Home Health Certification and Plan of Care

Order ID: 1150/21571

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4NG4QN1HP95	08/24/2026	From: 08/24/2026 To: 10/22/2026	29085	217058

6. Patient's Name and Address

William Spencer
2302 Mills Rd,
FALLSTON, MD 21047-
410-877-1699

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 02/19/1940 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	08/24/26

13. ICD	Other Pertinent Diagnoses	Date
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/24/26
D49.512	Neoplasm of unspecified behavior of left kidney	08/24/26
I11.0	Hypertensive heart disease with heart failure	08/24/26
I50.40	Unsp combined systolic and diastolic (congestive) hrt fail	08/24/26
E78.5	Hyperlipidemia unspecified	08/24/26
D50.9	Iron deficiency anemia unspecified	08/24/26
F32.A	Depression unspecified	08/24/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	08/24/26
I42.8	Other cardiomyopathies	08/24/26
N28.9	Disorder of kidney and ureter unspecified	08/24/26
Z95.1	Presence of aortocoronary bypass graft	08/24/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	08/24/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/24/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	08/24/26
Z79.82	Long term (current) use of aspirin	08/24/26

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

Zetia - Ezetimibe 10 MG / 1 Tablet by mouth at bedtime for HYPERLIPIDEMIA
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 mcg (1,000 unit) / 1 Tablet by mouth in the morning for VITAMIN D DEFICIENCY
Vitamin B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1,000 MCG / 1 Tablet by mouth in the morning for VITAMIN B DEFICIENCY
SERTRALINE 100 MG / 1 Tablet by mouth in the morning for DEPRESSION
Plavix - Clopidogrel Bisulfate 75 MG / 1 Tablet by mouth at bedtime for CAD
METFORMIN 500 MG / 1 Tablet by mouth two times a day for DIABETES TAKE WITH FOOD TO AVOID GI UPSET
LISINOPRIL 10 MG / 1 Tablet by mouth two times a day for HYPERTENSION Hold for SBP < 105; TAKE WITH FOOD
FUROSEMIDE 20 MG / 1 Tablet by mouth one time a day for HYPERTENSION
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg (65 mg iron) / 1 Tablet by mouth in the morning for IRON DEFECIENCY TAKE WITH FOOD
CRESTOR 10 MG / 1 Tablet by mouth at bedtime for HYPERLIPIDEMIA GIVE WITH 20mg to equal 30mg total
Crestor - Rosuvastatin Calcium 20 MG / 1 Tablet by mouth at bedtime for HYPERLIPIDEMIA GIVE WITH 10mg to equal 30mg
Co Q 10 - Coenzyme Q10 100 MG / 1 Capsule by mouth in the morning for SUPPLEMENT
ACETAMINOPHEN 325 mg/tablet / Give 2 tablet by mouth every 6 hours as needed for MILD TO SEVERE PAIN NOT TO EXCEED 3GM ACETAMINOPHEN PER DAY

14. DME and Supplies:

bath bench, rolling walker, walker, cane

15. Safety Measures:

smoke detectors , emergency phone # clearly displayed, ambulates with assistance, transfer with assist, , hand rails, activity supervision, cardiac precautions, walker precautions, medication safety, bleeding precautions, diabetic precautions, fall precautions, ambulates with device, standard precautions, bathroom safety, anticoagulant precautions

16. Nutrition:

diabetic, low sodium

17. Allergies:

diphenhydramine penicillin jardiance

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Exercises Prescribed, Walker, Up As Tolerated, No Restrictions

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: 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

