Home Health Certification and Plan of Care

Order ID: 1150/21743

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
91295421	08/31/2026	From: 08/31/2026 To: 10/29/2026	29622	217058

6. Patient's Name and Address
Calvin Pearson
10 McGuirk Drive Apt B,
GLEN BURNIE, MD 21060-
443-618-4841

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 01/07/1945 9.Sex Male

11. ICD	Principal Diagnosis	Date
M51.369	Oth intvrt disc degen lum rgn w/o lum bck or lw extrm painOth intvrt disc degen lum rgn w/o lum bck or lw extrm pain	08/31/26

13. ICD	Other Pertinent Diagnoses	Date
M48.062	Spinal stenosis lumbar region with neurogenic claudication	08/31/26
M47.816	Spondylosis w/o myelopathy or radiculopathy lumbar region	08/31/26
G89.29	Other chronic pain	08/31/26
J43.9	Emphysema unspecified	08/31/26
J96.11	Chronic respiratory failure with hypoxia	08/31/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	08/31/26
N18.31	Chronic kidney disease stage 3a	08/31/26
M17.12	Unilateral primary osteoarthritis left knee	08/31/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	08/31/26
I27.20	Pulmonary hypertension unspecified	08/31/26
E78.5	Hyperlipidemia unspecified	08/31/26
E03.9	Hypothyroidism unspecified	08/31/26
F17.210	Nicotine dependence cigarettes uncomplicated	08/31/26
G47.00	Insomnia unspecified	08/31/26
H54.413A	Blindness right eye category 3 normal vision left eye	08/31/26
Z99.81	Dependence on supplemental oxygen	08/31/26
Z85.118	Personal history of malignant neoplasm of bronchus and lung	08/31/26

10. Medications: Dose/Frequency/Route (N)ew (C)hanged
Diclofenac Sodium - Diclofenac Sodium 1 % TOP GEL / Apply 2 gram topically 4 (four) times a day Indications: osteoarthritis of the knee.
ATORVASTATIN 40 MG / 1 Tablet by mouth daily
LEVOTHYROXINE 137 MCG / 1 Tablet by mouth every morning 30 minutes before a meal
Albuterol Sulfate - Albuterol Sulfate 2.5 MG /3 ML (0.083 %) / Inhale 1 vial via nebulizer every 6 hours as needed for shortness of breath
FLUNISOLIDE 25 MCG (0.025 %) NASL SPRAY / Use 2 sprays in each nostril Nasal 2 times a day
GABAPENTIN 300 MG / 1 Capsule by mouth 3 times a day
Spiriva Respimat - Tiotropium Bromide 2.5 MCG/ACTUATION INHL MIST / Inhale 2 Puffs by mouth daily (controller inhaler)
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG / 1 Capsule by mouth daily at bedtime
KETOCONAZOLE 2 % TOP SHAMPOO / Apply to scalp topical as directed up to once daily in the shower. Leave on for 5 minutes then wash off. Use intermittently for maintenance.
MIRTAZAPINE 15 mg/tablet / Take half tablet by mouth daily at bedtime
LISINOPRIL 10 MG / 1 Tablet by mouth daily
WIXELA INHUB INHL DISK W/DEVI 250-50 MCG/DOSE / Inhale 1 Puff by mouth twice a day (controller inhaler)
Acetaminophen - Acetaminophen 500 mgs by mouth every 6 hours Take 2 capsules every 6 hours as needed for mild to moderate pain not to nexceed 4000 mgs/day
Hydrochlorothiazide - Hydrochlorothiazide 25 mg 1 tab by mouth once a day
Oxygen - Oxygen 8.0 Liters nasal cannula continuous

14. DME and Supplies:
hand held shower, rolling walker, grab bars, oxygen supplies, cane

15. Safety Measures:
hand rails, fall precautions, avoid temperature extremes, ambulates with device, standard precautions, emergency phone number prominently displayed, walker precautions, smoke detectors , O2 precautions, medication safety, bathroom safety,

