

Home Health Certification and Plan of Care				Order ID: 1150/21381	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
43101494600		08/15/2026		From: 08/15/2026 To: 10/13/2026	
4. Medical Record No.		5. Provider No.			
28907		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Andrew Dale 4704 Green Spring Ave Apt B3, BALTIMORE, MD 21209- 667-504-4313			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		

8. DOB		07/29/1960		9.Sex		Male		10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
11. ICD		Principal Diagnosis				Date		ACETAMINOPHEN 500 mg/tablet / Give 2 tablet by mouth every 8 hours as needed for PAIN (1-5) do not exceed 4g daily	
T82.392D		Mech compl of femoral arterial graft (bypass) subs encntr				08/15/26		ASPIRIN Delayed Release 81 MG / 1 Tablet by mouth one time a day for CAD	
13. ICD		Other Pertinent Diagnoses				Date		Atorvastatin Calcium - Atorvastatin Calcium 80 MG / 1 Tablet by mouth at bedtime for HYPERLIPIDEMIA	
I70.202		Unsp athscl native arteries of extremities left leg				08/15/26		Biktarvy (Bictegravir-Emtricitabine-Tenofovir Alafenamide Fumarate)	
T81.41XD		Infct fol a proc superfic incisional surgical site subs				08/15/26		50-200-25 MG / 1 Tablet by mouth once a day for HIV	
T81.31XD		Disruption of external operation (surgical) wound NEC subs				08/15/26		CARVEDILOL 6.25 MG / 1 Tablet by mouth two times a day for HYPERTENSION Hold for SBP <110 or HR <60	
E11.51		Type 2 diabetes w diabetic peripheral angiopath w/o gangrene				08/15/26		Budesonide-Formoterol Fumarate Inhalation Aerosol 160-4.5 MCG/ACT / Inhale 2 puff by mouth twice a day for COPD	
I10.		Essential (primary) hypertension				08/15/26		Cholecalciferol 25 MCG (1000 UT)/tablet / Give 2 tablet by mouth once a day for Vit D3 DEFICIENCY (2000 units)	
I25.10		Athscl heart disease of native coronary artery w/o ang pctrs				08/15/26		METHOCARBAMOL 500 MG / 1 Tablet by mouth every 8 hours as needed for MUSCLE SPASM	
J44.9		Chronic obstructive pulmonary disease unspecified				08/15/26		NIFEDIPINE Extended Release 24 Hour 60 MG / 1 Tablet by mouth one time a day for HYPERTENSION Hold for SBP <110 or HR <60	
E11.40		Type 2 diabetes mellitus with diabetic neuropathy unsp				08/15/26		Oxycodone Hydrochloride - Oxycodone Hydrochloride 10 MG / 1 Tablet by mouth every 4 hours as needed for pain	
E78.5		Hyperlipidemia unspecified				08/15/26		Pantoprazole Sodium - Pantoprazole Sodium Delayed Release 40 MG / 1 Tablet by mouth one time a day for GERD	
K21.9		Gastro-esophageal reflux disease without esophagitis				08/15/26		Polyethylene Glycol 3350 - Polyethylene Glycol 3350 Powder / Give 17 gram by mouth one time a day for BOWEL REGIMEN Mix with 120ml-240ml of water or juice prior to administration	
D63.8		Anemia in other chronic diseases classified elsewhere				08/15/26		PREGABALIN 150 MG / 1 Capsule by mouth two times a day for neuropathy	
E55.9		Vitamin D deficiency unspecified				08/15/26		Senna-Docusate Sodium Oral Tablet (Sennosides-Docusate Sodium) 8.6-50 MG / 1 Tablet by mouth two times a day for BOWEL REGIMEN	
B20.		Human immunodeficiency virus [HIV] disease				08/15/26		SILDENAFIL CITRATE 50 MG / 1 Tablet by mouth every 24 hours as needed for erectile dysfunction	
F17.210		Nicotine dependence cigarettes uncomplicated				08/15/26		Theragran-M Give 1 tablet by mouth once a day for Supplement	
Z95.5		Presence of coronary angioplasty implant and graft				08/15/26		INCRUSE ELLIPTA 0 Inhalation Aerosol Powder Breath Activated 62.5 MCG/ACT / Inhale 1 puff by mouth one time a day for COPD	
Z95.1		Presence of aortocoronary bypass graft				08/15/26		Narcan - Naloxone Hydrochloride Nasal Liquid 4 MG/0.1ML / 1 spray nostril as needed for SUSPECTED OPIOID OVERDOSE Give a second dose after 2 to 3 minutes if the resident has not woken up or breathing is not improved.	
Z79.01		Long term (current) use of anticoagulants				08/15/26		Alternate nostrils with each dose.	
Z79.82		Long term (current) use of aspirin				08/15/26			

