Home Health Certification and Plan of Care

Order ID: 1150/21077

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
100016144	08/03/2026	From: 08/03/2026 To: 10/01/2026	28718	217058

6. Patient's Name and Address

Andriano Tabligan
3103 River Bend Court Apt 101,
LAUREL, MD 20724-
202-409-8836

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 03/04/1939 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I48.91	Unspecified atrial fibrillation	08/03/26

13. ICD	Other Pertinent Diagnoses	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	08/03/26
I50.32	Chronic diastolic (congestive) heart failure	08/03/26
N18.9	Chronic kidney disease u	08/03/26
N17.9	Acute kidney failure unspecified	08/03/26
D63.1	Anemia in chronic kidney disease	08/03/26
T86.8419	Corneal transplant failure unspecified eye	08/03/26
I67.82	Cerebral ischemia	08/03/26
F01.B11	Vascular dementia moderate with agitation	08/03/26
F01.B18	Vascular dementia moderate with other behavioral disturb	08/03/26
E46.	Unspecified protein-calorie malnutrition	08/03/26
R13.10	Dysphagia unspecified	08/03/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	08/03/26
K21.9	Gastro-esophageal reflux disease without esophagitis	08/03/26
G47.00	Insomnia unspecified	08/03/26
I35.0	Nonrheumatic aortic (valve) stenosis	08/03/26
H26.9	Unspecified cataract	08/03/26
K59.00	Constipation unspecified	08/03/26
Z79.01	Long term (current) use of anticoagulants	08/03/26
Z87.440	Personal history of urinary (tract) infections	08/03/26

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

Famotidine - Famotidine 20 MG / 1 Tablet by mouth in the evening ** Instructions-give at 6 PM
Metoprolol Succinate - Metoprolol Succinate Extended Release 25 MG / 1 Tablet by mouth once a day
Multivitamin with Minerals 1 Tablet by mouth once a day
Rivaroxaban 15 MG / 1 Tablet by mouth in the evening with dinner ** Instructions-for A FIB
Fluticasone - Fluticasone Furoate nasal 0.05 mg/inh / 1 spray each nare nasal as necessary QAM as needed for allergy symptoms
ACETAMINOPHEN 325 mg/tablet / Give 2 tablet PO Q6H, PRN as needed for mild pain
FUROSEMIDE 20 MG / 1 Tablet PO QDay
MIRTAZAPINE 7.5 MG / 1 Tablet PO at bedtime
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG / 1 Capsule PO once a day
TRAZODONE 50 MG / 1 Tablet PO Qbedtime
Prednisolone Acetate - Prednisolone Acetate Ophthalmic Solution 1 % / 1 gtt right eye twice a day ** Instructions-corneal implant

14. DME and Supplies:

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

15. Safety Measures:

transfer with assist, supervision at all times, hand rails, fall precautions, avoid temperature extremes, ambulates with device, wheelchair precautions, standard precautions, emergency phone number prominently displayed, ambulates with assistance, walker precautions, smoke detectors , bathroom safety

16. Nutrition:

cardiac diet!pureed

17. Allergies:

grass lidocaine meloxicam oxycodone

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

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

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, 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

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Unspecified atrial fibrillation, 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: PT start of care/admission was completed for an 86-year-old male following a prolonged hospitalization and subsequent skilled rehabilitation stay. The patient was admitted to the hospital on 05/04/2026 after his spouse reported that he was not sleeping and had developed agitation and confusion. He remained hospitalized until 05/16/2026 and was subsequently transferred to Levindale, where he remained until 07/23/2026 before returning home with family assistance. His spouse, Zenaida, is present with him at all times and serves as the primary caregiver. Past medical history is significant for atrial fibrillation, heart failure, confusion/dementia, and bilateral knee pain/arthritis. Additional medical history documented includes HFpEF, insomnia, aortic stenosis, hypertension, chronic kidney disease, cataract and corneal transplant with associated visual difficulty, and a history of thymectomy. During a prior hospitalization at Howard Hospital, laboratory findings included acute kidney injury on chronic kidney disease and anemia, CT demonstrated chronic sinusitis, and worsening leukocytosis was noted during the hospital stay. The patient has also experienced worsening agitation over the past several months with relatively rapid progression; at baseline, he had been mildly forgetful but reportedly had a good MOCA assessment with his PCP approximately 2-3 months prior to hospitalization. The patient currently resides with his spouse/primary caregiver in a ground-level apartment/condo with no steps reported in one assessment and two steps to enter noted in the additional home assessment. Prior to his hospitalization in May, the patient was able to ambulate within the home using a cane. While at Levindale, he progressed to short-distance ambulation with a walker; however, since returning home, his spouse reports that he primarily uses a wheelchair and does not routinely ambulate due to significant knee arthritis and pain. The patient reports bilateral knee pain, including left bow knee, and is awaiting clearance for knee surgery. He has no reported falls within

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/03/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Rajiv Dua
8186 Lark Brown Rd
Elkridge, MD 21075
PHONE: 4107303399 FAX: 14434784736 NPI: 1043326945

