Home Health Certification and Plan of Care

Order ID: 1150/20965

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1TW0J11UF39	07/29/2026	From: 07/29/2026 To: 09/26/2026	28488	217058

6. Patient's Name and Address

James Timbers
960 PRINCETON TER,
GLEN BURNIE, MD 21060
410-768-0450

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 12/28/1940 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I95.1	Orthostatic hypotension	07/29/26

13. ICD	Other Pertinent Diagnoses	Date
S06.0X0D	Concussion without loss of consciousness subs encntr	07/29/26
S00.03XD	Contusion of scalp subsequent encounter	07/29/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	07/29/26
I50.9	Heart failure unspecified	07/29/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/29/26
N18.31	Chronic kidney disease stage 3a	07/29/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/29/26
I25.2	Old myocardial infarction	07/29/26
I35.0	Nonrheumatic aortic (valve) stenosis	07/29/26
E78.2	Mixed hyperlipidemia	07/29/26
I45.10	Unspecified right bundle-branch block	07/29/26
Z91.81	History of falling	07/29/26
Z95.1	Presence of aortocoronary bypass graft	07/29/26
Z98.61	Coronary angioplasty status	07/29/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	07/29/26
Z79.82	Long term (current) use of aspirin	07/29/26
Z87.891	Personal history of nicotine dependence	07/29/26

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

ASPIRIN Delayed Release 81 MG tablet by mouth once a day
Lipitor - Atorvastatin Calcium 40 MG / 1 Tablet by mouth once a day at night
COREG 25 MG tablet by mouth 2 times daily with meals
Dapagliflozin 5 MG / 1 Tablet by mouth in the morning
ALDACTONE 25 mg/tablet / Take 0.5 tablet by mouth daily
FLOMAX 0.4 MG / 1 Capsule by mouth EVERY DAY
DIOVAN 320 MG / 1 Tablet by mouth EVERY DAY
Cyanocobalamin 100 MCG tablet by mouth once a day
BACTROBAN 2 % ointment / APPLY OINTMENT AROUND SURGICAL SITE topical DAILY WITH BANDAGE CHANGES

14. DME and Supplies:

grab bars, bath bench, hand held shower, rolling walker, cane

15. Safety Measures:

transfer with assist, hand rails, fall precautions, diabetic precautions, bleeding precautions, avoid temperature extremes, ambulates with device, standard precautions, ambulates with assistance, walker precautions, smoke detectors , medication safety, bathroom safety, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Cane, Up As Tolerated, Walker, Exercises Prescribed, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, 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

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Orthostatic hypotension, 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 85-year-old male admitted to home health physical therapy following hospitalization at BWMC from 07/23/2026 to 07/25/2026 after sustaining a fall at home, resulting in a right forehead abrasion. A physical therapy start-of-care (SOC) assessment was completed, informed consents were obtained, and medication reconciliation, home safety assessment, and patient handbook review were performed. The physical therapy plan of care was discussed and established with the patient and caregiver, both of whom verbalized understanding and agreement. The referring physician, Dr. Kiranmayi Adimoolam, was notified that the admission had been completed. The patient was evaluated by Dr. Adimoolam on 07/28/2026 and has a scheduled follow-up appointment on 08/11/2026. The patient lives alone in a split-foyer home with seven steps leading to the main living area. He receives frequent assistance and supervision from his two daughters, with his daughter, Christine, present during today's visit. The patient primarily ambulates with a cane both indoors and outdoors. He reports one fall within the past two months and one additional fall within the past year. Current assessment reveals right foot pain, decreased bilateral lower extremity strength, impaired functional mobility, difficulty with transfers and stair negotiation, unsteady gait, impaired balance, decreased safety awareness, and an increased risk for falls. Functional transfer training was provided, emphasizing proper hand and foot placement, forward weight shifting, and reaching back prior to sitting. The patient required minimal assistance to standby assistance to complete transfers safely. Gait training was performed on level surfaces using a cane with standby assistance, focusing on improving bilateral step height, step length, and overall gait safety. Standardized balance and mobility assessments, including the Tinetti Balance Assessment and Timed Up and Go (TUG) test, were completed. The patient was instructed to use his cane at all times during ambulation to reduce fall risk. The patient reports that pain is well controlled with his current medication regimen. Education was provided regarding effective pain management, including taking pain medication at the onset of pain, recognizing potential medication side effects such as dizziness and constipation, and taking prescribed pain medication approximately one hour prior to physical therapy sessions to maximize participation. The patient was further instructed to seek immediate medical attention by calling 911 or contacting his healthcare provider for chest pain, unrelieved pain, or shortness of breath. Education was also provided regarding the causes of edema and strategies to minimize lower extremity swelling, including elevating the legs above heart level during rest periods and using compression garments if recommended by the physician. Additionally, the patient was instructed on the importance of daily ambulation to improve circulation and prevent complications associated with inactivity. A

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 07/29/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Kiranmayi Adimoolam
203 Hospital Dr Ste 200
Glen Burnie, MD 21061
PHONE: 4105538362 FAX: 14107611587 NPI: 1851688931

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 : 07/24/2026

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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progressive walking program was initiated, beginning with short walks one to two times every one to two hours within the home and gradually progressing to continuous walks of three to five minutes as tolerated. The patient verbalized understanding of all education provided using the teach-back method. Based on the comprehensive evaluation, the patient demonstrates significant deficits in lower extremity strength, balance, gait, transfers, stair negotiation, safety awareness, and overall functional mobility, placing him at high risk for recurrent falls, further functional decline, and loss of independence without skilled intervention. Skilled home physical therapy is medically necessary to improve strength, balance, gait mechanics, transfer ability, stair negotiation, endurance, and safety awareness to restore the patient's highest possible level of functional independence within the home. Physical therapy services are scheduled to begin on 07/29/2026 with a frequency of two visits per week for two weeks, followed by one visit per week for seven weeks. The patient is considered homebound due to cardiovascular and/or respiratory disease, recent fall, history of falls, generalized weakness, and functional decline, which significantly limit his endurance and make leaving the home unsafe without the assistance of another person and the use of an assistive device, requiring considerable effort and prolonged recovery following community mobility.
 Date of Order 07/29/2026 Orders Physician Face-to-Face Date: 07/24/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to Orthostatic hypotension 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 - PT Notes: soc
 Physician Adimoolam, Kiranmayi

SN Careplans

SN Goals

PT Careplans

PT WK1: 2 (07/29/26-08/01/26) ,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) ,WK8: 1 (09/13/26-09/19/26) ,WK9: 1 (09/20/26-09/26/26)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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

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

PT Goals

PATIENT-STATED GOAL: I like to be less tired when I am walking around

GOALS
Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

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

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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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

Shower/Bathe Self - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Sit to Stand - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/29/2026

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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:Received

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170K1 - Walk 150 Feet, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2020 - Oral Med Management, dizziness/syncope, M1400 - Dyspnea, swelling in the arms/legs, weight gain > 2lb/24 h OR 5lb/1 wk, muscle weakness

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments: Administer HEP, glucose testing via monitor, home exercise program: Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training, assist with fall prevention

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, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, 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 - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

Lower Body Dressing - 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	07/29/2026