

Home Health Certification and Plan of Care					Order ID: 1150/21261	
1. Patient's HI claim No.		2. Start Of Care Date		3. Certification Period	4. Medical Record No.	5. Provider No.
66268419		08/12/2026		From: 08/12/2026 To: 10/10/2026	28884	217058
6. Patient's Name and Address Usman Nasir 205 East Joppa Road Apt 203, TOWSON, MD 21286- 571-435-2728				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 12/16/1949 9. Sex Male				10. Medications: Dose/Frequency/Route (N)ew (C)hanged Baclofen - Baclofen 5mg by mouth three times a day Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg by mouth as necessary Celecoxib - Celecoxib 100mg by mouth twice a day Pregabalin - Pregabalin 100mg by mouth twice a day Omeprazole - Omeprazole 20 mg 1 by mouth once a day Extra Strength Tylenol - Acetaminophen 500mg by mouth as necessary Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpantenol: Folic Acid: Niacinamide: Pyridox 1 by mouth once a day		
11. ICD Z47.89		Principal Diagnosis Encounter for other orthopedic aftercare		Date 08/12/26		
13. ICD M48.061 E78.5 Z98.1		Other Pertinent Diagnoses Spinal stenosis lumbar region without neurogenic claud Hyperlipidemia unspecified Arthrodesis status		Date 08/12/26 08/12/26 08/12/26		
14. DME and Supplies: hand held shower, rolling walker, cane, bath bench				15. Safety Measures: transfer with assist, standard precautions, supervision at all times, smoke detectors , no straining, no lifting, no bending, fall precautions, anticoagulant precautions, ambulates with device, ambulates with assistance		
16. Nutrition: regular				17. Allergies: no known allergies		
18.A. Functional Limitations Endurance, Ambulation				18.B. Activities Permitted Walker, 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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No				
20. Prognosis:		good				
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 PT: family/caregiver will be responsible for managing treatment OT: patient will		
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="p">Patient is a 76-year-old male referred to home health services following recent hospitalization for elective L4-L5 lumbar decompression and fusion surgery, with spinal precautions in place. Past medical history is significant for spinal stenosis, neuropathy, thyroid and papillary cancer, arthrodesis, hyperlipidemia, and osteoarthritis. Patient resides with his wife, son, and family in a high-rise apartment with elevator access and was previously independent with community ambulation, driving, ADLs, and functional mobility without an assistive device. Current PT assessment reveals impaired balance, with a Tinetti score of 18/28 and a TUG of 18.7 seconds, along with lower-extremity weakness, mild difficulty with transfers, gait dysfunction, and decreased endurance. Patient demonstrates good potential to benefit from skilled physical therapy to address these deficits and improve safety and functional mobility. OT evaluation indicates that the patient is currently independent with basic self-care, functional transfers, and functional ambulation; therefore, no ongoing skilled OT services are recommended at this time, and the patient is appropriate for an OT evaluation only.<o:p></o:p></p><p class="16"> </p><p class="16">Date of Order<o:p></o:p></p><p class="16">0812<o:p></o:p></p><p class="16">Physician Face-to-Face Date: 08/04/2026<o:p></o:p></p><p class="16">Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat dx: Encounter for other orthopedic aftercare<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"> </p><p class="16">PT Notes:<o:p></o:p></p><p class="16">OT Eval Notes:<o:p></o:p></p><p class="16"><o:p></o:p></p><p class="16"><o:p></o:p></p><p class="16">Physician:<o:p></o:p></p><p class="16">Varghese, Sherin<o:p></o:p></p></p></td></tr><tr><td colspan="4">SN Careplans</td><td colspan="3">SN Goals</td></tr><tr><td colspan="4">PT Careplans</td><td colspan="3">PT Goals</td></tr><tr><td colspan="5">23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 08/12/2026</td><td colspan="2">25. Date HHA Received Signed POT</td></tr><tr><td colspan="4">24. Physician's Name and Address Sherin Varghese 2931 Greenspring Drive Timonium, MD 21093 PHONE: FAX: NPI: 1952471153</td><td colspan="3">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 : 08/04/2026</td></tr><tr><td colspan="4">27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face</td><td colspan="3">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. PAGE 1 of 3</td></tr></table>						

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PT WK1: 1 (08/12/26-08/15/26) ,WK2: 2 (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) ,WK6: 1 (09/13/26-09/19/26) ,WK7: 1 (09/20/26-09/26/26) ,WK8: 1 (09/27/26-10/03/26) 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: 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 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:Full code PROBLEMS IDENTIFIED ON ASSESSMENT: 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, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, Home Safety, M2020 - Oral Med Management, dependent edema, M1400 - Dyspnea, M1033 - Exhaustion, limited strength, limited endurance, muscle weakness, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, balance deficit, #1 - Observable Surgical Wound - Posterior Right Middle/Lower Back - Incision open to air PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Posterior Right Middle/Lower Back - Incision open to air, Medication management : Review medication with pt, cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: Incision open to air, home exercise program: Laq, standi g hip flexion, abduction, hamstring curls, heelraises, toe raises 2-310, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition	PATIENT-STATED GOAL: To Improve my strength and balance, walk Independently, be able to go out 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 1 - Step (curb) - 05. Setup or clean-up assistance Shower/Bathe Self - 05. Setup or clean-up assistance patient/caregiver recalls * how to achieve wound healing including cleaning and dressing wound * position changes * skin care * diet modification * record wound measurements * 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 * 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 patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient living environment has safe floor coverings caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence Sit to Stand - 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 4 Steps - 05. Setup or clean-up assistance Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent Upper Body Dressing - 06. Independent
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/12/2026

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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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, 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, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent				
OT Careplans OT WK1: 1 (08/12/26-08/15/26) 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 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 - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent			OT Goals PATIENT-STATED GOAL: Evaluation only 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 Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent Upper Body Dressing - 06. Independent	

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