Home Health Certification and Plan of Care

Order ID: 1150/21226

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3CU7NK3CQ46	06/13/2026	From: 08/12/2026 To: 10/10/2026	26820	217058

6. Patient's Name and Address

Andrew Paige
8343 Montgomery Run Road E,
ELLICOTT CITY, MD 21043-
240-507-0204

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 08/12/1955 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
M17.0	Bilateral primary osteoarthritis of knee	06/13/26

13. ICD	Other Pertinent Diagnoses	Date
M62.551	Muscle wasting and atrophy NEC right thigh	06/13/26
M62.552	Muscle wasting and atrophy NEC left thigh	06/13/26
M62.562	Muscle wasting and atrophy NEC left lower leg	06/13/26
M62.561	Muscle wasting and atrophy NEC right lower leg	06/13/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	06/13/26
N18.32	Chronic kidney disease stage 3b	06/13/26
D63.1	Anemia in chronic kidney disease	06/13/26
M10.069	Idiopathic gout unspecified knee	06/13/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	06/13/26
R33.8	Other retention of urine	06/13/26
N13.8	Other obstructive and reflux uropathy	06/13/26
D69.6	Thrombocytopenia unspecified	06/13/26
E83.51	Hypocalcemia	06/13/26
F41.1	Generalized anxiety disorder	06/13/26
E78.89	Other lipoprotein metabolism disorders	06/13/26
E46.	Unspecified protein-calorie malnutrition	06/13/26
K21.9	Gastro-esophageal reflux disease without esophagitis	06/13/26
R29.6	Repeated falls	06/13/26
F17.210	Nicotine dependence cigarettes uncomplicated	06/13/26
F10.20	Alcohol dependence uncomplicated	06/13/26
F13.20	Sedative hypnotic or anxiolytic dependence uncomplicated	06/13/26
Z91.81	History of falling	06/13/26

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

Refresh Ophthalmic Solution 1.4-0.6 % / Instill 1 drop both eyes twice a day for DRY EYES
MULTIVITAMIN 1 tablet by mouth one time a day for Supplement
ALLOPURINOL 300 mg / 1 Tablet by mouth one time a day for Gout
CYCLOBENZAPRINE 10 mg / 1 Tablet by mouth every 8 hours as needed for Spasms
FIORICET 50-300-40 mg/tablet / Give 2 capsule by mouth every 6 hours as needed for MIGRAINE HEADACHE
FLOMAX 0.4 mg / 1 Capsule by mouth at bedtime for benign prostatic hyperplasia
Metoprolol Tartrate - Metoprolol Tartrate 25 mg / 1 Tablet by mouth two times a day for HTN HOLD FOR SBP LESS THAN 110 AND HR LESS THAN 60
OXYCODONE 5 mg / 1 Tablet by mouth every 6 hours as needed for Pain 5-10
Protonix - Pantoprazole Sodium Delayed Release 40 mg / 1 Tablet by mouth one time a day for GERD *DO NOT CRUSH*
TYLENOL 8 Hour Extended Release / Give 650 mg by mouth every 8 hours for Pain
Lidocaine Patch - Lidocaine 5 % / Apply to right knee topical one time a day for pain 12hr in 12hr off and remove per schedule

14. DME and Supplies:
cane, walker

15. Safety Measures:
None of the above,

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Cane, Transfer bed/Chair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: WFL, HISTORY OF DEPRESSION:

20. Prognosis: good

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

22.B.Discharge Plans
PT: family/caregiver will be responsible for managing treatment OT: patient will

Homebound status:
Due to diagnosis of Bilateral primary osteoarthritis of knee, 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:

Skilled home health PT has focused on progressive therapeutic exercises to address bilateral lower-extremity weakness and muscle wasting, functional transfer and bed mobility training, balance activities, and gait training using a rolling walker (RW), with emphasis on posture, step length, foot clearance, pacing, and safety. Stair training included proper sequencing and controlled weight shifting. Following recent catheter removal, treatment progressed to cane training, emphasizing appropriate device placement, gait mechanics, pacing, and fall prevention. The patient has also practiced progressively longer household and outdoor ambulation to improve walking tolerance and community mobility. During the most recent visit, the patient was awake, alert, and responsive and actively participated in upper-extremity strengthening exercises and left shoulder stretching. The patient continues to work toward established goals, with ongoing improvement in activity tolerance, balance, and participation in higher-level gait activities. Vital signs were stable with SpO 99%, HR 85 bpm, and BP 110/58 mmHg.<o:p></o:p>   Date of Order<o:p></o:p> 0<span

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 08/10/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
William Saway
6220 Old Dobbin Ln #150
Columbia, MD 21045
PHONE: 4109644605 FAX: 14107408658 NPI: 1780675652

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 : 05/22/2026

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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font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Physician Face-to-Face Date: 05/22/2026<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat due to Bilateral primary osteoarthritis of knee<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
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<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">4 - Recertification
PT
<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;">Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"> <span style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt;
mso-font-kerning:1.0000pt;">progressive therapeutic exercises to address bilateral lower-extremity weakness and muscle wasting, functional transfer and bed mobility training, balance activities, and gait training using a rolling walker (RW), with emphasis on posture, step length, foot clearance, pacing, and safety<o:p></o:p> <p
class="16">OT Eval Notes:<span
style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt; mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="font-family: Calibri; font-size: 11pt;">Physician: Samay, William

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) ,WK5: 1 (09/06/26-09/12/26)	PATIENT-STATED GOAL: Not to go back to hospital
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	GOALS Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance
CAREGIVER: WFL	1 - Step (curb) - 05. Setup or clean-up assistance
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications	Sit to Stand - 05. Setup or clean-up assistance
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; 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:Yes	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 Picking Up Object - 05. Setup or clean-up assistance
PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170J1 - Walk 50 ft with 2 Turns, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, 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, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, abnormal blood pressure, abnormal electrolyte panel, heartburn/indigestion, frequent urination, muscle weakness	12 Steps - 05. Setup or clean-up assistance Car Transfer - 05. Setup or clean-up assistance 4 Steps - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/10/2026

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abnormal electrolyte panel, heartburn/indigestion, frequent urination, muscle weakness, balance deficit

PROCEDURES: HEP: 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., B LE mm strengthening: 1, monitor intake & output, gait training/stair training, transfers training, monitor dialysis schedule

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

OT Careplans

OT WK1: 1 (08/12/26-08/15/26) ,WK2: 1 (08/16/26-08/22/26) ,WK3: 1 (08/23/26-08/29/26) ,WK4: 1 (08/30/26-09/05/26) ,WK5: 1 (09/06/26-09/12/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, 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, 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) purpose, schedule, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 02. Substantial/maximal assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Be able to do daily routine

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

Don/Doff Footwear - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 02. Substantial/maximal assistance

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Lower Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/10/2026