Home Health Certification and Plan of Care

Order ID: 1150/21576

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1A22PG0TW98	08/21/2026	From: 08/21/2026 To: 10/19/2026	29288	217058

6. Patient's Name and Address

James Goddard
5404 Belair Road,
Baltimore, MD 21206-
410-236-7199

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 11/07/1958 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J43.9	Emphysema unspecified	08/21/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	08/21/26
E78.00	Pure hypercholesterolemia unspecified	08/21/26
E03.9	Hypothyroidism unspecified	08/21/26
F02.83	Dem in other dis classd elswhr unsp sev with mood distrb	08/21/26
F33.9	Major depressive disorder recurrent unspecified	08/21/26
E55.9	Vitamin D deficiency unspecified	08/21/26
K21.9	Gastro-esophageal reflux disease without esophagitis	08/21/26
F01.518	Vascular dementia unsp severity with other beh disturb	08/21/26
F06.30	Mood disorder due to known physiological condition unsp	08/21/26
L84.	Corns and callosities	08/21/26
L21.0	Seborrhea capitis	08/21/26
K59.00	Constipation unspecified	08/21/26
R29.6	Repeated falls	08/21/26
Z79.899	Other long term (current) drug therapy	08/21/26
Z87.891	Personal history of nicotine dependence	08/21/26
Z96.652	Presence of left artificial knee joint	08/21/26
Z87.820	Personal history of traumatic brain injury	08/21/26
Z91.81	History of falling	08/21/26

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

ESCITALOPRAM 10 MG / 1 Tablet by mouth daily for depression
OMEPRAZOLE Delayed Release 20 MG / 1 Capsule by mouth daily for GERD
LISINOPRIL 10 MG / 1 Tablet by mouth daily for HTN (Hold for SBP <110)
HYDROCORTISONE 2.5 % topical cream / 1 application to skin topical twice a day prn rash
Ketoconazole - Ketoconazole 2 % topical cream / 1 application to (affected) skin topical once a day for seborrheic dermatitis
LEVOTHYROXINE 137 MCG / 1 Tablet by mouth daily for hypothyroidism
DEPAKOTE Delayed Release 500 MG / 1 Tablet by mouth every 12 hours for mood
ATORVASTATIN 20 MG / 1 Tablet by mouth every day at bedtime for HLD
ACETAMINOPHEN 325 mg/tablet / Take 2 tablets by mouth every 6 hours for pain
SEROQUEL 150 mg/tablet / Take 1 tablet by mouth twice a day at bed time for dementia with behavioral disturbance

14. DME and Supplies:

cane, AFL, bath bench

15. Safety Measures:

ambulates with assistance, activity supervision, cardiac precautions, hand rails, supervision at all times, transfer with assist, ambulates with device, fall precautions, medication safety, standard precautions, smoke detectors , emergency phone # clearly displayed, bathroom safety

16. Nutrition:

cardiac diet

17. Allergies:

penicillin

18.A. Functional Limitations

Endurance, Ambulation, Bowel/Bladder Incontinence

18.B. Activities Permitted

Exercises Prescribed, Transfer bed/Chair, 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: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: Yes

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

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

Homebound status:

Due to diagnosis of Emphysema unspecified, 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:

Home health skilled services were initiated for a patient residing in an assisted living facility with a significant medical history including hypertension, hyperlipidemia, hypothyroidism, depression, vitamin D deficiency, traumatic brain injury, GERD, dermatitis, dementia, arthritis, COPD, CVA, CKD, and recent UTI. Patient has 24-hour supervision and is alert and oriented to person, place, and time. Patient ambulates with an assistive device, requiring minimal to moderate assistance for functional mobility, including ambulation with a rolling walker for approximately 20 feet x 2 with decreased bilateral step length and flexed knees, sit-to-stand transfers, and bed mobility. Patient demonstrates decreased standing balance and tolerance, bilateral upper-extremity strength, overall activity tolerance, and functional mobility, resulting in decreased independence with self-care and transfers compared with prior level of function. Tinetti score is 5/28, and patient is considered homebound due to the considerable effort required to leave the home. Vital signs were within normal limits, with no acute distress noted. Skin assessment revealed facial dermatitis without open wounds, drainage, or other areas of skin breakdown. Medications were reviewed and reconciled with the patient and facility staff, and education was provided regarding medication management and adherence, fall prevention, safe use of assistive devices, COPD and respiratory symptom monitoring, and proper skin care and monitoring for worsening dermatitis or skin breakdown. Patient participated in therapeutic exercises targeting lower-extremity strength and mobility and would benefit from continued skilled nursing, physical therapy, and occupational therapy to address deficits in strength, balance, endurance, functional mobility, self-care, medication and disease-process management, and safety in order to maximize functional independence and promote return to prior level of function.
<span

