Home Health Certification and Plan of Care

Order ID: 1150/21809

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
37148117	07/09/2026	From: 09/07/2026 To: 11/05/2026	27731	217058

6. Patient's Name and Address

Thomas Szymanski
1415 Emily Ct West,
ABINGDON, MD 21009-
443-876-6114

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 07/09/1954 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S22.32XD	Fracture of one rib left side subs for fx w routn heal	07/09/26

13. ICD	Other Pertinent Diagnoses	Date
R55.	Syncope and collapse	07/09/26
M19.011	Primary osteoarthritis right shoulder	07/09/26
D61.818	Other pancytopenia	07/09/26
E11.9	Type 2 diabetes mellitus without complications	07/09/26
J44.9	Chronic obstructive pulmonary disease unspecified	07/09/26
K21.9	Gastro-esophageal reflux disease without esophagitis	07/09/26
F32.A	Depression unspecified	07/09/26
E78.5	Hyperlipidemia unspecified	07/09/26
Z87.11	Personal history of peptic ulcer disease	07/09/26
Z91.81	History of falling	07/09/26
Z79.4	Long term (current) use of insulin	07/09/26
Z79.01	Long term (current) use of anticoagulants	07/09/26
Z87.891	Personal history of nicotine dependence	07/09/26

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

REMERON 7.5 MG / 1 Tablet by mouth nightly
NORCO 5-325 MG / 1 Tablet by mouth every 4 hours as needed for MODERATE Pain (or if patient requests it for severe pain) for up to 16 days.
LASIX 20 MG / 1 Tablet by mouth daily
ALBUTEROL 108 (90 BASE) mcg/act IN aerosol solution / Take 2 puffs inhalation every 6 hours as needed
CARAFATE 1g tablet by mouth 2 times daily
PRILOSEC Delayed Release 40 MG / 1 Capsule by mouth 2 times daily
FLONASE 50 MCG/ACT nasal spray / 2 sprays by Each Nare Nasal daily
Patient taking differently: 2 sprays by Each Nare route 1 time daily as needed.
Proamatine - Midodrine Hydrochloride 5 mg Take 1 tablet by mouth three times a day Hypotension
Albuterol Nebulizer - Albuterol 2.5mg/3ml, use 3ml inhalant every 4 hours As needed for wheezing

14. DME and Supplies:

wound care supplies, reacher, rolling walker, hospital bed, grab bars, commode, bath bench, cane,

15. Safety Measures:

walker precautions, transfer with assist, standard precautions, fall precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

regular

17. Allergies:

no known allergies

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation, Endurance

18.B. Activities Permitted

No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: Wfl , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Fracture of one rib left side subsequent for 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.

Clinical Condition Requiring Homecare:

The patient is a 72-year-old male admitted to home health services following two recent hospitalizations for multiple falls, including six falls over a two-week period, with the most recent resulting in a left-sided rib fracture. The patient reported that each fall was preceded by dizziness followed by loss of consciousness. His past medical history is significant for arthritis of the right acromioclavicular joint, impingement syndrome of the right shoulder, complete rotator cuff tear/rupture of the right shoulder, gastroesophageal reflux disease (GERD), diabetes mellitus controlled with diet alone, peptic ulcer disease, history of gastric bypass, and chronic tobacco use of approximately one-half pack per day. Due to his frequent falls and safety concerns, the patient has temporarily relocated to his daughter's home, where a first-floor living arrangement is available with two steps to enter and no handrail. Prior to hospitalization, the patient lived independently in a single-family home without an assistive device, was independent with activities of daily living (ADLs), functional mobility, and community ambulation, and plans to return to his home in Dundalk when medically appropriate. The patient was alert and oriented 4, denied shortness of breath, and reported generalized pain rated at 7/10. Medication reconciliation was completed, and the patient demonstrated understanding of proper nebulizer use. Assessment revealed multiple traumatic wounds to both upper extremities and the right knee in various stages of healing secondary to repeated falls, as well as a chronic burn wound to the left hand sustained in 2019 that intermittently reopens. The patient was evaluated at the wound clinic, where his daughter, the primary caregiver, received instruction on wound care techniques and was provided with the necessary supplies. Wound care orders include cleansing the chronic left-hand burn wound with Clorpactin, applying silver gel and Aquacel alginate, covering with dry gauze, and securing with Kerlix. Bilateral upper extremity wounds are cleansed with normal saline, treated with oil emulsion dressings, covered with dry dressings, and secured with Kerlix. Wound care is to be performed every other day. The patient ambulates with a rollator walker and reports locking the brakes and sitting on the seat whenever dizziness occurs to reduce fall risk. Physical therapy evaluation identified significant impairments in balance, gait, lower extremity strength, transfers, stair negotiation, and endurance, placing the patient at high risk for recurrent falls. Objective testing demonstrated a Tinetti Performance-Oriented Mobility Assessment score of 15/28 and a Timed Up and Go (TUG) score of 28.9 seconds, consistent with impaired balance and mobility. Lower extremity weakness was noted, greater on the right than the left, contributing to difficulty with ambulation, transfers, and negotiating steps. Despite these deficits, the patient demonstrated good motivation and rehabilitation potential and is considered an appropriate candidate for continued skilled physical therapy to improve lower extremity strength, balance, gait mechanics, endurance, transfer ability, stair negotiation, and overall functional mobility while reducing fall risk. Occupational therapy evaluation found that the patient is currently functioning at his baseline level with independence in basic self-care activities, functional transfers, and household functional ambulation despite his recent hospitalization. As no significant deficits requiring ongoing occupational therapy intervention were identified, the patient would benefit primarily from continued skilled physical therapy services to address bilateral lower extremity weakness, impaired balance, decreased endurance, mobility limitations, and fall prevention. Skilled nursing will continue to monitor the patient's medical status, wound healing, medication management, safety, and caregiver competency with wound care while reinforcing fall prevention strategies, proper assistive device use, diabetes management, smoking cessation education, and the importance of adhering to the prescribed therapy program to maximize recovery and support a safe return to independent living.
 Date of Order 09/03/2026 Orders Physician Face-to-Face Date: 07/02/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat due to Fracture of one rib left side subsequent for fracture with routine healing Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: The patient is recertified due to a recent setback following a skin graft procedure to the left forearm, with decline in lower extremity strength and stability and 2 falls. The patient has continued potential to benefit from skilled physical therapy intervention to further improve lower extremity strength, static and dynamic balance, activity tolerance, standing and ambulatory sequencing, and stair negotiation, with Tinetti 22/28 and TUG score 20 seconds.
 Physician Win, Khaing

