Home Health Certification and Plan of Care

Order ID: 1150/21334

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1UH5WU4TF69	08/14/2026	From: 08/14/2026 To: 10/12/2026	29120	217058

6. Patient's Name and Address

Collins Talley
4504 Marble Hall Road,
BALTIMORE, MD 21239-
443-641-6838

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 08/07/1953 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I10.	Essential (primary) hypertension	08/14/26

13. ICD	Other Pertinent Diagnoses	Date
I48.0	Paroxysmal atrial fibrillation	08/14/26
I68.0	Cerebral amyloid angiopathy	08/14/26
F01.50	Vascular dementia unsp severity without beh/psych/mood/anx	08/14/26
E78.5	Hyperlipidemia unspecified	08/14/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	08/14/26
D69.6	Thrombocytopenia unspecified	08/14/26
E66.812	Obesity class 2 (E66.812	08/14/26
Z68.38	Body mass index [BMI] 38.0-38.9 adult	08/14/26
Z87.440	Personal history of urinary (tract) infections	08/14/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	08/14/26
Z79.82	Long term (current) use of aspirin	08/14/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	08/14/26
Z95.818	Presence of other cardiac implants and grafts	08/14/26

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

ASPIRIN 0 Chewable 81 MG / 1 Tablet by mouth one time a day for Afib
Atorvastatin Calcium - Atorvastatin Calcium 80 MG / 1 Tablet by mouth one time a day for Hyperlipidimia
Cholecalciferol 10 MCG (400 UNIT)/tablet / Give 2 tablet by mouth once a day for vitamin D deficiency
Clopidogrel Bisulfate - Clopidogrel Bisulfate 75 MG / 1 Tablet by mouth one time a day for A-Fib
FAMOTIDINE 20 MG / 1 Tablet by mouth one time a day for GERD
LOSARTAN POTASSIUM 50 mg/tablet / Give 2 tablet by mouth one time a day for HTN
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 0 Powder / Give 17 gram by mouth one time a day for bowel regimen
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG / 1 Capsule by mouth one time a day for BPH
ACETAMINOPHEN 500 mg/tablet / Give 2 tablet by mouth every 8 hours for Pain

14. DME and Supplies:

walker, rolling walker, bath bench

15. Safety Measures:

walker precautions, medication safety, fall precautions, cardiac precautions, bathroom safety, ambulates with device, activity supervision

16. Nutrition:

regular

17. Allergies:

citric acid

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 8. Patient unable to respond, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans

SN and OT: family/caregiver will be responsible for managing treatment PT: pat

Homebound status:

Due to diagnosis of Essential (primary) hypertension, 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:

The patient is a 73-year-old male with a past medical history significant for vascular dementia, previous strokes, hypertension, rheumatoid arthritis of the right hand, and other comorbidities, recently hospitalized for a septic urinary tract infection resulting in acute encephalopathy and requiring IV antibiotics, followed by a stay at a skilled nursing facility. Upon admission to home health at the assisted living facility (ALF), the patient was alert and oriented to self only, with impaired recall and inability to identify his current location or caregiver. He denied pain, shortness of breath, chest pain, lightheadedness, or difficulty voiding. Vital signs were: temperature 97.7F, SpO 97% on room air, pulse 73 bpm via left radial artery, and blood pressure 142/98 mmHg while seated on the right arm; height 6'4" and weight 245 lb. Last bowel movement was reported as yesterday. Physical assessment revealed clear lung sounds, audible bowel sounds, palpable pulses, and dry, intact skin. Medication reconciliation was completed with the caregiver, and the patient was admitted to home health services. PT evaluation revealed bilateral lower-extremity weakness (3-/5 MMT), decreased balance, and impaired functional mobility, with the patient requiring moderate assistance for transfers and short-distance ambulation using a rolling walker and verbal cues for improved trunk extension; prior to hospitalization, he ambulated with a rolling walker and supervision but had demonstrated a gradual functional decline. OT evaluation revealed decreased standing balance and tolerance, bilateral upper-extremity strength, and activity tolerance, resulting in reduced independence with self-care, transfers, and functional ambulation. Skilled PT and OT services are recommended to address these deficits, improve strength, balance, safety, and functional independence, and facilitate a return to the patient's prior level of function.<span
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23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/14/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Nishi Das
1 Texas Station Court
Lutherville, MD 21093
PHONE: 4106057000 FAX: 14106057685 NPI: 1730240284

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 : 08/07/2026

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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style="mso-spacerun:'yes';font-family:Calibri;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 dx: Essential (primary) hypertension<span
style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt; mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;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
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style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt; mso-font-kerning:1.0000pt;">SN Notes:<span
style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt; mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt; mso-font-kerning:1.0000pt;">PT Eval Notes:<span
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style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt; mso-font-kerning:1.0000pt;">OT Eval Notes:<span
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style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt; mso-font-kerning:1.0000pt;"> Das, Nishi

SN Careplans

SN WK1: 1 (08/14/26-08/15/26) ,WK2: 1 (08/16/26-08/22/26) ,WK3: 1 (08/23/26-08/29/26) ,WK5: 1 (09/06/26-09/12/26) ,WK7: 1 (09/20/26-09/26/26) ,WK9: 1 (10/04/26-10/10/26)

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: 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 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, M1745 - Behavioral Issues, M2020 - Oral Med Management, dependent edema, abnormal blood pressure, M1033 - Exhaustion, M1400 - Dyspnea, limited range of motion, limited strength, balance deficit

PROCEDURES: Pain Management: Assess patient pain level document description, location, duration of pain and report to PCP

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 keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, 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

SN Goals

PATIENT-STATED GOAL: Unable to verbalize goal

GOALS
patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* 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
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* 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

PT Careplans

PT WK2: 1 (08/16/26-08/22/26) ,WK4: 1 (08/30/26-09/05/26) ,WK6: 1 (09/13/26-09/19/26) ,WK8: 1 (09/27/26-10/03/26) ,WK10: 1 (10/11/26-10/12/26)

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

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, home exercise program: Review HEP: seated knee ext, hip flex, hip abd, quad sets, gluteal squeezes, ankle pumps at least 1x10. Once tolerated, upgrade to standing heel/ toe raises, knee flex, hip flex, hip abd at least 1x10 with UE support as needed. Upgrade as tolerated, 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 - 03. Partial/moderate assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns

PT Goals

PATIENT-STATED GOAL: To be able to walk without pain

GOALS
Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 03. Partial/moderate assistance

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/14/2026

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- 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

OT Careplans

OT WK2: 1 (08/16/26-08/22/26) ,WK4: 1 (08/30/26-09/05/26) ,WK6: 1 (09/13/26-09/19/26) ,WK8: 1 (09/27/26-10/03/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating

PROCEDURES: Medication Review : Medication reviewed with caregiver with all medications in the home, home exercise program: Bilateral UE triceps extensions, biceps curls, armchair press-ups 2-3 sets 8-12 reps, equipment training, work simplification/energy conservation, transfers training: Skilled OT, assist with bathing: Skilled OT, assist with lower body dressing: Skilled OT, assist with upper body dressing: Skilled OT

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, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: Walk better

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

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

08/14/2026