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/21/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Lawanda Rollins Mrs.
8831 Satyr Hill Rd Ste 100
Parkville, MD 21234
PHONE: 443-946-1896 FAX: 14434952902 NPI: 1003384165

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 : 08/13/2026

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;mso-bidi-font-family:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;"> 1 - SOC - SN Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Rollins Mrs., Lawanda <span style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt;
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SN Careplans

SN WK1: 1 (08/21/26-08/22/26) ,WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26) ,WK6: 1 (09/20/26-09/26/26)

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: 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

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:No Advance Directive

08/24/2026 Problems : limited endurance (MS)
muscle weakness (MS)
A1250 - Lack of Necessary Transportation
M1610 - Urinary Incontinence
M1400 - Dyspnea
M2020 - Oral Med Management
balance deficit
limited strength
swell/redness surround. skin
rough/scaly/cracked skin
B1000 - Vision Deficit
meal preparation
M2102c - Med Admin
D0160 - Depression
M2102f - Patient Supervision
M2102d - Caregiver Performs Treatment
M1700 - Cognition
M1745 - Behavioral Issues

SN Goals

PATIENT-STATED GOAL: Patient stated he would like to regain strength

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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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
* 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

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/21/2026

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PROCEDURES: coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, bladder training, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange resources for vision-impaired, venipuncture: Obtain blood and urine specimens for the following ordered laboratory tests: CBC with Differential/Platelet Comprehensive Metabolic Panel (14) Diabetes Risk Assessment HIV-1/2 Ab/p24 Ag with Reflex HSV-1 and HSV-2 IgG Lipid Panel PSA, Serial Monitor RPR Thyroid Panel with TSH Vitamin D, 25-Hydroxy Valproic Acid (Depakote), R/S Magnesium Vitamin B12 and Folate Urinalysis with Reflex to Culture, Routine Please send results to: Lawanda Rollins Address: 8831 Satyr Hill Rd Suite: 100, Parkville MD 21234-2355 Phone number: 443-946-1896 NPI#10033854165 DX Code: #R41.82, D64.9, Z79.899, I10

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, * urinary incontinence management including bladder training Kegel exercises skin care, 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, patient's transportation needs are met, 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

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

patient's transportation needs are met

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

PT Careplans

PT WK1: 1 (08/21/26-08/22/26) ,WK3: 1 (08/30/26-09/05/26) ,WK4: 1 (09/06/26-09/12/26) ,WK5: 1 (09/13/26-09/19/26) ,WK7: 1 (09/27/26-10/03/26)

08/25/2026 Problems : GG0170D1 - Sit to Stand
GG0170F1 - Toilet Transfer
GG0170I1 - Walk 10 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170K1 - Walk 150 Feet
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170M1 - 1 - Step (curb)
GG0170N1 - 4 Steps
GG0170O1 - 12 Steps
GG0170P1 - Picking Up Object
GG0170G1 - Car Transfer
GG0170E1 - Chair to Bed to Chair

PROCEDURES: Dynamic and static standing activities : Side stepping and tandem gait., home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, plantarflexion, squats. Sitting knee extension, ankle pumps, home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, plantarflexion, squats. Sitting knee extension, ankle pumps, gait training on uneven surfaces, 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 - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Car Transfer - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: Feel stronger and walker better with my cane

GOALS
Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

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

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

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Car Transfer - 05. Setup or clean-up assistance

OT Careplans

OT WK2: 1 (08/23/26-08/29/26) ,WK4: 1 (09/06/26-09/12/26) ,WK5: 1 (09/13/26-09/19/26) ,WK6: 1 (09/20/26-09/26/26) ,WK8: 1 (10/04/26-10/10/26)

08/25/2026 Problems : 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: Medication Review : Medication reviewed with facility caregiver with all medications in the home, home exercise program: Bilateral UE triceps extensions, biceps curls, shoulder raises 2-3 sets 8-12 reps, equipment training, work simplification/energy conservation, transfers training: Skilled OT, assist with bathing: Skilled OT

OT Goals

PATIENT-STATED GOAL: Get in the shower

GOALS
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

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Signature of Physician:

Date

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

Date
08/21/2026

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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 - 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

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/21/2026