Home Health Certification and Plan of Care

Order ID: 1150/21746

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
18356818	08/29/2026	From: 08/29/2026 To: 10/27/2026	29776	217058

6. Patient's Name and Address
Tom McCabe
8212 Dogwood Drive,
Dundalk, MD 21222-
443-704-7465

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 03/08/1960 9.Sex Male

11. ICD	Principal Diagnosis	Date
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	08/29/26

13. ICD	Other Pertinent Diagnoses	Date
Z95.2	Presence of prosthetic heart valve	08/29/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/29/26
I50.33	Acute on chronic diastolic (congestive) heart failure	08/29/26
K57.30	Dvrtclos of lg int w/o perforation or abscess w/o bleeding	08/29/26
E78.00	Pure hypercholesterolemia unspecified	08/29/26
I73.9	Peripheral vascular disease unspecified	08/29/26
I34.0	Nonrheumatic mitral (valve) insufficiency	08/29/26
J43.9	Emphysema unspecified	08/29/26
I44.7	Left bundle-branch block unspecified	08/29/26
F41.9	Anxiety disorder unspecified	08/29/26
R73.03	Prediabetes	08/29/26
Z86.0100	Personal history of colonic polyps	08/29/26
Z95.5	Presence of coronary angioplasty implant and graft	08/29/26

10. Medications: Dose/Frequency/Route (N)ew (C)hanged
ALBUTEROL 0.09 mg/inh 1 puff inhale inhalant every 4 hours Wheezing or shortness of breath
ATORVASTATIN 80 mg oral Nightly
BUSPIRONE HCL 5 mg oral TID
DIVALPROEX 500 mg oral BID
DULOXETINE HYDROCHLORIDE 60 mg oral Daily
LEVETIRACETAM 1,500 mg oral BID
tiotropium 2 puff inhalant once a day RT (8a)
SPIRIVA 2 puff inhalation Daily RT (8a)
ALPRAZOLAM 2 mg Take 1 tablet by mouth PRN
Nitroglycerin - Nitroglycerin 0.4 mg/hr Take 1 tablet sublingual once a day Every 5 mins as needed for chest pain.
Eliquis - Apixaban 5mg, 1 tablet by mouth twice a day
Plavix - Clopidogrel Bisulfate eq 75 mg base Take 1 tablet by mouth once a day

14. DME and Supplies:
hand held shower, bath bench, walker

15. Safety Measures:
ambulates with device, walker precautions, medication safety, fall precautions, standard precautions, seizure precautions, bathroom safety, anticoagulant precautions

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Walker

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: No

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 PT: family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Encounter for surgical aftercare following surgery on the circulatory system, 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:
<p class="p">The patient is a 66-year-old male with a significant past medical history including aortic stenosis, chronic low back pain, acute gastritis, diverticulosis, hyperlip
evaluation, and the TAVR was ultimately performed during the hospitalization. The patient is alert and oriented and lives with his girlfriend, who is his primary caregiver, in a ranch-style home with four steps to enter and bilateral handrails. Prior to hospitalization, he was indep
around the access sites, and vital signs were within normal limits. The patient reports feeling stronger overall but continues to experience mild shortness of breath with exertion. He denies pain. PT assessment revealed mild deficits in lower-extremity strength, gait, balance,
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font-size:10.5000pt;mso-font-kerning:1.0000pt;"><o:p></o:p></p><p class="15">Homebound Status per Certifying Phy
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font-size:10.5000pt;mso-font-kerning:1.0000pt;"><o:p></o:p></p><p class="15">PT Eval Notes:<span style="
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;">Mathur, Rita</p>

SN Careplans
SN frequency WK1: 1 (08/29/26-08/29/26) ,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

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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:Durable power of attorney for health care/Medical power of attorney

09/08/2026 Problems : #1 - Observable Surgical Wound - Anterior Right Wrist/Hand - Valve placement site.
#2 - Observable Surgical Wound - Anterior Left Groin - Stent placement site
M1033 - Exhaustion
M1400 - Dyspnea
M2020 - Oral Med Management
abnormal blood pressure
balance deficit
limited strength
red/tender pressure points

PROCEDURES: physician-ordered wound care: #2 - Observable Surgical Wound - Anterior Left Groin - Stent placement site: Leave open to air, physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Right Wrist/Hand - Valve placement site.: Leave open to air, cough/deep breathing exercises, incentive spirometer

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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

SN Goals
PATIENT-STATED GOAL: To get back to my baseline

GOALS
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
* 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

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

PT Careplans
PT frequency WK1: 6 (08/29/26-08/29/26) ,WK2: 6 (08/30/26-09/05/26)

09/08/2026 Problems : GG0170O1 - 12 Steps
GG0130F1 - Upper Body Dressing
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

PT Goals
PATIENT-STATED GOAL: I want to get back to being independent, I want to do home improvement

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 08/29/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Rita Mathur
4920 Campbell Blvd
White Marsh, MD 21236
PHONE: 410-933-7793 FAX: 14109337666 NPI: 1619076338

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 : 08/26/2026

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: 1150/21746
1. Patient s HI claim No. 18356818	2. Start Of Care Date 08/29/2026	3. Certification Period From: 08/29/2026 To: 10/27/2026	4. Medical Record No. 29776	5. Provider No. 217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Tom McCabe 8212 Dogwood Drive, Dundalk, MD 21222- 443-704-7465	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

idemia, lung nodule, emphysema, seizures, osteoarthritis, peripheral artery disease, and bilateral total knee replacements. He was recently hospitalized due to shortness of breath, slurred speech, and fatigue and was diagnosed with severe aortic stenosis. Although an outpatient trans
pendent with ADLs/IADLs, drove, and ambulated in the community without an assistive device. He currently has a walker but prefers to ambulate slowly without it. Medication review was completed. The TAVR access site was through the left hand, with the stent access site on the left gr
and stair negotiation, with a Tinetti score of 22/28 and a TUG score of 10 seconds. The patient demonstrates good potential to benefit from skilled home health physical therapy to address these deficits, improve safety and functional mobility, and facilitate a return to his prior level of
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ily:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;">Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat dx: Encounter for surgical aftercare following surgery on the circulatory system<span styl
sician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:
un:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;">SN Notes: </s
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Signature of Physician:	Date
Optional Name/Signature of Nurse/Therapist: Electronically Signed by Messick, Charles RN	Date 08/29/2026

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catheter aortic valve replacement (TAVR) was initially planned, worsening dyspnea on exertion and significant weakness prompted an expedited oin; the patient had removed the dressing and showered, which was not contraindicated per discharge instructions. Mild bruising was noted function. <span style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt;

bsp;   <span sp;   <span 'span>/2026<span an style="mso-spacerun:'yes';font-family:Calibri;font-size:10.5000pt; mso-font-kerning:1.0000pt;"> <span n:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;">Physician Face-to-Face Date: e="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; p> <span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; span><span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; n: <span

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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PROCEDURES: Medication management : Medication reviewed with pt and caregiver, home exercise program: Laq, standi g hip flexion, heelraises, hamstring curls, hip abduction, mini squats 2-310, equipment training, work simplification/energy conservation, dynamic standing balance exercises: Focus high level balance trg to improve reaction time hip ankle and step strategies, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent

4 Steps - 06. Independent
12 Steps - 06. Independent
Picking Up Object - 06. Independent
Oral Hygiene - 06. Independent
Toileting Hygiene - 06. Independent
Shower/Bathe Self - 06. Independent
Lower Body Dressing - 06. Independent
Don/Doff Footwear - 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	08/29/2026