

low sodium, cardiac diet

17. Allergies:

percocet

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Wheelchair

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: Yes

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

SN and OT: patient will be responsible for managing treatment PT: family/careg

Homebound status:

Due to diagnosis of Hypertensive heart disease with heart failure, 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 07/28/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Vincenzo Grippo
2801 For Ave
Baltimore, MD 21224
PHONE: 4103420333 FAX: 14107327427 NPI: 1982646378

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 : 06/24/2026

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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Clinical Condition Requiring Homecare:

The patient is an 81-year-old male with a significant past medical history of hypertension, congestive heart failure, COPD with chronic respiratory failure, hyperlipidemia, depression, anxiety, BPH, coronary artery disease, myocardial infarction, and left femur fracture. He was recently hospitalized for acute on chronic hypoxic respiratory failure, sepsis secondary to pneumonia and urinary tract infection, lactic acidosis, and worsening hypoxia, followed by rehabilitation placement. The patient has completed antibiotic therapy with clinical improvement and continues to require oxygen therapy at 3 L/min via nasal cannula. He is alert and oriented 4 and resides alone in a senior living apartment with elevator access; his daughter visits daily and assists with needs. Prior to hospitalization, the patient was primarily wheelchair-dependent but was independent with basic ADLs, transfers, and wheelchair mobility, with assistance required for IADLs and showering. Currently, the patient presents with decreased endurance, impaired balance, reduced bilateral upper extremity strength, significant left lower extremity proximal weakness, limited left knee range of motion, impaired transfers, and limited functional mobility due to weakness and COPD-related dyspnea. He requires assistance for transfers and short-distance ambulation with a rolling walker, demonstrating an unsteady gait pattern, decreased left lower extremity weight-bearing tolerance, and increased reliance on upper extremities. Oxygen saturation remained stable at rest but decreased with activity while on supplemental oxygen. The patient is able to independently monitor oxygen saturation with a pulse oximeter and demonstrates knowledge of nebulizer use. Skilled nursing provided education on oxygen safety, deep breathing exercises, infection prevention, hand hygiene, fall precautions, and disease management. Skilled PT and OT services are recommended to address deficits in strength, balance, endurance, functional mobility, ADL performance, and safety awareness to maximize independence, reduce fall risk, and promote return to prior level of function.
<o:p></o:p> Date of Order<o:p></o:p> 07/28/2026<o:p></o:p> Physician Face-to-Face Date: 06/24/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Hypertensive heart disease with heart failure<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> OT EVal Notes:<o:p></o:p> Physician: Grippo, Vincenzo

SN Careplans

SN WK1: 1 (07/28/26-08/01/26) ,WK2: 1 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/22/26) ,WK5: 1 (08/23/26-08/29/26)

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: 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 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 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.

SN Goals

PATIENT-STATED GOAL: To get stronger and be comfortable enough to live independently.

GOALS
patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

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
* 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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/28/2026

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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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, M2102f - Patient Supervision, meal preparation, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, coughing, abnormal blood pressure, M1033 - Exhaustion, M1400 - Dyspnea, limited strength, limited endurance (MS), muscle weakness (MS), 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive 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, meal preparation is available to patient for all meals

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (07/28/26-08/01/26) ,WK2: 2 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/22/26) ,WK5: 1 (08/23/26-08/29/26) ,WK6: 1 (08/30/26-09/05/26) ,WK7: 1 (09/06/26-09/12/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170L1 - Walk 10 ft on Uneven Surface

PROCEDURES: Medication management : Review medication with pt and caregiver, wheelchair training, home exercise program: Supine or seated bil knee extension stretching, 20 second holds 6 trials, hip flexion, knee extension arom rle amd aarom lle, hip abduction manual resistance, hip flexion heelraises 3x10, static standing balance exercises: Work standing wt shifting statically with bilateral or single ue support focus on maintaining stability over bos to reduce fall risk, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Wheel 50 ft w 2 Turns - 06. Independent, Car Transfer - 05. Setup or clean-up assistance, Range of motion

PT Goals

PATIENT-STATED GOAL: Pt reported to transfer easier improve strength and ability to move throughout his apartment

GOALS
Toilet Transfer - 06. Independent

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 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

Wheel 50 ft w 2 Turns - 06. Independent

Car Transfer - 05. Setup or clean-up assistance

Range of motion

OT Careplans

OT WK1: 1 (07/28/26-08/01/26) ,WK3: 1 (08/09/26-08/15/26) ,WK5: 1 (08/23/26-08/29/26) ,WK7: 1 (09/06/26-09/12/26) ,WK9: 1 (09/20/26-09/25/26)

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 with all medications in the home, wheelchair training, home exercise program: Bilateral UE triceps extensions, biceps curls, armchair press-ups 2-3 sets 8-12 reps, equipment training, work simplification/energy conservation, transfers training: Skilled OT, transfers training, assist with bathing: 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

OT Goals

PATIENT-STATED GOAL: Get in the shower

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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home remedies to keep lungs healthy, related medication(s) purpose, schedule, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, 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, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

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

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
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