Home Health Certification and Plan of Care

Order ID: 1150/21014

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6TW9D90QC27	08/01/2026	From: 08/01/2026 To: 09/29/2026	28673	217058

6. Patient's Name and Address
Harold Murray
3223 Westmont Ave,
Baltimore, MD 21216-
443-703-6824

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 04/25/1931 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S52.501D	Unsp fx the lower end r rad subs for clos fx w routn heal	08/01/26

13. ICD	Other Pertinent Diagnoses	Date
S42.294D	Oth nondisp fx of upr end r humer subs for fx w routn heal	08/01/26
I11.0	Hypertensive heart disease with heart failure	08/01/26
I50.32	Chronic diastolic (congestive) heart failure	08/01/26
I48.20	Chronic atrial fibrillation unspecified	08/01/26
I42.8	Other cardiomyopathies	08/01/26
I25.2	Old myocardial infarction	08/01/26
N13.39	Other hydronephrosis	08/01/26
N13.8	Other obstructive and reflux uropathy	08/01/26
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	08/01/26
K21.9	Gastro-esophageal reflux disease without esophagitis	08/01/26
Z91.81	History of falling	08/01/26

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

Acetaminophen - Acetaminophen 325 mg/tablet / Give 2 tablet by mouth every 6 hours as needed for PAIN NOT TO EXCEED 3GM/DAY
Aspirin - Aspirin Delayed Release 81 MG / 1 Tablet by mouth in the morning for CVA PROPHY
Atorvastatin Calcium - Atorvastatin Calcium 40 MG / 1 Tablet by mouth at bedtime for HYPERLIPIDEMIA
Bactrim Ds - Sulfamethoxazole: Trimethoprim 800-160 MG / 1 Tablet by mouth twice a day for hydronephrosis until 8/19/2026 23:59
Ergocalciferol - Ergocalciferol 1.25 MG (50000 UT) / 1 Capsule by mouth in the morning every Tue for SUPPLEMENT
Folic Acid - Folic Acid 1 MG / 1 Tablet by mouth in the morning for ANEMIA
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Give 1 tablet by mouth in the morning for SUPPLEMENT
Pantoprazole Sodium - Pantoprazole Sodium Delayed Release 40 MG / 1 Tablet by mouth once a day for GERD
Thiamine Hydrochloride - Thiamine Hydrochloride 100 MG / 1 Tablet by mouth in the morning for ANEMIA

14. DME and Supplies:
eggcrate, commode, wound care supplies, wheelchair

15. Safety Measures:
aspiration precautions, hand rails, cardiac precautions, smoke detectors , emergency phone # clearly displayed, anticoagulant precautions, bathroom safety, activity supervision, transfer with assist, wheelchair precautions, supervision at all times, medication safety, bleeding precautions, standard precautions, fall precautions, ambulates with device

16. Nutrition:
pureed, high protein,

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation, Bowel/Bladder Incontinence

18.B. Activities Permitted
Transfer bed/Chair, Exercises Prescribed, Wheelchair, Up As Tolerated,

19. Mental & Pyschosocial Status: COGNITION: 3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time., 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
patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Unspecified fracture of the lower end of right radius, subsequent encounter for closed fracture with routine healing, 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 homebound due to right distal radial fracture and right proximal humeral fracture following a recent fall, with comorbid HTN, HLD, dementia, CHF, AFIB, cardiomyopathy, MI/NSTEMI myocardial infarction, encephalopathy, failure to thrive, protein calorie malnutrition, and anemia. The patient was hospitalized without surgery following the fall and subsequently received rehabilitation for approximately two months before discharge home. Leaving the home requires significant effort, use of an assistive device, and human assistance for safety due to increased risk for falls, as evidenced by a Tinetti score of 4/28. The patient lives with family in a multiple-level home with nine steps to enter, with the bedroom and bathroom located on the second floor without a railing. The patient is alert and oriented x1, with dementia and significant fatigue and sleepiness noted during evaluation. Skin is dry, and a 2 cm x 2 cm wound is present to the right heel. Lung sounds are clear, with respirations even and unlabored, and no complaints were voiced. The patient requires cues and supervision for bed mobility and minimal to maximal assistance for bed mobility and transfers, depending on the task. Sit-to-stand transfer from the bed requires minimal assistance. The patient tolerated sitting at the edge of the bed without back support for nine minutes with close supervision and demonstrated a standing tolerance of approximately 30 seconds. The patient was able to participate in 10 repetitions of supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction, sitting knee extension, and ankle pumps with cues for proper technique. Written exercise instructions were provided. The patient was instructed to perform exercises daily, sit at the side of the bed daily, and increase fluid intake to prevent dehydration. A chair was recommended for placement in the bedroom for daytime sitting, with reference to the occupational therapy report. The patient demonstrates significant functional limitations, including dependence for bed mobility and transfers, total assistance required for all ADLs, limited ROM of the right upper extremity, weakness of the left upper extremity, impaired balance, decreased strength, and poor activity tolerance. During the OT evaluation, the patient required maximum assistance to sit at the edge of the bed with upper extremity support, had difficulty participating, and responded primarily when his name was called. The patient remained with his eyes closed during most of the evaluation due to fatigue and sleepiness. Based on the evaluation, the patient was determined not to be appropriate for continued OT services at this time. Continued home therapy is indicated to address decreased strength and improve functional mobility and safety, with ongoing monitoring of the patient's tolerance, mobility status, fall risk, and ability to participate in the prescribed exercise program.
 Date of Order 08/01/2026 Orders Physician Face-to-Face Date: 07/27/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Unspecified fracture of the lower end of right radius, subsequent encounter for closed fracture with routine healing 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 - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician <span