family/caregiver will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Non-st elevation (nstemi) myocardial infarction, 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 86-year-old male referred to home health services following a recent hospitalization and subsequent skilled rehabilitation stay related to a non-ST elevation myocardial infarction (NSTEMI). His significant past medical history includes coronary artery disease and atherosclerotic heart disease status post coronary artery bypass grafting (CABG), bradycardia, essential hypertension, hyperlipidemia, diabetes mellitus, renal cancer, anemia, transient ischemic attack, depression, and chronic low back pain. The patient developed sudden-onset chest pain and shortness of breath and was transported to the hospital, where he was diagnosed with an NSTEMI. He subsequently underwent cardiac catheterization and high-risk percutaneous coronary intervention (PCI) involving the left main coronary artery, left anterior descending (LAD) artery, and circumflex artery, with coronary stent placement. Following hospitalization and rehabilitation, he returned home to reside with his wife in a ranch-style home with four steps to enter and a railing. The patient is alert and oriented x4, denies pain at the time of assessment, and has intact skin. He ambulates with a walker and is generally independent with activities of daily living, although supervision is required for bathing. He reports numbness of the right foot associated with a reported pinched nerve in his back, for which he has been receiving chiropractic care and has also seen pain management. The patient and his wife report that the right foot weakness began approximately two months ago and that treatment options have been limited due to his current anticoagulant therapy following his recent cardiac event. The patient was previously independent with community ambulation without an assistive device, independent with transfers and ADLs, and did not drive. The physical therapy evaluation identified lower-extremity weakness, particularly significant right dorsiflexor weakness, impaired balance, difficulty negotiating stairs, and an abnormal gait pattern characterized by right-sided steppage gait related to reported foot drop. His impaired balance was demonstrated by a Tinetti score of 11/28, indicating a significant risk for falls. The patient requires an assistive device for safe mobility at this time and demonstrates a decline from his prior independent level of function. A detailed discussion was held with the patient and his wife regarding his current mobility deficits, fall risk, and potential benefits of continued skilled home health therapy. The patient reported that he is currently uncertain whether he wishes to continue home health PT and requested time to consider the recommendation. The therapist explained that continued therapy would focus on strengthening, balance training, gait and transfer training, stair negotiation, safety awareness, and maximizing functional independence. Given the reported right foot drop and suspected lumbar nerve involvement, the patient was encouraged to consult an

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/24/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Nicholas Podhorniak
2 North Ave
Bel Air, MD 21014
PHONE: 4438437000 FAX: 14436431566 NPI: 1952838344

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 : 07/28/2026

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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orthopedic/spinal specialist to determine whether additional diagnostic or treatment options are available. The patient and wife were advised to continue communicating with his existing chiropractic and pain management providers as appropriate. The home health office/manager was notified of the patient's uncertainty regarding continuation of therapy, and follow-up is planned to determine whether he wishes to proceed with skilled PT services. Skilled occupational therapy evaluation was also completed following the patient's hospitalization for myocardial infarction. At the time of evaluation, the patient demonstrated independence with basic self-care activities, functional transfers, and functional ambulation, consistent with his reported prior level of function. He resides with his wife and is currently able to perform basic ADLs without skilled assistance. Based on the evaluation, no additional skilled occupational therapy intervention is indicated at this time, and the patient was discharged from OT following an evaluation-only visit. The patient has expressed reluctance to accept skilled nursing services and is currently refusing SN services; he remains somewhat skeptical regarding PT but agreed to undergo evaluation and will consider whether to continue therapy. Continued monitoring of the patient's functional status, cardiovascular recovery, mobility safety, right lower-extremity weakness/foot drop, and fall risk is recommended, with further home health therapy to be provided only if the patient elects to continue and as clinically indicated.
 Date of Order 08/24/2026 Orders Physician Face-to-Face Date: 07/28/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Non-st elevation (nstemi) myocardial infarction 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 OT Eval Notes: PT Eval Notes:
 Physician Podhorniak, Nicholas

SN Careplans

SN WK1: 1 (08/23/26-08/29/26)

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; 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:POLST (Physician Orders for Life-Sustaining Treatment)

08/25/2026 Problems : limited strength (MS)
limited endurance (MS)
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
abnormal blood pressure
balance deficit
muscle weakness
abnormal BS < 70/140 > mg/dL
D0160 - Depression
M2102d - Caregiver Performs Treatment
M2102f - Patient Supervision

SN Goals

PATIENT-STATED GOAL: I want to build up my strength again

GOALS
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
* 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

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/24/2026

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PROCEDURES: cough/deep breathing exercises, incentive spirometer, glucose testing via monitor

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

PT Careplans

PT WK1: 1 (08/24/26-08/29/26) ,WK2: 1 (08/30/26-09/05/26) ,WK3: 1 (09/06/26-09/12/26)

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
GG0170D1 - Sit to Stand
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

PROCEDURES: Medication management : Review medication with pt and caregiver, home exercise program: Ankle dorsiflexion, inversion, eversion, laq, hip flexion, hip abduction, hamstring curls, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car 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, 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

PT Goals

PATIENT-STATED GOAL: To improve my Right ankle and foot strength and walk better

GOALS
Chair to Bed to Chair - 06. Independent

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

Shower/Bathe Self - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

Car 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

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

OT Careplans

OT WK1: 1 (08/23/26-08/29/26)

08/25/2026 Problems : M1400 - Dyspnea

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 - 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, 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

OT Goals

PATIENT-STATED GOAL: Evaluation only

GOALS
Chair to Bed to Chair - 06. Independent

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

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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

08/24/2026

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Results related medication(s) purpose, schedule

Sit to Stand - 06. Independent

Car 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

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

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:
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