Home Health Certification and Plan of Care

Order ID: 1150/21325

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
261106723	08/13/2026	From: 08/13/2026 To: 10/11/2026	26508	217058

6. Patient's Name and Address

John Bestpitch
413 Lily Brook Ct,
PASADENA, MD 21122-
443-994-7772

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 11/29/1941 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
D50.0	Iron deficiency anemia secondary to blood loss (chronic)	08/13/26

13. ICD	Other Pertinent Diagnoses	Date
I48.91	Unspecified atrial fibrillation	08/13/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	08/13/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	08/13/26
I50.22	Chronic systolic (congestive) heart failure	08/13/26
N18.31	Chronic kidney disease stage 3a	08/13/26
E03.9	Hypothyroidism unspecified	08/13/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/13/26
E78.5	Hyperlipidemia unspecified	08/13/26
I27.20	Pulmonary hypertension unspecified	08/13/26
Z79.82	Long term (current) use of aspirin	08/13/26
Z79.890	Hormone replacement therapy	08/13/26
Z95.1	Presence of aortocoronary bypass graft	08/13/26
Z91.81	History of falling	08/13/26

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

Therapeutic-M Oral Tablet 1 tablet by mouth one time a day for Supplement
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg / 1 Capsule by mouth at bedtime for BPH
SM Vitamin D3 Oral Tablet 25 MCG (1000 UT) / 1 Tablet by mouth once a day for Supplement
FUROSEMIDE 20 mg 20 mg / 1 Tablet by mouth one time a day for Fluid Retention RVT Heart Failure
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) mg / 1 Tablet by mouth one time a day for Supplement
ATORVASTATIN 80 mg / 1 Tablet by mouth at bedtime for HLD
AMIODARONE 200 mg / 1 Tablet by mouth one time a day for A Fib
Pantoprazole - Pantoprazole Sodium 40 mg 1 tab by mouth in the morning
8-Hour Bayer - Aspirin Delayed Release 81 mg / 1 Tablet by mouth one time a day for CAD
LEVOTHYROXINE 25 mcg / 1 Tablet by mouth in the morning for Hypothyroidism, 2 tablets
Albuterol Sulfate - Albuterol Sulfate 2.5 MGV3ML 0.083% 3 ml inhale orally every 6 hours as needed for Wheezing

14. DME and Supplies:

wheelchair, hand held shower, bath bench, grab bars, rolling walker, commode, cane, 4 wheeled walker

15. Safety Measures:

transfer with assist, supervision at all times, hand rails, fall precautions, diabetic precautions, avoid temperature extremes, ambulates with device, standard precautions, emergency phone number prominently displayed, ambulates with assistance, walker precautions, smoke detectors , medication safety, bathroom safety, activity supervision

16. Nutrition:

diabetic!low sodium

17. Allergies:

metformin

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Cane, Exercises Prescribed, Walker, Transfer bed/Chair, 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: 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, HISTORY OF DEPRESSION: No