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
succinylcholine chloride

18.A. Functional Limitations
Endurance, Dyspnea With Minimal Exertion, Ambulation,

18.B. Activities Permitted
Up As Tolerated, Cane, Exercises Prescribed, Walker, Transfer bed/Chair

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: 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 Other intervertebral disc degeneration, lumbar region without mention of lumbar back pain or lower extremity pain, 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


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<p class="p"><span style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt; mso-font-kerning:1.0000pt;">PT SOC/admission completed and consents obtained for an 81-year-old male referred by his primary care physician, Dr. Jeffrey Katz, following an office visit c
supplemental oxygen at 8.0 L/min. His sister, Elizabeth Johnson, provides transportation to appointments and checks on him several times per week. Medication reconciliation was completed, and the patient was noted to be without his prescribed furosemide, which was also l
standby assistance to safely ambulate on level surfaces without an assistive device and required minimal assistance to standby assistance for transfers, with cues for proper hand and foot placement, forward weight shifting, and reaching back before sitting. Patient and careg
medication side effects, and indications for contacting the provider or emergency services. An OT evaluation was recommended to address left shoulder pain and functional limitations. PT plan of care was discussed and developed with the patient/caregiver, who agreed with
style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt; mso-font-kerning:1.0000pt;"><br></span><span style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt; mso-font-kerning:1.0000pt;"><o:p></o:p></span></p><p class="p"><span style="mso-s
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         </span></p><p class="p"><span style="mso-spacerun:'yes';font-family:Calibri;font-size:10.5000pt; mso-font-kerning:1.0000pt;">0</span><span style="mso-spacerun:'yes';font-family:Calibri;font-size:10.5000pt; mso-font-kerning:1.0
style="mso-spacerun:'yes';font-family:Calibri;font-size:10.5000pt; mso-font-kerning:1.0000pt;">                                                
class="15"><span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;">Clinical Condition Requiring Home Care per Certifying Physician: PT-eval &amp; treat dx: Other intervertebral disc c
font-size:10.5000pt;mso-font-kerning:1.0000pt;">Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</span><span style="mso-spacerun:'yes';font-family:Calibri;ms
font-size:10.5000pt;mso-font-kerning:1.0000pt;">1 - SOC - </span><span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;">PT </span><span style="mso-spacerun:'yes';font-family:Ca
style="mso-spacerun:'yes';font-family:Calibri;font-size:10.5000pt; mso-font-kerning:1.0000pt;"> </span><span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;">Katz, Jeffrey</span></p
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SN Careplans

SN Goals

PT Careplans

PT frequency WK1: 2 (08/31/26-09/05/26) ,WK3: 1 (09/13/26-09/19/26) ,WK4: 1 (09/20/26-09/26/26) ,WK5: 1 (09/27/26-10/03/26) ,WK6: 1 (10/04/26-10/10/26) ,WK7: 1 (10/11/26-10/17/26) ,WK8: 1 (10/18/26-10/24/26) ,WK9: 1 (10/25/26-10/29/26)

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: 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, 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:Living Will

08/31/2026 Problems : GG0170I1 - Walk 10 Feet
GG0130F1 - Upper Body Dressing
GG0130A1 - Eating
GG0130H1 - Don/Doff Footwear

PT Goals

PATIENT-STATED GOAL: I want to be able to get my arm a little bit better

GOALS
Chair to Bed to Chair - 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

Toilet Transfer - 06. Independent

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

patient home enviroment has adequate fire safety devices

patient living environment has safe floor coverings

patient's living environment is clean/uncluttered

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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 08/31/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Jeffrey Katz
1701 Twin Springs Rd
Halethorpe, MD 21227
PHONE: 800-777-7904 FAX: 14107975401 NPI: 1013954213

