Home Health Certification and Plan of Care

Order ID: 1150/21265

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
491012318	06/14/2026	From: 08/13/2026 To: 10/11/2026	26887	217058

6. Patient's Name and Address
Sing Allen
1314 Dartmouth Avenue,
PARKVILLE, MD 21234-
443-653-4993

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 05/26/1959 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I11.0	Hypertensive heart disease with heart failure	06/14/26

13. ICD	Other Pertinent Diagnoses	Date
I50.21	Acute systolic (congestive) heart failure	06/14/26
L89.616	Pressure-induced deep tissue damage of right heel	06/14/26
I82.401	Acute embolism and thombos unsp deep veins of r low extrem	06/14/26
I48.0	Paroxysmal atrial fibrillation	06/14/26
G20.A1	Parkinson's dis w/o dyskinesia w/o mention of fluctuations	06/14/26
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	06/14/26
J45.998	Other asthma	06/14/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	06/14/26
M10.9	Gout unspecified	06/14/26
F41.1	Generalized anxiety disorder	06/14/26
F31.89	Other bipolar disorder	06/14/26
M13.862	Other specified arthritis left knee	06/14/26
K21.00	Gastro-esophageal reflux dis with esophagitis without bleed	06/14/26
Z79.01	Long term (current) use of anticoagulants	06/14/26
Z91.81	History of falling	06/14/26

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

ACETAMINOPHEN 500 MG mg by mouth every 8 hours for Pain
Atorvastatin Calcium - Atorvastatin Calcium 40 mg by mouth at bedtime for HLD
Bupropion Hydrochloride - Bupropion Hydrochloride Extended Release 150 MG tablet by mouth twice a day for Depression
Dabigatran Etexilate Mesylate 150 MG capsule by mouth twice a day for DVT
DULOXETINE HYDROCHLORIDE Delayed Release 60 MG capsule by mouth in the morning for Depression
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) MG / 1 Tablet by mouth in the morning for Anemia
Fluticasone-Salmeterol Aerosol Powder Breath Activated 100-50 MCG/ACT / 1 Inhalation by mouth once a day and evening shift for asthma
Losartan Potassium And Hydrochlorothiazide - Hydrochlorothiazide: Losartan Potassium 100-25 MG / 1 Tablet by mouth in the morning for HTN
NIFEDIPINE ER 60 MG tablet by mouth in the morning for HTN
OXYCODONE 5 MG tablet by mouth every 6 hours as needed for PAIN MANAGEMENT
PANTOPRAZOLE Delayed Release 40 MG tablet by mouth in the morning for GERD
PREGABALIN 150 MG capsule by mouth 2 times daily for Neuropathic Pain
SEROQUEL 100 mg / 1 Tablet by mouth at bedtime for Bipolar disorder
Umeclidinium Ellipta Aerosol Powder, breath activated Give 2 puff by mouth in the morning for asthma rinse mouth with water after use
Oxycontin - Oxycodone Hydrochloride ER 10 MG tablet by mouth every 12 hours for Pain for 30 Days
NALOXONE 4 MG/0.1ML / 1 spray alternating nostril Nasal as needed for Unresponsiveness Give 1 spray (4 mg/0.1ml) in nostril for unresponsiveness and/or respiratory depression related to opioid ingestion; May repeat every 2-3 minutes in alternating nostrils as needed until resident is responsive, or emergency medical assistance arrives.
Albuterol Sulfate - Albuterol Sulfate (2.5 MG/3ML) 0.083 % / 3 ml Inhale orally nebulizer every 6 hours as needed for Wheezing/SOB
Fasenra 30ml subcutaneous monthly Inject every 8 weeks.
MOMETASONE FUROATE External Solution 0.1 % / Apply to skin topical every 24 hours as needed for itching
TACROLIMUS External Cream 0.1 % / Apply to face topical every 24 hours as needed for Eczema
Triamcinolone Acetonide - Triamcinolone Acetonide External Cream 0.1 % / Apply to skin topical every 24 hours as needed for Itching
Lidocaine Patch - Lidocaine 4 % / Apply 1 patch to lower back transdermal once per day for Pain remove per schedule

14. DME and Supplies:
rolling walker, wheelchair, commode, bath bench, cane, 4 wheeled walker

15. Safety Measures:
transfer with assist, standard precautions, fall precautions, ambulates with assistance, ambulates with device

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
codeine

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Wheelchair, Walker, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: Wfl , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

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 08/12/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Nkiruka Obioha
2391 Greenspring Drive
Timonium, MD 21093
PHONE: 4108473000 FAX: 8554160980 NPI: 1073650024

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 : 06/09/2026

27. Attending Physician's Signature and Date Signed **08/18/2026**: 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:

PT recertification was completed this date. Throughout the plan of care, the patient has received skilled training in transfers, bed mobility, gait sequencing over even and uneven surfaces using the least restrictive assistive device (LRAD), dynamic balance, strengthening, stair negotiation, home safety, fall prevention, medication safety, and a lower-extremity home exercise program. The patient demonstrates good recall of education and has shown improvement in strength, balance, and overall functional mobility. Current assessment demonstrates improved functional performance, with a Tinetti score of 16/28 and a TUG score of 23 seconds; however, the patient continues to present with impaired dynamic balance and increased fall risk. Skilled PT remains indicated to further improve lower-extremity strength, dynamic balance and reaction time, stair and gait sequencing, and overall safety with functional mobility. Stair and curb negotiation were reviewed and practiced, with emphasis on consistent use of the railing and SPC, as the patient required correction regarding safe technique. Car transfer training was also completed, and the patient demonstrated improved technique following instruction. Patient ambulated over uneven surfaces with CGA to SBA, focusing on heel strike and proper sequencing with the SPC, and has progressed from use of the rollator. Floor-to-chair transfer techniques were instructed and demonstrated to further improve safety and independence with functional mobility.<o:p></o:p>   Date of Order<o:p></o:p> 08/12/2026
Order<o:p></o:p> Physician Face-to-Face Date: 06/09/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to 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>
4 - Recertification PT Notes: to further improve lower-extremity strength, dynamic balance and reaction time, stair and gait sequencing, and overall safety with functional mobility<o:p></o:p> Physician: Obioha, Nkiruka

SN Careplans	SN Goals

PT Careplans	PT Goals
PT WK2: 1 (08/16/26-08/22/26) ,WK3: 1 (08/23/26-08/29/26) ,WK4: 1 (08/30/26-09/05/26) 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: Wfl HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 4. Multiple emergency department visits (2 or more) in the past 6 months, 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, 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	PATIENT-STATED GOAL: To be able to just walk with a cane and drive again GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule Sit to Stand - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/12/2026

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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 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:See MOLST for code status

PROBLEMS IDENTIFIED ON ASSESSMENT: dependent edema, M1033 - Exhaustion, muscle weakness, limited endurance, limited strength, balance deficit

PROCEDURES: cough/deep breathing exercises, home exercise program: Seated laq,, hip flexion, abduction, hamstring curls, heelraises, DF with use therabands and cuff weights as tolerated. 2-310, gait training on uneven surfaces, gait training/stair training: Negotiating steps with handrail and spc, gait training/stair training: Negotiating steps with handrail and spc, transfers training: Train safe tech I to and out of his SUV, transfers training: Train safe tech Into and out of his SUV

TEACH PATIENT/CAREGIVER: * how to promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent constipation, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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 - 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, 4 Steps - 05. Setup or clean-up assistance

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

patient/caregiver recalls
* how to promote optimized mobility with strength
* balance
* dexterity
* range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing
* prevent constipation
* recalls related medication(s) purpose, schedule

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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