Home Health Certification and Plan of Care

Order ID: 1150/21674

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
39126088	08/28/2026	From: 08/28/2026 To: 10/26/2026	29723	217058

6. Patient's Name and Address
Anthony Payton
1919 Hillcrest Road,
Baltimore, MD 21207-
410-298-7369

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 03/03/1944 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	08/28/26

13. ICD	Other Pertinent Diagnoses	Date
G89.4	Chronic pain syndrome	08/28/26
M10.9	Gout unspecified	08/28/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	08/28/26
N18.31	Chronic kidney disease stage 3a	08/28/26
K22.4	Dyskinesia of esophagus	08/28/26
Z79.4	Long term (current) use of insulin	08/28/26
Z79.899	Other long term (current) drug therapy	08/28/26
Z79.891	Long term (current) use of opiate analgesic	08/28/26
Z79.82	Long term (current) use of aspirin	08/28/26
Z91.81	History of falling	08/28/26

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

DILAUDID 2 MG / 1 Tablet by mouth every 6 hours as needed for severe pain
VICTOZA 2-PAK SubQ Pen Injector 0.6 mg/0.1 mL (18 mg/3 mL) / Inject 1.8 mg subcutaneous once a day
LOPRESSOR 25 MG / 1 Tablet by mouth 2 times a day
PROTONIX DR 40 MG / 1 Tablet by mouth daily 30 to 60 minutes prior to a meal as needed for heartburn
ZYLOPRIM 100 mg/tablet / Take 2 tablets by mouth daily
insulin glargine-yfgn (SEMGLEE PEN) SubQ Insulin Pen 100 unit/mL (3 mL) / Inject 48 units subcutaneous once a day
LYRICA 100 MG / 1 Capsule by mouth 2 times a day
COLCRYS 0.6 MG / 1 Tablet by mouth daily
XALATAN 0.005 % Opht Drop / Instill 1 Drop both eyes once a day at bedtime
COSOPT 22.3-6.8 mg/mL Opht Drop / Instill 1 Drop both eyes twice a day
ALPHAGAN 0.2 % Opht Drop / Instill 1 Drop both eyes three times a day
LASIX 40 MG / 1 Tablet by mouth 2 times a day
LIPITOR 80 MG / 1 Tablet by mouth once a day for cholesterol and heart attack and stroke prevention
Miralax - Polyethylene Glycol 3350 Powder 17 gram/dose / Take 17 grams by mouth once a day
ASPIRIN Delayed Release 81 MG tablet by mouth daily
Calcium Carbonate-Vit D3 (CALCIUM 600 + D) 600 mg-10 mcg (400 unit) / 1 Tablet by mouth twice a day with meals
insulin aspart-xjhz (KIRSTY PEN) SubQ Insulin Pen 100 unit/mL (3 mL) / Inject 7 units subcutaneous in the morning Inject 7 units with breakfast and dinner if sugar is over 150
Jardiance - Empagliflozin 25 MG Oral Tablet,Take 0.5 tablet by mouth once a day Take half tablet by mouth daily. For DM