20. Prognosis: good

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

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Iron deficiency anemia secondary to blood loss (chronic), 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 an 84-year-old male with a significant medical history including congestive heart failure, chronic systolic heart failure with reduced ejection fraction (HFrEF 30-35%), coronary artery disease without angina, hypertension, atrial fibrillation, chronic respiratory failure requiring 2 L/min oxygen at baseline, chronic right loculated pleural effusion, hypothyroidism, chronic kidney disease stage 3B, and diabetes mellitus. The patient was previously followed by home health services but was discharged following a hospitalization when it was reported that he would transition to home hospice; however, he is currently receiving palliative care. Most recently, he was admitted to BWMC from 08/08/2026 through 08/10/2026 following an episode of syncope and collapse. He also has a recent history of dyspnea and pneumonia requiring treatment and rehabilitation. During his recent medical course, he received a blood transfusion and is currently off supplemental oxygen, although his baseline respiratory status includes use of 2 L/min nasal cannula. The patient resides with his daughter, Joanne, and her spouse in the basement of a single-family split-level home. The home has approximately two steps to enter and additional steps leading to the basement living area. The patient is primarily confined to the bedroom and kitchen areas. He ambulates within the home using a rolling walker and requires assistance for outdoor mobility. Prior to his recent decline, he had used a cane for several years and was generally independent with basic activities of daily living, with supervision as needed. He currently requires assistance with instrumental activities of daily living, including laundry and cleaning. The patient reports experiencing approximately two to three falls within the past two months and several additional falls over the past year. He identifies a personal goal of returning to yard work, stating that he enjoys maintaining the yard and would like to resume this activity. On assessment, the patient presents with decreased bilateral lower-extremity functional strength, impaired functional mobility, difficulty with transfers and stair negotiation, unsteady gait, impaired balance, decreased safety awareness, reduced endurance, and a significant history of falls, placing him at increased risk for further falls and functional decline. He requires use of a rolling walker for safe household ambulation and assistance when leaving the home. Due to his cardiovascular and respiratory disease, limited endurance, and impaired mobility, leaving the home requires considerable effort, causes exhaustion, and increases his risk for falls, with prolonged recovery required following outings. He is therefore considered homebound and requires human assistance and an assistive device to safely exit the home. Skilled physical therapy is medically necessary to address the patient's lower-extremity weakness, impaired balance, gait instability, transfer limitations, stair negotiation difficulty, decreased endurance, and safety awareness in order to maximize functional independence and reduce fall risk. Without skilled intervention, the patient remains at increased risk for recurrent falls, further deconditioning, loss of functional independence, and additional medical complications. The planned home PT frequency is 1 visit during the first week, followed by 2 visits during the second week (Monday/Wednesday), and then 1 visit weekly for 7 weeks beginning 08/13/2026. The patient is in agreement with the established PT plan of care. Skilled occupational therapy is also indicated to address decreased upper-extremity strength, reduced activity tolerance, impaired functional performance, and safety concerns affecting the patient's ability to safely perform daily activities and household tasks. OT intervention will focus on improving upper-extremity strength, activity tolerance, functional mobility, transfer safety, energy conservation, fall prevention, and performance of ADLs/IADLs within the patient's current limitations. Therapy will also support gradual progression toward the patient's stated goal of safely participating in yard work as tolerated. Education will emphasize safe use of

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/13/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Jeffrey Katz
1701 Twin Springs Rd
Halethorpe, MD 21227
PHONE: 800-777-7904 FAX: 14107975401 NPI: 1013954213

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 : 08/10/2026

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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the rolling walker, fall-prevention strategies, pacing and energy conservation, safe transfers and stair negotiation, and recognition of symptoms requiring medical attention. Continued interdisciplinary home health therapy in coordination with the patient's palliative care plan is recommended to maintain safety, prevent deconditioning, maximize independence, and support the patient's functional goals while accounting for his significant cardiopulmonary comorbidities.
 Date of Order 08/13/2026 Orders Physician Face-to-Face Date: 08/10/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat, OT-eval & treat due to Iron deficiency anemia secondary to blood loss (chronic) Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - PT Notes: soc OT Eval Notes:
 Physician Katz, Jeffrey

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (08/13/26-08/15/26) ,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) ,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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 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
Advance Directive:NA

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170L1 - Walk 10 ft on Uneven Surface, 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, GG0170D1 - Sit to Stand, M1745 - Behavioral Issues, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, abnormal blood pressure, M1400 - Dyspnea, dizziness/syncope, muscle weakness

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., gait training/stair training, transfers training, assist with fall prevention: Instruct in falls risk reduction strategies and how to get up in the event of a fall

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, * 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver performs medical/rehabilitation treatments with adequate competence, 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

PT Goals

PATIENT-STATED GOAL: I want to be able to do my work outside

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

caregiver performs medical/rehabilitation treatments with adequate competence

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

Toileting Hygiene - 06. Independent

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/13/2026

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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 - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

OT Careplans

OT WK1: 1 (08/13/26-08/15/26) ,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) ,WK6: 1 (09/13/26-09/19/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: strengthen UE, in activity toelrance and standign tolerance, 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Pt take less breaks and prevent falling

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

Toileting Hygiene - 06. Independent

Oral Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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