Home Health Certification and Plan of Care

Order ID: 1150/21850

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2PK0Y94RG42	09/04/2026	From: 09/04/2026 To: 11/02/2026	21853	217058

6. Patient's Name and Address

Ovalee Barefoot
22 HADDINGTON ROAD,
LUTHERVILLE TIMONIUM, MD 21093-
410-294-6923

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 11/15/1931 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.815	Encntr for surgical aftcr following surgery on the dgstv sys	09/04/26

13. ICD	Other Pertinent Diagnoses	Date
S61.411A	Laceration without foreign body of right hand init encntr	09/04/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	09/04/26
I50.30	Unspecified diastolic (congestive) heart failure	09/04/26
N18.32	Chronic kidney disease stage 3b	09/04/26
D63.1	Anemia in chronic kidney disease	09/04/26
I48.0	Paroxysmal atrial fibrillation	09/04/26
I82.452	Acute embolism and thrombosis of left peroneal vein	09/04/26
D47.2	Monoclonal gammopathy	09/04/26
E53.8	Deficiency of other specified B group vitamins	09/04/26
E78.5	Hyperlipidemia unspecified	09/04/26
M19.90	Unspecified osteoarthritis unspecified site	09/04/26
Z79.01	Long term (current) use of anticoagulants	09/04/26
Z85.46	Personal history of malignant neoplasm of prostate	09/04/26

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

Lipitor - Atorvastatin Calcium eq 20 mg base 1 Tablet by mouth in the evening Start: 1/23/26
Toprol Xl - Metoprolol Tartrate 100 mg / 1 Tablet by mouth twice a day Start: 1/25/26 Admin Instructions: DO NOT crush tablet.
Lasix - Furosemide 20 mg by mouth once a day Start: 1/24/26 dose changed from 40mg to 20mg by cardiology Feb 18th 2026 per daughter
Pradaxa - Dabigatran Etexilate Mesylate 150 mg 1 tablet by mouth twice a day Blood thinner
Amiodarone - Amiodarone Hydrochloride 100 by mouth twice a day Take 1 tablet AM and 1 tab, PM
Tylenol - Acetaminophen 650 mg / 1 Tablet by mouth every 6 hours as needed PRN Reason: mild pain (1-3) Start: 1/20/26 Admin Instructions: DO NOT EXCEED 4 grams Acetaminophen per day

14. DME and Supplies:

wheelchair, bath bench, walker, grab bars

15. Safety Measures:

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

16. Nutrition:

regular

17. Allergies:

NKA

18.A. Functional Limitations

Bowel/Bladder Incontinence, Hearing, Endurance, Ambulation

18.B. Activities Permitted

Up As Tolerated, Walker, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, 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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

SN and PT: family/caregiver will be responsible for managing treatment OT: pat

Homebound status:

Due to diagnosis of Encounter for surgical aftercare following surgery on the digestive 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:

The patient is a 94-year-old male referred to home health services following a recent hospitalization and subacute rehabilitation stay for obstructive jaundice secondary to choledocholithiasis with acute cholangitis and E. coli bacteremia. His medical history is significant for atrial fibrillation, hypertension, hyperlipidemia, stage 3 chronic kidney disease, prior deep vein thrombosis, pancytopenia, prostate cancer, and osteoarthritis. He underwent ERCP with sphincterotomy and stone extraction on 7/30, followed by laparoscopic cholecystectomy and umbilical hernia repair on 8/1; due to a difficult intrahepatic gallbladder, partial resection was performed and a JP drain was placed. Postoperative CT demonstrated small residual gallbladder fossa/hepatorenal collections with a retained dropped stone, and no further surgical intervention was recommended. The patient is now home, living with his daughter and son-in-law, with family providing continuous assistance. He is alert and oriented 4 but presents with generalized and bilateral lower-extremity weakness, impaired balance (Tinetti score 5/28), decreased bilateral upper-extremity strength, reduced standing tolerance and activity endurance, bilateral lower-extremity edema (+2) and left hand edema, and significant difficulty with bed mobility, transfers, ambulation, and stair negotiation. He requires moderate to maximal assistance of one person for transfers and negotiating steps and assistance with all activities of daily living. He has a history of a fall resulting in a left hip fracture, which remains a reported area of soreness. His home is a split-level residence with nine steps at the front entrance and no steps from the garage. Prior to his recent hospitalization, he was independent with basic self-care, functional transfers, and ambulation. Due to his current functional decline, weakness, impaired balance, decreased endurance, and increased assistance needs, he would benefit from continued skilled physical and occupational therapy to address these deficits, improve safety and functional independence, and facilitate a return toward his prior level of function.<o:p></o:p> <span

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 09/04/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Camille Tawil
1734 York Rd
Timonium, MD 21093
PHONE: 4102522273 FAX: 14103859393 NPI: 1144225053

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 : 09/02/2026

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.