14. DME and Supplies:
cane, rolling walker, reacher, bath bench, , wheelchair, commode

15. Safety Measures:
standard precautions, sharps precautions, fall precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Type 2 diabetes mellitus with diabetic polyneuropathy, 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 82-year-old male referred to home health services by his PCP secondary to chronic pain, balance difficulties, and difficulty managing activities of daily living (ADLs) related to pain. Past medical history is significant for type 2 diabetes mellitus with polyneuropathy, gout, chronic kidney disease (CKD) stage 3, dysphagia, and lumbar vertebral osteoporotic fracture. The patient also has chronic bilateral lower extremity edema and utilizes compression stockings. He resides with his wife in a multilevel home and reports that his wife provides some assistance with his care, although not consistently; his grandson also provides assistance as needed. The patient is oriented x3 and is able to serve as his own teachable caregiver. He is ambulatory with a cane but demonstrates balance difficulties and is considered a fall risk, reporting two falls within the past year. The patient is hard of hearing and has impaired vision secondary to glaucoma, which may further affect safety and functional performance. He reports difficulty with upper and lower body dressing due to chronic pain and difficulty bending. He bathes in the shower using a tub chair and has grab bars available, but they have not yet been installed, contributing to difficulty and increased safety risk during tub/shower transfers. The patient requires standby assistance for sit-to-stand and toilet transfers. Bilateral upper extremity weakness is noted, with manual muscle testing demonstrating strength of 4-/5. The home environment is cluttered, and the patient was instructed regarding home safety measures, including clearing clutter and ensuring rugs are securely fastened to the floor to reduce fall risk. Skilled home health services are indicated to address the patient's pain-related functional limitations, weakness, impaired balance, transfer difficulties, ADL deficits, and fall risk, with emphasis on improving safety and maximizing functional independence within the home.
 Date of Order 08/28/2026 Orders Physician Face-to-Face Date: 08/25/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat due to Type 2 diabetes mellitus with diabetic polyneuropathy 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 - OT Notes: PT Eval Notes:
 Physician Khai, Gin

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 08/28/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Gin Khai
7670 Quarterfield Rd
Glen Burnie, MD 21061
PHONE: 410-508-7650 FAX: NPI: 1003443078

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 : 08/25/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/21674

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
39126088	08/28/2026	From: 08/28/2026 To: 10/26/2026	29723	217058

6. Patient's Name and Address
Anthony Payton
1919 Hillcrest Road,
Baltimore, MD 21207-
410-298-7369

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

OT Careplans

OT WK1: 1 (08/28/26-08/29/26) ,WK2: 1 (08/30/26-09/05/26) ,WK3: 1 (09/06/26-09/12/26) ,WK4: 1 (09/13/26-09/19/26) ,WK5: 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, blood sugar < 60 > 300

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), 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

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:No Advance Directive

08/28/2026 Problems : GG0170E1 - Chair to Bed to Chair
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
GG0130B1 - Oral Hygiene
GG0130C1 - Toileting Hygiene
GG0130E1 - Shower/Bathe Self
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130A1 - Eating
GG0130F1 - Upper Body Dressing

OT Goals

PATIENT-STATED GOAL: Patient wants to get better with balance and dress self better

GOALS
Toilet Transfer - 06. Independent

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

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/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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

caregiver performs medical/rehabilitation treatments with adequate competence

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

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

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

Upper Body Dressing - 06. Independent

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* 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's living environment is clean/uncluttered

Eating - 06. Independent

Signature of Physician:

Date

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

Date
08/28/2026

Home Health Certification and Plan of Care

Order ID: 1150/21674

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
39126088	08/28/2026	From: 08/28/2026 To: 10/26/2026	29723	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Anthony Payton 1919 Hillcrest Road, Baltimore, MD 21207- 410-298-7369	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

GG0170F1 - Toilet Transfer
GG0170D1 - Sit to Stand
#1 - Abrasion - Other - Below left knee -
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
Home Safety
dependent edema
extremity burn/tingle/numb
daytime fatigue
balance deficit
rough/scaly/cracked skin
B0200 - Hearing Deficit
B1000 - Vision Deficit
M2102d - Caregiver Performs Treatment

PROCEDURES: Therapeutic exercises : Using dumbbells or therabands to perform bilateral upper extremity muscle strength exercises, Dynamic standing balance : Balance exercises to decrease falls, Patient/caregiver recalls related purpose and schedule of medications: Medication Review, work simplification/energy conservation, 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, * 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, * 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 hearing-impaired including installing special fire-detector/CO2 alarms, 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 living environment is clean/uncluttered, caregiver performs medical/rehabilitation treatments with adequate competence, Toilet Transfer - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up 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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/28/2026