

Home Health Certification and Plan of Care				Order ID: 1150/21220	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
71126039		08/10/2026		From: 08/10/2026 To: 10/08/2026	
				4. Medical Record No.	
				28594	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Nicole Potel-Agmann				HomeCentris Healthcare LLC	
1920 W. Fayette Street,				10 Crossroads Drive, Suite 102	
BALTIMORE, MD 21223-				Owings Mills, MD 21117-8284	
202-288-3698				410-321-8448	
				1487113239	
8. DOB		10/18/1935		9. Sex Female	
10. Medications: Dose/Frequency/Route (N)ew (C)hanged					
11. ICD		Principal Diagnosis		Date	
G25.3		Myoclonus		08/10/26	
13. ICD		Other Pertinent Diagnoses		Date	
R25.1		Tremor unspecified		08/10/26	
I11.0		Hypertensive heart disease with heart failure		08/10/26	
I50.9		Heart failure unspecified		08/10/26	
G30.9		Alzheimer's disease unspecified		08/10/26	
F02.80		Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx		08/10/26	
F40.240		Claustrophobia		08/10/26	
G62.9		Polyneuropathy unspecified		08/10/26	
R42.		Dizziness and giddiness		08/10/26	
G40.909		Epilepsy unsp not intractable without status epilepticus		08/10/26	
I48.91		Unspecified atrial fibrillation		08/10/26	
D68.69		Other thrombophilia		08/10/26	
J44.9		Chronic obstructive pulmonary disease unspecified		08/10/26	
F43.23		Adjustment disorder with mixed anxiety and depressed mood		08/10/26	
F41.1		Generalized anxiety disorder		08/10/26	
I70.0		Atherosclerosis of aorta		08/10/26	
E78.00		Pure hypercholesterolemia unspecified		08/10/26	
G43.909		Migraine unsp not intractable without status migrainosus		08/10/26	
K21.9		Gastro-esophageal reflux disease without esophagitis		08/10/26	
E04.1		Nontoxic single thyroid nodule		08/10/26	
E55.9		Vitamin D deficiency unspecified		08/10/26	
H90.3		Sensorineural hearing loss bilateral		08/10/26	
M19.011		Primary osteoarthritis right shoulder		08/10/26	
M19.012		Primary osteoarthritis left shoulder		08/10/26	
H04.123		Dry eye syndrome of bilateral lacrimal glands		08/10/26	
H01.00A		Unspecified blepharitis right eye upper and lower eyelids		08/10/26	
H01.00B		Unspecified blepharitis left eye upper and lower eyelids		08/10/26	
M47.812		Spondylosis w/o myelopathy or radiculopathy cervical region		08/10/26	
N32.81		Overactive bladder		08/10/26	
Z79.01		Long term (current) use of anticoagulants		08/10/26	
14. DME and Supplies:				15. Safety Measures:	
large base quad cane, grab bars				standard precautions, medication safety, fall precautions, electrical safety measures, bathroom safety, ambulates with assistance, activity supervision	
16. Nutrition:				17. Allergies:	
Z. NO PHYSICIAN-ORDERED DIET				Atenolol - Leg cramps 3/2022; Azithromycin - Rash; Lactulose - Flatul; Lisinopril - Reports, Reaction Unknown; Prozac [Fluoxetine Hydrochloride] - GI Symptoms; ;	
18.A. Functional Limitations				18.B. Activities Permitted	
Ambulation, Endurance				Cane, Exercises Prescribed, Up As Tolerated	
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: Yes					
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: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.				family/caregiver will be responsible for managing treatment	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 08/10/2026					
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.	
Justin Capasso				F2F date : 07/28/2026	
815 E Pratt Street					
Baltimore, MD 21202					
PHONE: 410-637-5700 FAX: 14106375701 NPI: 1457713331					
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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6. Patient's Name and Address Nicole Potel-Agmann 1920 W. Fayette Street, BALTIMORE, MD 21223- 202-288-3698			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	

Homebound status: Due to diagnosis of Myoclonus, 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 a 90-year-old individual who recently visited the emergency room due to a urinary tract infection (UTI) and altered mental status. Past medical history includes tremors, congestive heart failure (CHF), polyneuropathy, dizziness, atrial fibrillation (AFib), thrombophilia, chronic obstructive pulmonary disease (COPD), anxiety, coronary artery disease (CAD), and osteoarthritis (OA) of the shoulders and hips. The patient ambulates approximately 40 feet on indoor surfaces without an assistive device under supervision and is able to negotiate 14 steps with a railing while descending backward. Bed mobility is independent, and transfers to the bed, chair, and toilet are performed with supervision. Outdoor mobility and car transfers were not assessed. The patient tolerated 10 repetitions of standing knee flexion, hip abduction, hip extension, plantarflexion, and squats. The patient is considered homebound due to the significant effort required to leave the home and impaired functional mobility, as evidenced by a Tinetti score of 14/28, indicating an increased risk for falls. The patient would benefit from skilled home health therapy to improve strength, balance, functional mobility, and safety and to promote a return to greater independence.</p><p class="p">
<o:p></o:p></p><p class="16">Date of Order<o:p></o:p></p><p class="16">08/10/2026<o:p></o:p></p><p class="16">Physician Face-to-Face Date: 07/28/2026<o:p></o:p></p><p class="16">Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat dx: Myoclonus<o:p></o:p></p><p class="16">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></p><p class="16">&nbsp;</p><p class="16">1 - SOC - Notes:<o:p></o:p></p><p class="16">Physician:<o:p></o:p></p><p class="16">Capasso, Justin</p>
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SN Careplans	SN Goals
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PT Careplans	PT Goals
PT WK1: 1 (08/10/26-08/15/26) ,WK2: 1 (08/16/26-08/22/26) ,WK3: 1 (08/23/26-08/29/26) ,WK4: 1 (08/30/26-09/05/26) ,WK6: 1 (09/13/26-09/19/26) ,WK8: 1 (09/27/26-10/03/26)	PATIENT-STATED GOAL: To be able to walk without getting tired on all surfaces
PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 8	GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance	patient/caregiver recalls * depression-prevention strategies including avoidance of isolation * healthy eating * sleeping habits * identification of activities that bring pleasure * preventive care * recalls related medication(s) purpose, schedule
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, 8. Currently reports exhaustion	

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/10/2026

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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 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:No Advance Directive PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170J1 - Walk 50 ft with 2 Turns, 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, GG0170K1 - Walk 150 Feet, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, D0160 - Depression, Home Safety, M2020 - Oral Med Management, dizziness/syncope, M1400 - Dyspnea, M1033 - Exhaustion, limited strength, swelling of affected area, Pain Interference with ADLs, balance deficit PROCEDURES: Dynamic and static standing activities : Side stepping, tandem gait, braiding, unilateral stance, cough/deep breathing exercises, home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, equipment training, 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, patient living environment has safe floor coverings, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, 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			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 * 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 Car Transfer - 06. Independent Walk 10 Feet - 06. Independent Walk 50 ft with 2 Turns - 06. Independent Walk 150 Feet - 06. Independent Walk 10 ft on Uneven Surface - 06. Independent 1 - Step (curb) - 06. Independent 4 Steps - 06. Independent 12 Steps - 06. Independent Picking Up Object - 06. Independent 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 patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient living environment has safe floor coverings	

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