Home Health Certification and Plan of Care

Order ID: 1150/21386

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
76295481	08/15/2026	From: 08/15/2026 To: 10/13/2026	29058	217058

6. Patient's Name and Address

Quinton Wilson
210 N. Port St,
BALTIMORE, MD 21224-
443-691-7777

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 10/07/1954 | **9.Sex** Male

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

ASPIRIN 81 mg by mouth 1 time daily
ALBUTEROL IN aerosol solution 108 (90 BASE) mcg/act / 2 puffs inhalant every 6 hours PRN
XALATAN 0.005 % ophthalmic solution / 1 drop ophthalmic nightly
COSOPT 2-0.5 % ophthalmic solution / 1 drop ophthalmic every 12 hours
MULTI-VITAMIN 1 tablet Oral 1 time daily

11. ICD	Principal Diagnosis	Date
I48.91	Unspecified atrial fibrillation	08/15/26

13. ICD	Other Pertinent Diagnoses	Date
I11.0	Hypertensive heart disease with heart failure	08/15/26
I50.9	Heart failure unspecified	08/15/26
L03.115	Cellulitis of right lower limb	08/15/26
L03.116	Cellulitis of left lower limb	08/15/26
I95.9	Hypotension unspecified	08/15/26
I82.412	Acute embolism and thrombosis of left femoral vein	08/15/26
I82.432	Acute embolism and thrombosis of left popliteal vein	08/15/26
J43.9	Emphysema unspecified	08/15/26
E78.5	Hyperlipidemia unspecified	08/15/26
K80.50	Calculus of bile duct w/o cholangitis or cholecyst w/o obst	08/15/26
K75.81	Nonalcoholic steatohepatitis (NASH)	08/15/26
H40.1130	Primary open-angle glaucoma bilateral stage unspecified	08/15/26
F17.210	Nicotine dependence cigarettes uncomplicated	08/15/26
F10.10	Alcohol abuse uncomplicated	08/15/26
Z87.440	Personal history of urinary (tract) infections	08/15/26
Z79.82	Long term (current) use of aspirin	08/15/26

14. DME and Supplies:

wound care supplies, walker

15. Safety Measures:

walker precautions, standard precautions, medication safety, infectious material management, fall precautions, ambulates with device, ambulates with assistance

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Walker, 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: No

20. Prognosis: fair

22. A Rehabilitation Potential:

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.

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status:

Due to diagnosis of Unspecified atrial fibrillation, 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:

Patient is a male referred to skilled home health services following hospitalization for atrial fibrillation with rapid ventricular response (RVR). He is currently residing in a friend's multilevel home, is alert and oriented, and ambulates with a walker. Patient has bilateral lower-extremity blisters covered with bandages; however, no wound care orders or supplies were available at the time of assessment, and wound care orders are needed for appropriate management. SN services were recommended at a frequency of 1W1, 2W1, and 1W2, with the next SN visit scheduled for Tuesday. PT/OT evaluations were ordered; however, the initial OT evaluation was missed because the patient was at the pharmacy obtaining medications and was rescheduled for Tuesday. Upon subsequent OT evaluation, patient demonstrated independence with basic self-care, functional transfers, and functional ambulation and was functioning at his prior level of independence. PMH includes alcohol abuse, drug abuse, and hypotension. No further skilled OT services are warranted at this time, and the patient is appropriate for an OT evaluation only.<o:p></o:p>   Date of Order<o:p></o:p> 08/15/2026<o:p></o:p> <span

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/15/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Linda Ataifo
815 E. Pratt St
Baltimore, MD 21202
PHONE: 4106375700 FAX: NPI: 1609371905

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 : 08/09/2026

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;">Physician Face-to-Face Date: 08/09/2026<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;">Clinical Condition Requiring Home Care per Certifying Physician: sn-disease mangement pt-eval & treat ot-eval & treat. dx: Unspecified atrial fibrillation<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
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;"> <span
style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt; mso-font-kerning:1.0000pt;">1 - SOC - <span
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;">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="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt; mso-font-kerning:1.0000pt;">Physician:<span
style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt; mso-font-kerning:1.0000pt;"> Ataifo, Linda

SN Careplans

SN WK1: 1 (08/15/26-08/15/26) ,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)

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: 7. Currently taking 5 or more medications

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 ; 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.

N/A
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, swelling in the arms/legs, dependent edema, delayed capillary refill, M1400 - Dyspnea, muscle weakness, swelling of affected area, limited endurance, limited strength, extremity burn/tingle/numb, Pain Effect on Sleep, Pain Interference with ADLs, open sores/lesions, #1 - Blister - Anterior Right Foot - wound from a burst blister., #2 - Blister - Anterior Left Foot - wound from a burst blister

PROCEDURES: physician-ordered wound care: Pending

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, patient self-administers medications as prescribed, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: I want my legs to heal

GOALS
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 self-administers medications as prescribed
* 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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/15/2026

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OT Careplans

OT WK2: 1 (08/16/26-08/22/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170P1 - Picking Up Object, 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, GG0170L1 - Walk 10 ft on Uneven Surface, 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, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand

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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, 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, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching 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
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

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

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

08/15/2026