Home Health Certification and Plan of Care

Order ID: 1150/20768

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3YV4M11NR80	07/23/2026	From: 07/23/2026 To: 09/20/2026	28233	217058

6. Patient's Name and Address
Michael Minardi
5501 Harvest Scene Court,
Columbia, MD 21044-
410-782-1110

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 09/28/1945 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.89	Encounter for other orthopedic aftercare	07/23/26

13. ICD	Other Pertinent Diagnoses	Date
M96.0	Pseudarthrosis after fusion or arthrodesis	07/23/26
M54.16	Radiculopathy lumbar region	07/23/26
E03.9	Hypothyroidism unspecified	07/23/26
G47.00	Insomnia unspecified	07/23/26
M85.80	Oth disrd of bone density and structure unspecified site	07/23/26
E29.1	Testicular hypofunction	07/23/26
E05.00	Thyrotoxicosis w diffuse goiter w/o thyrotoxic crisis	07/23/26
M41.9	Scoliosis unspecified	07/23/26
F41.9	Anxiety disorder unspecified	07/23/26
F43.10	Post-traumatic stress disorder unspecified	07/23/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	07/23/26
R39.11	Hesitancy of micturition	07/23/26
M40.209	Unspecified kyphosis site unspecified	07/23/26
D64.9	Anemia unspecified	07/23/26
R73.03	Prediabetes	07/23/26
Z98.1	Arthrodesis status	07/23/26
Z96.642	Presence of left artificial hip joint	07/23/26
Z86.718	Personal history of other venous thrombosis and embolism	07/23/26

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

Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg/capsule / Give 2 capsule by mouth one time a day for BPH
ACETAMINOPHEN 500 mg/tablet / Give 2 tablet by mouth four times a day for Pain Administer with Oxycodone Routine
Levothyroxine Sodium - Levothyroxine Sodium 150 mcg/tablet / Give 2 tablet by mouth one time a day for hypothyroidism
Ambien - Zolpidem Tartrate 10 MG / 1 Tablet by mouth at bedtime for Insomnia
GABAPENTIN 600 mg 600 MG / 1 Tablet by mouth four times a day for Neuropathy
METHOCARBAMOL 500 mg 500 MG / 1 Tablet by mouth four times a day as needed for Muscle Spasms
Oxycodone Hydrochloride - Oxycodone Hydrochloride 15 MG tablet by mouth every 4 hours for Chronic Pain

14. DME and Supplies:
wheelchair, walker, hospital bed, ROLLATOR

15. Safety Measures:
wheelchair precautions, standard precautions, hand rails, fall precautions, ambulates with device, walker precautions, medication safety, ambulates with assistance, transfer with assist, supervision at all times, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
penicillin

18.A. Functional Limitations
Hearing, Ambulation

18.B. Activities Permitted
Wheelchair, Walker, Exercises Prescribed

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: No

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 Encounter for other orthopedic aftercare, 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="16">The patient is an 80-year-old male admitted to home health services following hospitalization on 5/26/2026 for management of pseudarthrosis after lumbar fusion/arthrodesis and lumbar radiculopathy. He underwent removal of L4-pelvis hardware, exploration of the fusion mass, L3-pelvis instrumentation and arthrodesis with morselized allograft, followed by bilateral paraspinous muscle flap closure. Postoperative imaging demonstrated intact hardware with appropriate alignment and no evidence of complications, and the surgical drain was removed on 5/29/2026. His medical history is significant for degenerative lumbar spinal stenosis, chronic pain, anemia, deep vein thrombosis (DVT), osteopenia, scoliosis, Graves disease, hypothyroidism, anxiety, PTSD, benign prostatic neoplasm, pancreatitis, prediabetes, and multiple prior orthopedic surgeries, including a right total knee replacement and left total hip arthroplasty. The patient is alert and oriented 3, reports severe back pain rated 9/10 despite taking gabapentin, a muscle relaxant, and acetaminophen, denies shortness of breath, has clear lung sounds, reports a good appetite, and had a bowel movement today. He resides with his spouse in a single-family home, who assists with activities of daily living (ADLs) and instrumental activities of daily living (IADLs), while a neighbor assists with errands. The patient currently uses a wheelchair and rollator for mobility, sleeps in a recliner due to a nonfunctional hospital bed, and demonstrates bilateral lower extremity weakness, impaired gait, decreased balance, reduced endurance, and difficulty with bed mobility, transfers, ambulation, and self-care, requiring minimal to moderate assistance. Skilled nursing provided education on pain management and transfer safety, with the patient and spouse verbalizing

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/23/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Scott Poulton
405 Frederick Rd
Catonsville, MD 21228
PHONE: 4107478773 FAX: 14107476241 NPI: 1386655686

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 : 07/02/2026

27. Attending Physician's Signature and Date Signed **07/30/2026**: 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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understanding. Ongoing skilled nursing, physical therapy, and occupational therapy are medically necessary to address pain management, strength, balance, gait training, transfer training, functional mobility, upper extremity strengthening, activity tolerance, ADL performance, home exercise progression, and fall prevention to maximize independence and reduce the risk of rehospitalization.<o:p></o:p>   Date of Order<o:p></o:p> 07/23/2026<o:p></o:p> Physician Face-to-Face Date: 07/02/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat s dx: Encounter for other orthopedic aftercare<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: Poulton, Scott

SN Careplans

SN WK1: 1 (07/23/26-07/25/26) ,WK2: 1 (07/26/26-08/01/26) ,WK3: 1 (08/02/26-08/08/26)

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: 1. Non-agency caregiver(s) currently 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, 9. Other risk(s) not listed in 1- 8

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

SN Goals

PATIENT-STATED GOAL: I WANT TO BE ABLE TO WALK BETTER

GOALS
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
* 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/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

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

meal preparation is available to patient for all meals

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/23/2026

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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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, poor muscle tone, limited strength, muscle spasms, limited endurance, difficulty sleeping, pain radiating to arms/legs, balance deficit, B0200 - Hearing Deficit, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs

PROCEDURES: cough/deep breathing exercises, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, 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

PT Careplans

PT WK1: 1 (07/23/26-07/25/26) ,WK2: 2 (07/26/26-08/01/26) ,WK3: 2 (08/02/26-08/08/26) ,WK4: 2 (08/09/26-08/15/26) ,WK5: 1 (08/16/26-08/22/26) ,WK6: 1 (08/23/26-08/29/26) ,WK7: 1 (08/30/26-09/05/26)

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, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair

PROCEDURES: B LE strengthening: 1, home exercise program: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day., 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 - 05. Setup or clean-up assistance, 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, Car Transfer - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: to be able to use walker effectively indoors

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

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

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 - 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

Car Transfer - 05. Setup or clean-up assistance

OT Careplans

OT WK1: 1 (07/23/26-07/25/26) ,WK2: 1 (07/26/26-08/01/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, 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: cough/deep breathing exercises, incentive spirometer, home exercise program: Exe for shoulder, wrist and elbow, 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, * 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)

OT Goals

PATIENT-STATED GOAL: Walk to bathroom, walk mail box

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

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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purpose, schedule, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 03. Partial/moderate assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent	Oral Hygiene - 06. Independent Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent Toileting Hygiene - 06. Independent Shower/Bathe Self - 03. Partial/moderate assistance Upper Body Dressing - 06. Independent

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