Home Health Certification and Plan of Care

Order ID: 1150/21534

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6NV9D48CG49	08/22/2026	From: 08/22/2026 To: 10/20/2026	29374	217058

6. Patient's Name and Address

Wayne Klein
301 Thackery Ave,
CATONSVILLE, MD 21228-
(443) 604-7342

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 08/04/1940 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S72.114D	Nondisp fx of greater trochanter of r femr 7thD	08/22/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	08/22/26
E11.9	Type 2 diabetes mellitus without complications	08/22/26
E78.5	Hyperlipidemia unspecified	08/22/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/22/26
E03.9	Hypothyroidism unspecified	08/22/26
F02.811	Dem in other dis classd elswhr unsp severt with agitation	08/22/26
F02.83	Dem in other dis classd elswhr unsp sev with mood distrb	08/22/26
F33.1	Major depressive disorder recurrent moderate	08/22/26
D53.9	Nutritional anemia unspecified	08/22/26
F41.0	Panic disorder [episodic paroxysmal anxiety]	08/22/26
E46.	Unspecified protein-calorie malnutrition	08/22/26
E22.2	Syndrome of inappropriate secretion of antidiuretic hormone	08/22/26
L22.	Diaper dermatitis	08/22/26
R13.19	Other dysphagia	08/22/26
R29.6	Repeated falls	08/22/26
Z79.4	Long term (current) use of insulin	08/22/26
Z95.5	Presence of coronary angioplasty implant and graft	08/22/26
Z91.81	History of falling	08/22/26

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

ACETAMINOPHEN 500 MG / 1 Tablet by mouth three times a day for Pain DO NOT EXCEED 3g 24hrs
Atorvastatin Calcium - Atorvastatin Calcium 40 MG / 1 Tablet by mouth at bedtime for HYPERLIPIDEMIA
Levothyroxine Sodium - Levothyroxine Sodium 112 MCG / 1 Tablet by mouth one time a day for hypothyroidism
Sertraline Hcl - Sertraline Hydrochloride 100 MG / 1 Tablet by mouth one time a day for depression
Insulin Aspart FlexPen Subcutaneous Solution Pen-Injector 100 UNIT/ML subcutaneous before meal Inject as per sliding scale: if 0 - 200 = 0 u; 201 - 250 = 3u; 251 - 300 = 5u; 301 - 350 = 7u; 351 - 400 = 10, for DM
Insulin Glargine-yfgn Subcutaneous Solution Pen-injector 100 UNIT/ML / Inject 6 unit subcutaneous once a day for DM

14. DME and Supplies:

cane, diabetic supplies

15. Safety Measures:

standard precautions, fall precautions, diabetic precautions, , ambulates with assistance

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

latex

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Cane

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!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: fair

22. A Rehabilitation Potential:

SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans

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

Homebound status:

Due to diagnosis of Nondisplaced fracture of greater trochanter of right femur, 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/22/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Ashaben Patel
6501 Baltimore National Pike Ste D
Catonsville, MD 21228
PHONE: 6672342100 FAX: 16672342991 NPI: 1447018999

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 : 07/15/2026

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
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Clinical Condition Requiring Homecare:

Patient is an 86-year-old male recently hospitalized and discharged from subacute rehabilitation following a fall resulting in a right trochanteric femur/hip fracture, which is being managed non-operatively. Past medical history is significant for coronary artery disease, hypertension, type 2 diabetes mellitus, panic disorder, dysphagia, and a history of falls. Patient resides with family in a multilevel home and is considered homebound due to impaired mobility and increased fall risk associated with the right hip fracture and history of falls. He ambulates with a single-point cane and requires human assistance when leaving the home for safety. Patient is alert and oriented 3, with dry and intact skin, clear lung sounds, and even, unlabored respirations, and denies any current complaints. Functional assessment indicates bilateral upper-extremity weakness with strength of 4/5, minimal assistance required for lower-body dressing, setup assistance for upper-body dressing and toileting hygiene, and contact guard assistance for showering while using a shower chair. Skilled home health services are indicated to address mobility, strength, safety, fall prevention, and functional independence.<o:p></o:p>   Date of Order<o:p></o:p> 08/22/2026<o:p></o:p> Physician Face-to-Face Date: 07/15/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Nondisplaced fracture of greater trochanter of right femur, subsequent encounter for closed fracture with routine healing<o:p></o:p> Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>   1 - SOC - SN Notes:<o:p></o:p> OT Eval Notes:<o:p></o:p> Physician: Patel, Ashaben

SN Careplans

SN WK1: 1 (08/22/26-08/22/26) ,WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26) ,WK4: 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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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

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

SN Goals

PATIENT-STATED GOAL: More steady gait

GOALS
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 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

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/22/2026

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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:SEE MOLST

08/22/2026 Problems : M1745 - Behavioral Issues
M1400 - Dyspnea
M2020 - Oral Med Management
muscle weakness
B1000 - Vision Deficit
D0160 - Depression

PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, coordinate/arrange resources for vision-impaired, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion

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, * 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, * 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, prevention exacerbation of anxiety condition including coping patterns, improved concentration, strategies to reduce anxiety, identification of anxiety precipitants, conflicts, and threats, how to keep home safe for patient with dementia, coping strategies for the caregiver, pain control, therapeutic exercises to optimize range of motion of affected area, diet and fluids to promote healing

OT Careplans

OT WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26) ,WK5: 1 (09/13/26-09/19/26) ,WK6: 1 (09/20/26-09/26/26) ,WK7: 1 (09/27/26-10/03/26)

08/27/2026 Problems : GG0170O1 - 12 Steps
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
GG0170P1 - Picking Up Object
M1400 - Dyspnea
GG0170N1 - 4 Steps
GG0170M1 - 1 - Step (curb)
GG0170L1 - Walk 10 ft on Uneven Surface
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

PROCEDURES: Functional ambulation : Using cane, Patient/caregiver recalls related purpose and schedule of medications: Medication Review, cough/deep breathing exercises, therapeutic exercises: Using dumbbells or therabands to perform bilateral upper extremity muscle strength exercises, transfers training

OT Goals

PATIENT-STATED GOAL: Patient wants to get stronger

GOALS
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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Patient will demonstrates improved left upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve Adls and transfers safely

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
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08/22/2026

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upper extremity muscle strength exercises, transfers training

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, Toilet Transfer - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent, Patient will demonstrates improved left upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve Adls and transfers safely

Signature of Physician:	Date
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