14. DME and Supplies:		15. Safety Measures:	
wound care supplies, cane, walker, wheelchair, 4 wheeled walker		fall precautions, medication safety, walker precautions, supervision at all times, standard precautions, infectious material management, bleeding precautions, bathroom safety, activity supervision, ambulates with assistance, ambulates with device	

16. Nutrition:		17. Allergies:	
low cholesterol, diabetic, low sodium		linezolid vancomycin zidovudine	

18.A. Functional Limitations		18.B. Activities Permitted	
Ambulation, Endurance		Walker, Cane, Up As Tolerated	

19. Mental & Pyschosocial Status:		COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No	
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20. Prognosis:		fair	
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22. A Rehabilitation Potential:		22.B.Discharge Plans	
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.		patient will be responsible for managing treatment	

Homebound status: Due to diagnosis of Mechanical complication of femoral arterial graft (bypass), subsequent encounter, 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

23. Signature and Date of Verbal SOC Where Applicable:		25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 08/15/2026			
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.	
Gregory Lucas 600 N Wolfe St Baltimore, MD 21287 PHONE: 4109551725 FAX: 14109557733 NPI: 1093751810		F2F date : 07/15/2026	
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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Assess/Instruct Pt (eg., 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. Need to obtain current wound care orders. Wound size 9x7.5 lower left leg and inner leg incision site 19.5x2.75cm. Supplies to order mepilex border gauze, kerlix, medium gloves, wound cleanse post op sponge 4x3, leg sleeve and aquacel. Advance Directive:Na PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2102c - Med Admin, meal preparation, M2102f - Patient Supervision, M2020 - Oral Med Management, abnormal blood pressure, M1400 - Dyspnea, abn cholesterol > 200 mg/dL, abnormal BS < 70/140 > mg/dL, heartburn/indigestion, frequent urination, limited endurance, muscle weakness, limited range of motion, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit, swell/redness surround. skin, red/tender pressure points, #1 - Observable Surgical Wound - Anterior Left Below Knee - , #2 - Observable Surgical Wound - Other - Inner left leg - PROCEDURES: physician-ordered wound care: #2 - Observable Surgical Wound - Other - Inner left leg -: Need to obtain current wound care orders. Wound size 9x7.5 lower left leg and inner leg incision site 19.5x2.75cm. Supplies to order mepilex border gauze, kerlix, medium gloves, wound cleanse post op sponge 4x3, leg sleeve and aquacel., physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Left Below Knee -: Need to obtain current wound care orders. Wound size 9x7.5 lower left leg and inner leg incision site 19.5x2.75cm. Supplies to order mepilex border gauze, kerlix, medium gloves, wound cleanse post op sponge 4x3, leg sleeve and aquacel., cough/deep breathing exercises, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence	
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PT Careplans PT WK2: 1 (08/16/26-08/22/26) PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170G1 - Car Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170F1 - Toilet Transfer 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, equipment training, work simplification/energy conservation, 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 - 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, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up 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	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 - 05. Setup or clean-up 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 Car Transfer - 05. Setup or clean-up assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance Oral Hygiene - 05. Setup or clean-up assistance Toileting Hygiene - 05. Setup or clean-up 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
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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	08/15/2026