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 08/01/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Shameka McKnight
3455 Wilkens Ave Ste LL10
Baltimore , MD 21216
PHONE: 4106444444 FAX: 14106444484 NPI: 1467140483

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 : 07/27/2026

27. Attending Physician's Signature and Date Signed **08/07/2026**: 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="font-size: 14px;">McKnight, Shameka

SN Careplans

SN WK1: 1 (08/01/26-08/01/26) ,WK2: 1 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/22/26) ,WK5: 1 (08/23/26-08/29/26) ,WK6: 1 (08/30/26-09/05/26) ,WK7: 1 (09/06/26-09/12/26) ,WK8: 1 (09/13/26-09/19/26)

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: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 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, 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; 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:MOLST

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M1700 - Cognition, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, meal preparation, M2102f - Patient Supervision, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, M1610 - Urinary Incontinence, limited strength, limited endurance (MS), limited range of motion, muscle weakness, Pain Interference with Therapy activities, Pain Interference with ADLs, Pain Effect on Sleep, B1000 - Vision Deficit, difficulty sleeping (NR), daytime fatigue (NR), lethargy (NR), balance deficit (NR), loss of appetite (NU), #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Other - Right heel - , open sores/lesions

PROCEDURES: physician-ordered wound care: #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Other - Right heel -: Wound Care Orders - Right Heel Cleanse the right heel wound with Dakin's Solution 0.125%. Apply skin prep to the surrounding periwound tissue. Apply Medihoney Silver Alginate to the wound bed. Cover with an ABD pad and secure with Kerlix. Perform wound care daily. Indication: Wound healing., cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, physician-ordered wound care: Wound Care Orders - Right Heel Cleanse the right heel wound with Dakin's Solution 0.125%. Apply skin prep to the surrounding periwound tissue. Apply Medihoney Silver Alginate to the wound bed. Cover with an ABD pad and secure with Kerlix. Perform wound care every day shift. Indication: Wound healing., physician-ordered wound care: Wound Care Orders - Right Heel Cleanse the right heel wound with Dakin's Solution 0.125%. Apply skin prep to the surrounding periwound tissue. Apply Medihoney Silver Alginate to the wound bed. Cover with an ABD pad and secure with Kerlix. Perform wound care daily. Indication: Wound healing., physician-ordered wound care: Wound Care Orders - Right Heel Cleanse the right heel wound with Dakin's Solution 0.125%. Apply skin prep to the surrounding periwound tissue. Apply Medihoney Silver Alginate to the wound bed. Cover with an ABD pad and

SN Goals

PATIENT-STATED GOAL: To set up and walk with the walker

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
* 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
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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

caregiver administers and/or packages medications appropriately

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

meal preparation is available to patient for all meals

patient/caregiver recalls
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
08/01/2026

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secure with Kerlix. Perform wound care every day shift. Indication: Wound healing., physician-ordered wound care: Wound Care Orders - Right Heel Cleanse the right heel wound with Dakin's Solution 0.125%. Apply skin prep to the surrounding periwound tissue. Apply Medihoney Silver Alginate to the wound bed. Cover with an ABD pad and secure with Kerlix. Perform wound care daily. Indication: Wound healing., physician-ordered wound care: Wound Care Orders - Right Heel Cleanse the right heel wound with Dakin's Solution 0.125%. Apply skin prep to the surrounding periwound tissue. Apply Medihoney Silver Alginate to the wound bed. Cover with an ABD pad and secure with Kerlix. Perform wound care daily. Indication: Wound healing., monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired

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 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, * 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 increase caloric intake, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately

PT Careplans

PT WK2: 1 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK5: 1 (08/23/26-08/29/26) ,WK7: 1 (09/06/26-09/12/26) ,WK9: 1 (09/20/26-09/26/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170G1 - Car Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, GG0170M1 - 1 - Step (curb), GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170P1 - Picking Up Object, GG0170I1 - Walk 10 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170E1 - Chair to Bed to Chair

PROCEDURES: Gait training on level surface and steps: Attempt ambulation with rolling walker, Standing at walker: As long as possible daily, wheelchair training, home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Sitting knee extension and ankle pumps., transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 06. Independent, Sit to Stand - 04. Supervision or touching assistance, Toilet Transfer - 03. Partial/moderate assistance, Car Transfer - 06. Independent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, 1 - Step (curb) - 02. Substantial/maximal assistance, 12 Steps - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

PT Goals

PATIENT-STATED GOAL: To be able to walk again

GOALS
Chair to Bed to Chair - 06. Independent

Sit to Stand - 04. Supervision or touching assistance

Toilet Transfer - 03. Partial/moderate assistance

Car Transfer - 06. Independent

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

1 - Step (curb) - 02. Substantial/maximal assistance

12 Steps - 02. Substantial/maximal assistance

4 Steps - 02. Substantial/maximal assistance

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Walk 150 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

OT Careplans

OT WK1: 1 (08/01/26-08/01/26)

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

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 - 03. Partial/moderate assistance, Toileting Hygiene - 01. Dependent, Shower/Bathe Self - 01. Dependent, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 01. Dependent, Don/Doff Footwear - 01. Dependent, Eating - 05. Setup or clean-up assistance

OT Goals

PATIENT-STATED GOAL: OT eval only

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 - 03. Partial/moderate assistance

Toileting Hygiene - 01. Dependent

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/01/2026

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Shower/Bathe Self - 01. Dependent

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 01. Dependent

Don/Doff Footwear - 01. Dependent

Eating - 05. Setup or clean-up assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

08/01/2026