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style="mso-spacerun:'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; mso-font-kerning:1.0000pt;"><o:p></o:p> <span
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style="mso-spacerun:'yes';font-family:Calibri;font-size:10.5000pt; mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'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: 09/02/2026<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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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: sn-disease management pt-eval & treat ot-eval & treat dx: Encounter for surgical aftercare following surgery on the digestive system<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; 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
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:10.5000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;"> 1 - SOC - <span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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font-size:10.5000pt;mso-font-kerning:1.0000pt;"> Notes: <span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;">PT Eval Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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style="mso-spacerun:'yes';font-family:Calibri;font-size:10.5000pt; mso-font-kerning:1.0000pt;">Physician:<span
style="mso-spacerun:'yes';font-family:Calibri;font-size:10.5000pt; mso-font-kerning:1.0000pt;"> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;">Tawil, Camille

SN Careplans

SN frequency Auth npr WK1: 1 (09/04/26-09/05/26),Auth npr WK2: 1 (09/06/26-09/12/26),Auth npr WK3: 1 (09/13/26-09/19/26),Auth npr WK4: 1 (09/20/26-09/26/26),Auth npr WK5: 1 (09/27/26-10/03/26)

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: 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, 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

SN Goals

PATIENT-STATED GOAL: To get stronger and better.

GOALS
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 increase caloric intake
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* 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	09/04/2026

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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 : swelling in the arms/legs (CR)
limited strength (MS)
limited endurance (MS)
constipation (GI)
M1400 - Dyspnea
M2020 - Oral Med Management
abnormal blood pressure
balance deficit
muscle weakness
B0200 - Hearing Deficit
M2102d - Caregiver Performs Treatment
M2102f - Patient Supervision
M1610 - Urinary Incontinence
M1033 - Unintentional Weight Loss

PROCEDURES: cough/deep breathing exercises, bladder training, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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, * strategies to increase caloric intake, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule

PT Careplans

PT frequency Auth npr WK2: 1 (09/06/26-09/12/26),Auth npr WK3: 2 (09/13/26-09/19/26),Auth npr WK4: 1 (09/20/26-09/26/26),Auth npr WK5: 1 (09/27/26-10/03/26),Auth npr WK6: 1 (10/04/26-10/10/26),Auth npr WK7: 1 (10/11/26-10/17/26),Auth npr WK8: 1 (10/18/26-10/24/26),Auth npr WK9: 1 (10/25/26-10/31/26),Auth npr WK10: 1 (11/01/26-11/02/26)

09/10/2026 Problems : GG0170D1 - Sit to Stand
GG0170F1 - Toilet Transfer
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
GG0170E1 - Chair to Bed to Chair

PROCEDURES: Medication management : Medication reviewed with pt and caregiver, home exercise program: Supine heelslides, saq, seated wc push-ups, knee extension, hip flexion, abduction, heelraises and toe raises all 2-310, equipment training, work simplification/energy conservation, dynamic standing balance exercises: Work on standing weight shifting progress to reach outside bos as tolerated with single then no ue support as tolerated, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, 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, Picking Up Object - 05. Setup or clean-up assistance, Car Transfer - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: To get stronger walk Independently and use the steps again

GOALS
Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 05. Setup or clean-up assistance

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

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

Car Transfer - 05. Setup or clean-up assistance

OT Careplans

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

09/04/2026

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09/10/2026 Problems : M1400 - Dyspnea
GG0130B1 - Oral Hygiene
GG0130C1 - Toileting Hygiene
GG0130E1 - Shower/Bathe Self
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130A1 - Eating
GG0130F1 - Upper Body Dressing

PROCEDURES: Medication Review : Medication reviewed with patient and caregiver with all medications in the home, cough/deep breathing exercises, home exercise program: Bilateral UE triceps extensions, biceps curls, armchair press-ups 2-3 sets 8-12 reps, equipment training, work simplification/energy conservation, transfers training: Skilled OT, assist with bathing: Skilled OT, assist with lower body dressing: Skilled OT, assist with upper body dressing: Skilled OT

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, 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

PATIENT-STATED GOAL: Walk better

GOALS
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

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
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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