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 : 08/20/2026

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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91295421	08/31/2026	From: 08/31/2026 To: 10/29/2026	29622	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Calvin Pearson 10 McGuirk Drive Apt B, GLEN BURNIE, MD 21060- 443-618-4841	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

on 8/20/26. The patient reports a motor vehicle accident approximately six months ago resulting in a left rotator cuff tear for which a previous PT referral was not completed. Patient lives alone in a small, somewhat cluttered two-story apartment with four steps to enter and 14 steps to a
isted on his recent discharge instructions; the physician was notified. Patient presents with bilateral knee, low back, and left shoulder pain; decreased bilateral lower-extremity strength; impaired balance; unsteady gait; decreased functional mobility; difficulty with transfers and stair nego
giver were educated on home safety, fall prevention, safe transfers and ambulation, the benefits of daily mobility, and a gradual walking program. Patient was instructed to apply ice to bilateral knees and the left shoulder for 20 minutes with a protective barrier and regular skin checks.
the plan, with home PT scheduled to begin 8/31/26 at a frequency of 2 visits for 1 week followed by 1 visit weekly for 8 weeks. Patient is considered homebound due to cardiovascular/respiratory disease, limited endurance, increased fall risk, and the need for human assistance and an
pacerun:'yes';font-family:Calibri;font-size:10.5000pt; mso-font-kerning:1.0000pt;">Date of Order<span style="mso-spacerun:'yes';font-family:Calibri;font-size:10.5000pt;
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000pt;">8/31<span style="mso-spacerun:'yes';font-f
 </p><p class="p">Physician Face-to-Face Date: 08/20/2026<span style="mso-spacerun:'yes';font-family:Calibri;ms
legeneration, lumbar region without mention of lumbar back pain or lower extremity pain<o:p></o:p></p><p class="15"><sp
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libri;mso-bidi-font-family:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;">Notes: <o:p></o:p></p><p class="15"><span style="mso-spacerun:
>

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/31/2026

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ccess the second-floor bedroom and bathroom. He ambulates slowly within the home without an assistive device and is on
otiation; decreased safety awareness; and increased fall risk. Tinetti and TUG assessments were performed. Patient required
Pain is currently well controlled with medications; education was provided regarding appropriate pain management, potential
assistive device to safely leave the home.</p><p class="p"><span

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family:Calibri;font-size:10.5000pt; mso-font-kerning:1.0000pt;">/2026<o:p></o:p></p><p
an style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
an></p><p class="15"><span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
'yes';font-family:Calibri;font-size:10.5000pt; mso-font-kerning:1.0000pt;">Physician:<span

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/31/2026

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GG0130G1 - Lower Body Dressing
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene
GG0130B1 - Oral Hygiene
GG0170E1 - Chair to Bed to Chair
GG0170P1 - Picking Up Object
GG0170O1 - 12 Steps
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
GG0170G1 - Car Transfer
GG0170F1 - Toilet Transfer
GG0170D1 - Sit to Stand
cluttered/soiled living area (CM)
unsafe floor coverings (CM)
lack of fire safety devices (CM)
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
wheezing
muscle weakness
limited endurance

PROCEDURES: cough/deep breathing exercises, home exercise program: Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., therapeutic modalities: Apply ice to bilateral knees and left shoulder x 20 minutes with necessary barrier and skin assessments q 5 minutes., work simplification/energy conservation, dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., gait training on uneven surfaces, gait training/stair training, transfers training, assist with fall prevention, coordinate/arrange for adequate fire safety devices, coordinate/arrange repair of unsafe floor coverings, coordinate/arrange for maintenance of clean/uncluttered living area

TEACH PATIENT/CAREGIVER: * 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, patient home enviroment has adequate fire safety devices, patient living environment has safe floor coverings, patient's living environment is clean/uncluttered, 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

Toileting Hygiene - 06. Independent
Lower Body Dressing - 06. Independent
Don/Doff Footwear - 06. Independent
Upper Body Dressing - 06. Independent
Eating - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/31/2026