

Home Health Certification and Plan of Care				Order ID: 1150/21045	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
8AP1E78YK90		08/03/2026		From: 08/03/2026 To: 10/01/2026	
4. Medical Record No.		5. Provider No.			
28711		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Klon Ervin 4101 MORGAN MILL ROAD, GLEN ARM, MD 21057 410-812-4149			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
03/31/1941			Male		
11. ICD		Principal Diagnosis		Date	
Z48.812		Encntr for surgical afctr following surgery on the circ sys		08/03/26	
13. ICD		Other Pertinent Diagnoses		Date	
I25.10		AthscI heart disease of native coronary artery w/o ang pctrs		08/03/26	
N32.3		Diverticulum of bladder		08/03/26	
N40.1		Benign prostatic hyperplasia with lower urinary tract symp		08/03/26	
R33.8		Other retention of urine		08/03/26	
I10.		Essential (primary) hypertension		08/03/26	
E78.5		Hyperlipidemia unspecified		08/03/26	
D29.1		Benign neoplasm of prostate		08/03/26	
K21.9		Gastro-esophageal reflux disease without esophagitis		08/03/26	
Z95.5		Presence of coronary angioplasty implant and graft		08/03/26	
Z95.1		Presence of aortocoronary bypass graft		08/03/26	
Z98.61		Coronary angioplasty status		08/03/26	
Z46.6		Encounter for fitting and adjustment of urinary device		08/03/26	
Z79.02		Long term (current) use of antithrombotics/antiplatelets		08/03/26	
Z79.82		Long term (current) use of aspirin		08/03/26	
Z87.891		Personal history of nicotine dependence		08/03/26	
14. DME and Supplies:			15. Safety Measures:		
rolling walker, cane, 4 wheeled walker			transfer with assist, walker precautions, standard precautions, ambulates with device, ambulates with assistance		
16. Nutrition:			17. Allergies:		
cardiac diet			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Ambulation			Cane, Walker, Up As Tolerated		
19. Mental & COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 2. On awakening or at night only, SOCIAL Psychosocial Status: ISOLATION: 1. Rarely, 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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.			patient will be responsible for managing treatment		
Homebound status: Due to diagnosis of Encounter for surgical aftercare following surgery on the circulatory system, 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: <p class="p">The patient is an 85-year-old male referred for home health services following a recent hospitalization for surgical aftercare related to the circulatory system after stent placement. His past medical history is significant for heart disease, coronary artery disease with a history of CABG x5, left total knee replacement (June), GERD, history of smoking, benign prostatic hypertrophy, hypertension, hyperlipidemia, and UTI. The patient lives alone in a two-story single-family home, with his daughter, Jen, living nearby, and has a first-floor setup with a full bathroom. Prior to hospitalization, the patient was independent with basic self-care, functional transfers, and ambulation, primarily using a rolling walker and had recently begun ambulating with a single-point cane in the home; he was also driving independently. Currently, the patient presents with bilateral lower-extremity weakness, greater on the left than the right, decreased left knee range of motion, difficulty with functional mobility and ambulation with and without an assistive device, difficulty negotiating stairs, and increased difficulty with transfers, particularly car transfers. The patient's goal is to transition off the rolling walker and return to driving. He demonstrates good potential to benefit from skilled physical therapy to address these deficits and improve strength, mobility, balance, transfers, stair negotiation, and overall functional independence. Upon skilled occupational therapy evaluation, the patient was found to be functioning at an independent level with basic self-care, functional transfers, and functional ambulation; therefore, no further skilled OT services are recommended at this time, and the patient is appropriate for an OT evaluation only.<o:p></o:p></p><p class="p"> </p><p class="15"> Date of Order<o:p></o:p></p><p class="15">0<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 08/03/2026					
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.		
Joseph Pallan 1205 YORK RD, SUITE 30 LUTHERVILLE, MD 21093 PHONE: 4103216669 FAX: 14103218422 NPI: 1336217223			F2F date : 07/28/2026		
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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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:Received PROBLEMS IDENTIFIED ON ASSESSMENT: 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, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170G1 - Car Transfer, M2020 - Oral Med Management, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, dependent edema, M1033 - Exhaustion, M1600 - UTI, limited strength, limited range of motion, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, balance deficit PROCEDURES: Medication management : Review medication with pt and caregiver, cough/deep breathing exercises, monitor intake & output, home exercise program: Supine left LE quad sets, slr, seated hamstring stretching 20 second holds, seated and supine heelslides, laq, hip flexion , standi g lle TKEs with ue support, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, 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, * 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, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 06. Independent, Chair to Bed to Chair - 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, 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		Upper Body Dressing - 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/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 * prevention including increase fluid intake * increase Vitamin C intake to promote acidic bladder environment (cranberry juice) * perineal hygiene * 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 caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence		
OT Careplans OT WK1: 1 (08/03/26-08/08/26) 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 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, 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: Evaluation only;Evaluation only GOALS 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 Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent		
Signature of Physician:		Date		
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Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by Messick, Charles RN		08/03/2026		

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		Upper Body Dressing - 06. Independent		

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