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 : 05/16/2026

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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the past year. He is currently dependent for functional ambulation, requires minimal assistance to setup assistance for basic activities of daily living (BADLs), and is completely dependent for instrumental activities of daily living (IADLs). The patient has a documented allergy to lidocaine patches and has experienced an approximately 15-pound weight loss over the past three months. On PT assessment, the patient presents with bilateral knee pain, decreased bilateral lower-extremity strength, decreased functional mobility, unsteady gait, difficulty with transfers, impaired balance, decreased safety awareness, and increased risk for falls. He requires minimal assistance to standby assistance for safe transfers using a walker, with verbal and tactile cues provided for proper hand and foot placement, forward weight shifting, and reaching back for the chair prior to sitting. Bed mobility also requires minimal assistance, with instruction provided regarding safe techniques, body mechanics, and strategies to promote greater independence. Due to dementia and limited safety awareness, the patient is unable to safely leave the home without human assistance and remains homebound because of significant safety concerns and high risk for falls. Skilled home PT is medically necessary to address strength, balance, transfers, functional mobility, safe ambulation, and safety awareness in order to reduce fall risk, prevent further functional decline, and maximize independence within the home. Skilled OT assessment identifies significant limitations in functional ambulation, BADLs, IADLs, and overall functional activity tolerance. The patient requires skilled occupational therapy intervention to improve independence with ADLs, increase functional activity levels, and address safety and performance deficits related to impaired mobility, weakness, visual impairment, bilateral knee pain, and cognitive/safety limitations. PT and OT services are therefore indicated to facilitate recovery toward the patient's prior level of function and reduce caregiver burden while promoting safe participation in daily activities. Medication reconciliation was completed, and the patient and caregiver were educated regarding the medication regimen and home safety. The patient handbook was provided and reviewed, including information from pages 32-33 regarding home safety, fall prevention, fall risk factors, and measures to decrease fall risk. The patient was instructed in safe transfer techniques, bed mobility, fall prevention, and appropriate use of the walker. The patient was instructed to apply ice to the bilateral knees for 20 minutes using an appropriate barrier, with skin assessments every five minutes. Pain is currently well controlled with prescribed medications. Education was provided regarding effective pain management, taking pain medication at the onset of pain, monitoring for dizziness and constipation as potential medication side effects, and contacting 911/EMS or the provider for chest pain, unrelieved pain, or shortness of breath. The patient was also advised to take pain medication approximately one hour prior to PT visits as recommended. The patient verbalized understanding through teach-back. The PT plan of care was discussed and developed with the patient and primary caregiver, who are both in agreement with the established plan. Home PT was scheduled to begin 08/03/2026 at a frequency of 2 visits per week for one week, followed by 1 visit per week for four weeks (2w1, 1w4). The patient is to follow up with Dr. Rajiv Dua on 07/27/2026, and Dr. Dua was notified that the home health admission had been completed. Continued skilled PT and OT services will focus on improving lower-extremity strength, balance, transfers, bed mobility, functional ambulation, safety awareness, ADL performance, and overall functional independence while minimizing fall risk and preventing further decline.
 Date of Order 08/03/2026 Orders Physician Face-to-Face Date: 05/16/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat, OT-eval & treat due to Unspecified atrial fibrillation 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 OT Eval Notes:
 Physician Dua, Rajiv

SN Careplans	SN Goals

PT Careplans	PT Goals
PT WK1: 2 (08/03/26-08/08/26) ,WK2: 1 (08/09/26-08/15/26) ,WK3: 1 (08/16/26-08/22/26) ,WK4: 1 (08/23/26-08/29/26) ,WK5: 1 (08/30/26-09/01/26) 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: 5. Decline in mental, emotional, or behavioral status in the past 3 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.	PATIENT-STATED GOAL: To get back to walking normally, and to improve strength 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 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 * management of mental health condition including joining a peer group * maintaining regular contact with mental health professional * avoiding known stressors * controlling impulses * 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 Sit to Stand - 05. Setup or clean-up assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/03/2026

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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:Patient has no advance directive

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170J1 - Walk 50 ft with 2 Turns, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170K1 - Walk 150 Feet, GG0170I1 - Walk 10 Feet, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M1745 - Behavioral Issues, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2020 - Oral Med Management, M1400 - Dyspnea, muscle weakness, balance deficit, Pain Interference with ADLs

PROCEDURES: train caregiver(s) to perform medical/rehabilitation treatments, wheelchair training, home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, hip abduction, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., therapeutic modalities: Apply ice to bilateral knees x 20 minutes with necessary barrier and skin assessments q 5 minutes., work simplification/energy conservation, gait training/stair training, transfers training, assist with fall prevention: NA

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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, 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 - 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 - 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, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up 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

Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 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

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

Car Transfer - 05. Setup or clean-up assistance

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

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up 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

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

OT Careplans

OT WK1: 1 (08/03/26-08/08/26) ,WK2: 1 (08/09/26-08/15/26) ,WK3: 1 (08/16/26-08/22/26) ,WK4: 1 (08/23/26-08/29/26) ,WK5: 1 (08/30/26-09/01/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, 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: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation

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 - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06.

OT Goals

PATIENT-STATED GOAL: Stand and walk to bathroom

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Signature of Physician:

Date

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

Date
08/03/2026

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Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

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