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 09/03/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Khaing Win
3401 Box Hill Corporate Center Dr Ste 100
21009, MD 21009
PHONE: 4438437000 FAX: 14436431850 NPI: 1457933244

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 : 07/02/2026

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: 1150/21809

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
37148117	07/09/2026	From: 09/07/2026 To: 11/05/2026	27731	217058

6. Patient's Name and Address
Thomas Szymanski
1415 Emily Ct West,
ABINGDON, MD 21009-
443-876-6114

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

SN Careplans

SN Goals

PT Careplans

PT frequency WK1: 1 (09/07/26-09/12/26) ,WK2: 1 (09/13/26-09/19/26) ,WK3: 1 (09/20/26-09/26/26) ,WK4: 1 (09/27/26-10/03/26) ,WK5: 1 (10/04/26-10/10/26) ,WK6: 1 (10/11/26-10/17/26)

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: See Ot assessment

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 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, 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

PT Goals

PATIENT-STATED GOAL: To further improve my strength, balance, walking and ability to use steps

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

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/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
* strategies to increase caloric intake
* 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

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

4 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Signature of Physician:

Date

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

Date
09/03/2026

Home Health Certification and Plan of Care

Order ID: 1150/21809

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
37148117	07/09/2026	From: 09/07/2026 To: 11/05/2026	27731	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Thomas Szymanski 1415 Emily Ct West, ABINGDON, MD 21009- 443-876-6114	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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 (s for Life-Sustaining Treatment)

09/03/2026 Problems : #4 - Observable Surgical Wound - Anterior Left Thigh - #5 - Other - Anterior Left Elbow/Forearm - Large forearm skin tear
dependent edema
swollen lips/tongue/eyes/face
swelling in the arms/legs
swelling in legs/around eyes
lightheadedness
abnormal blood pressure
difficulty sleeping
extremity burn/tingle/numb
weak hand grips
lethargy
balance deficit
bruising/discoloration
discolored patches of skin
open sores/lesions
swell/redness surround. skin
red/tender pressure points
muscle weakness
swelling of affected area
limited endurance
limited range of motion
limited strength
loss of appetite
M1033 - Unintentional Weight Loss
M1033 - Exhaustion

PROCEDURES: physician-ordered wound care: #5 - Other - Anterior Left Elbow/Forearm - Large forearm skin tear, physician-ordered wound care: #4 - Observable Surgical Wound - Anterior Left Thigh -, Medication management : Medication reviewed with pt and caregiver, cough/deep breathing exercises, incentive spirometer, home exercise program: Laq, hip flexion, hip abduction, hamstring curls, heelraises, standing as tolerated hip flexion, abduction, heelraises, hamstring curls, gait training on uneven surfaces, gait training/stair training, 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, * 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 increase caloric intake, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, 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 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, Picking Up Object - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/03/2026