Home Health Certification and Plan of Care

Order ID: 1150/21917

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3XM2DG4DT82	09/08/2026	From: 09/08/2026 To: 11/06/2026	19790	217058

6. Patient's Name and Address
Larry Smith
2825 Indiana St,
BALTIMORE, MD 21230-
410-501-9738

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 07/28/1956 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.00	Type 2 diab w hyprosm w/o nonket hyprgly-hypros coma (NKHHC)	09/08/26

13. ICD	Other Pertinent Diagnoses	Date
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	09/08/26
R26.89	Other abnormalities of gait and mobility	09/08/26
G30.9	Alzheimer's disease unspecified	09/08/26
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	09/08/26
I11.0	Hypertensive heart disease with heart failure	09/08/26
I50.20	Unspecified systolic (congestive) heart failure	09/08/26
I69.359	Hemiplga following cerebral infarction affecting unsp side	09/08/26
F45.8	Other somatoform disorders	09/08/26
E78.5	Hyperlipidemia unspecified	09/08/26
D64.89	Other specified anemias	09/08/26
H25.89	Other age-related cataract	09/08/26
Z79.4	Long term (current) use of insulin	09/08/26
Z79.01	Long term (current) use of anticoagulants	09/08/26
Z79.82	Long term (current) use of aspirin	09/08/26
Z91.81	History of falling	09/08/26

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

Aspirin - Aspirin 81 mg tablet, Take 1 tablet by mouth once a day
Atorvastatin - Atorvastatin Calcium 40 mg oral tablet Take 1 tablet by mouth once a day
Jardiance - Empagliflozin 10 mg oral tablet, Take 1 tab by mouth once a day
Gabapentin - Gabapentin 300 mg oral capsule , Take 1 capsule by mouth twice a day
Calcitriol - Calcitriol 0.25 mcg oral capsule, Take 1 capsule by mouth every other day
Carvedilol - Carvedilol 6.25 mg 6.25mg by mouth twice a day
Tylenol - Acetaminophen 325 mg (2 tablets) by mouth as necessary Pain
Humalog - Insulin Lispro Recombinant 3u with sliding scale subcutaneous four times a day With meals and bedtime
201-250= 1u
251-300= 2u
301-350= 3u
351-409= 5u Call MD
Xarelto - Rivaroxaban 5mg by mouth twice a day Blood thinner
Folic Acid - Folic Acid 1 mg 1mg by mouth once a day Supplement
Mirtazapine - Mirtazapine 7.5 mg 7.5mg by mouth once a day Appetite

14. DME and Supplies:
wheelchair, walker, hospital bed, hoyer lift, commode, diabetic supplies, 4 wheeled walker

15. Safety Measures:
wheelchair precautions, walker precautions, transfer with assist, supervision at all times, standard precautions, no bp left arm, medication safety, fall precautions, diabetic precautions, bleeding precautions, cardiac precautions, anticoagulant precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
diabetic, low sodium, low cholesterol, cardiac diet

17. Allergies:
no known allergies

18.A. Functional Limitations
Speech, Ambulation, Endurance, Paralysis, Bowel/Bladder Incontinence

18.B. Activities Permitted
Walker, Wheelchair, Transfer bed/Chair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans
SN: patient will be responsible for managing treatment PT: family/caregiver will

Homebound status: Due to diagnosis of Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC), 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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 09/08/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
John Allen
419 W Redwood St Ste 600
Baltimore, MD 21201
PHONE: 667-214-1515 FAX: 14103283577 NPI: 1023436839

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 : 08/12/2026

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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Clinical Condition Requiring Homecare:

At Start of Care (SOC), the patient is a 70-year-old male referred for home health services due to ambulatory dysfunction, gait instability, medication management needs, and increased risk for falls. He requires supervision and moderate to maximum assistance of one person for safe mobility and ADLs, making it a taxing effort to leave the home and supporting homebound status. His past medical history is significant for left nondominant hemiplegia and hemiparesis secondary to cerebral infarction, heart failure, history of falls, cataracts, type 2 diabetes mellitus requiring insulin, acute kidney injury, hypertension, bruxism, and peripheral arterial disease. The patient weighs 167 lbs and is 6'1". He was observed in a hospital bed and requires assistance with bed mobility, transfers, and toileting; the caregiver demonstrated assisting him from supine to sitting, standing, and pivoting approximately 15 degrees to the commode. The patient uses a rollator/transport chair and has a Hoyer lift available for mobility and transfers. He has urinary incontinence and primarily wears an incontinence garment. Bowel movements are reported daily, with the last bowel movement yesterday; bowel sounds were positive, and no abdominal or urinary discomfort was reported. No open wounds were noted; previous toe wounds are healed with residual dryness, and the surgical incision from a lower-extremity arterial bypass is healed and closed. No falls, abnormal bleeding, chills, or respiratory abnormalities were reported. Appetite is good, and the caregiver reports the patient sleeps through the night. A Dexcom continuous glucose monitor is present on the left upper arm; fasting blood glucose was 112 mg/dL and random blood glucose was 117 mg/dL. Medications were reviewed with the caregiver, including medication doses, indications, frequency, and potential side effects; a written medication reference and calendar were provided, and the caregiver verbalized understanding. Caregiver training is indicated for safe transfers, mobility, and use of available equipment. The patient has referrals to ophthalmology and vascular services, a nephrology follow-up scheduled for 09/17/2026, and a podiatry appointment that needs to be rescheduled. PT and OT services were ordered, and skilled nursing is planned at 1 visit per week for 6 weeks for medication management, disease management, and fall-risk monitoring. The plan of care is supported by the physician's face-to-face evaluation dated 09/01/2026 and order dated 09/05/2026, with the certifying diagnosis of hypertensive chronic kidney disease with stage 1-4 or unspecified chronic kidney disease.<o:p></o:p>   Date of Order<o:p></o:p> 09/08/2026<o:p></o:p> Physician Face-to-Face Date: 08/12/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)<o:p></o:p> Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>   1 - SOC - SN Notes: <o:p></o:p> PT Eval Notes:<o:p></o:p> Physician: Allen, John

SN Careplans

SN frequency Auth npr WK1: 1 (09/08/26-09/12/26),Auth npr WK2: 1 (09/13/26-09/19/26),Auth npr WK3: 1 (09/20/26-09/26/26),Auth npr WK4: 1 (09/27/26-10/03/26),Auth npr WK5: 1 (10/04/26-10/10/26),Auth npr WK6: 1 (10/11/26-10/17/26),Auth npr WK7: 1 (10/18/26-10/24/26)

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: 2. Non-agency caregiver(s) need training/supportive services to 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

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; 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 ; 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

SN Goals

PATIENT-STATED GOAL: Oer caregiver for patient to increase strength

GOALS
patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* 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/caregiver recalls

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/08/2026

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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.

No open wounds noted; 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
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Advance Directive:Patricia Williams 410 501 9738

09/08/2026 Problems : M1700 - Cognition
M1745 - Behavioral Issues
M1610 - Urinary Incontinence
M1033 - Exhaustion
M1400 - Dyspnea
M2020 - Oral Med Management
Home Safety
abnormal blood pressure
abn cholesterol > 200 mg/dL
impaired speech
weak hand grips
balance deficit
poor muscle tone
muscle weakness
limited range of motion
limited endurance
limited strength
abnormal BS < 70/140 > mg/dL
B1000 - Vision Deficit
meal preparation
M2102c - Med Admin
M2102f - Patient Supervision
M2102d - Caregiver Performs Treatment

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and

* 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's living environment is clean/uncluttered

caregiver administers and/or packages medications appropriately

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/08/2026

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mental exhaustion, glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange resources for vision-impaired

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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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 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, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT frequency Auth npr WK1: 1 (09/08/26-09/12/26),Auth npr WK2: 1 (09/13/26-09/19/26),Auth npr WK3: 1 (09/20/26-09/26/26),Auth npr WK4: 1 (09/27/26-10/03/26),Auth npr WK5: 1 (10/04/26-10/10/26),Auth npr WK6: 1 (10/11/26-10/17/26),Auth npr WK7: 1 (10/18/26-10/24/26),Auth npr WK8: 1 (10/25/26-10/31/26),Auth npr WK9: 1 (11/01/26-11/06/26)

09/10/2026 Problems : GG0170L1 - Walk 10 ft on Uneven Surface
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130F1 - Upper Body Dressing
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene
GG0130B1 - Oral Hygiene
GG0170J1 - Walk 50 ft with 2 Turns
GG0170K1 - Walk 150 Feet
GG0170D1 - Sit to Stand
GG0170I1 - Walk 10 Feet
GG0170P1 - Picking Up Object
GG0170E1 - Chair to Bed to Chair
GG0170G1 - Car Transfer
GG0170N1 - 4 Steps
GG0170O1 - 12 Steps
GG0170M1 - 1 - Step (curb)
GG0170F1 - Toilet Transfer

PROCEDURES: Family training : Hoyer transfer, bed mobility, therex, gait, home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing hip abduction, knee flexion. Sitting knee extension, ankle pumps, equipment 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 - 03. Partial/moderate assistance, 1 - Step (curb) - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Car Transfer - 05. Setup or clean-up assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance

PT Goals

PATIENT-STATED GOAL: To be able to walk to the kitchen for meals

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

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

Toilet Transfer - 03. Partial/moderate assistance

1 - Step (curb) - 02. Substantial/maximal assistance

4 Steps - 02. Substantial/maximal assistance

Car Transfer - 05. Setup or clean-up assistance

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

Oral Hygiene - 03. Partial/moderate assistance

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Signature of Physician:

Date

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

Date
09/08/2026