Home Health Certification and Plan of Care

Order ID: 1150/21964

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36295726	09/08/2026	From: 09/08/2026 To: 11/06/2026	29251	217058

6. Patient's Name and Address

Frankie Jones
244 Sheila K Ct,
SEVERN, MD 21144-
410-674-4725

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 12/06/1951 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I13.10	Hyp hrt & chr kdny dis w/o hrt fail w stg 1-4/unsp chr kdny	09/08/26

13. ICD	Other Pertinent Diagnoses	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	09/08/26
N18.31	Chronic kidney disease stage 3a	09/08/26
E78.2	Mixed hyperlipidemia	09/08/26
G40.909	Epilepsy unsp not intractable without status epilepticus	09/08/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	09/08/26
K59.09	Other constipation	09/08/26
M54.59	Other low back pain	09/08/26
G89.29	Other chronic pain	09/08/26
I26.99	Other pulmonary embolism without acute cor pulmonale	09/08/26
I48.0	Paroxysmal atrial fibrillation	09/08/26
D69.6	Thrombocytopenia unspecified	09/08/26
E03.9	Hypothyroidism unspecified	09/08/26
F02.84	Dem in other dis classd elswhr unsp severity with anxiety	09/08/26
F41.1	Generalized anxiety disorder	09/08/26
K21.9	Gastro-esophageal reflux disease without esophagitis	09/08/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	09/08/26
R33.9	Retention of urine unspecified	09/08/26
D35.2	Benign neoplasm of pituitary gland	09/08/26
R41.89	Oth symptoms and signs w cognitive functions and awareness	09/08/26
Z79.4	Long term (current) use of insulin	09/08/26
Z95.828	Presence of other vascular implants and grafts	09/08/26
Z95.1	Presence of aortocoronary bypass graft	09/08/26
Z95.5	Presence of coronary angioplasty implant and graft	09/08/26
Z46.6	Encounter for fitting and adjustment of urinary device	09/08/26

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

ELIQUIS 5 MG Tablet by mouth twice a day
Aldactone - Spironolactone 25 MG / 1 Tablet by mouth daily
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 MG / 1 Capsule by mouth as necessary every 4 hrs
Hydroxyzine Hydrochloride - Hydroxyzine Hydrochloride 25 MG / 1 Tablet by mouth at bedtime
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG / 1 Capsule by mouth once a day
Aspirin - Aspirin Delayed Release 81 MG / 1 Tablet by mouth once a day
LEVETIRACETAM 1000 MG / 1 Tablet by mouth twice a day
TRESIBA 100 UNIT/ML Solution Injection / 18 Units subcutaneous once a day
Amitriptyline Hydrochloride - Amitriptyline Hydrochloride 150 MG / 1 Tablet by mouth once a day at bedtime
Metoprolol Tartrate - Metoprolol Tartrate 25 MG Tablet / Take 0.5 tablet by mouth twice a day with food
OFLOXACIN 0.3 % Solution / 1 drop in the affected eye Ophthalmic every 2 hours the first day then 1 drop in the affected eye four times a day
Levothyroxine Sodium - Levothyroxine Sodium 112 MCG / 1 Tablet by mouth once a day in the morning on an empty stomach
Metformin Hcl - Metformin Hydrochloride ER 24 Hour 500 MG / 1 Tablet by mouth once a day with evening meal
ROSUVASTATIN CALCIUM 40 MG / 1 Tablet by mouth at bedtime
LINZESS 145 MCG / 1 Capsule by mouth once a day at least 30 minutes before meal
JARDIANCE 10 MG / 1 Tablet by mouth once a day
Isosorbide Mononitrate - Isosorbide Mononitrate Extended Release 24 Hour 30 MG / 1 Tablet by mouth once a day in the morning
Cabergoline - Cabergoline 0.5 MG / 1 Tablet by mouth mon and Friday
Extra Strength Tylenol - Acetaminophen 2 tabs by mouth every 8 hours
Tirzepatide 2.5MG/0.5 ML subcutaneous once a week Inject 2.5 mgs intonthe skin every 7 days, Mondays

14. DME and Supplies:

bath bench, diabetic supplies, hand held shower, rolling walker, grab bars, cane

15. Safety Measures:

transfer with assist, supervision at all times, hand rails, fall precautions, diabetic precautions, bleeding precautions, avoid temperature extremes, ambulates with device, standard precautions, emergency phone number prominently displayed, ambulates with assistance, walker precautions, smoke detectors , bathroom safety

16. Nutrition:

diabetic

17. Allergies:

adhesive tape betadine lexiscan

18.A. Functional Limitations

Ambulation, Amputation

18.B. Activities Permitted

Cane, Up As Tolerated, Walker, Exercises Prescribed, Transfer bed/Chair

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: 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: 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

PT: family/caregiver will be responsible for managing treatment

Homebound status:

Due to diagnosis of Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease, the patient is experiencing decreased endurance and mobility, increasing the

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

Mahesh Ochaney
325 Hospital Dr
Glen Bernie, MD 21061
PHONE: 4107684700 FAX: 14107684460 NPI: 1245207539

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 : 08/27/2026

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
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likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device

Clinical Condition Requiring Homecare:

PT SOC/admission completed and consents obtained for a 74-year-old male recently hospitalized at BWMC from 8/5/26 to 8/15/26 due to left hip pain; spouse reports the patient also had COVID-19 during hospitalization. Following discharge, the patient was referred to a rehabilitation facility but elected to return home. He subsequently followed up with Dr. Ochaney, who referred him for home PT/OT services. Patient lives with his spouse, who is somewhat disabled but remains with him at all times, in a mobile home with three steps to enter. Patient previously ambulated throughout the home without an assistive device but reports three falls within the past two months and approximately 4-5 falls within the past year. Medication reconciliation, patient and home safety assessments, and review of the patient handbook were completed, and the PT plan of care (POC) was discussed and developed with the patient/PCG, who are in agreement. Patient presents with left hip pain, decreased bilateral LE strength, impaired functional mobility, difficulty negotiating steps, unsteady gait, difficulty with transfers, decreased balance, history of falls, decreased safety awareness, and increased fall risk. Tinetti and TUG assessments were performed. Patient required SBA for safe transfers with cues for proper hand/foot placement, forward weight shift, and reaching back for the chair before sitting, and SBA for ambulation with a walker on level surfaces, requiring cues for proper walker positioning, increased bilateral step height and length, and overall safety; patient was instructed to use the walker at all times. Patient was educated on home safety, fall prevention, fall risk factors, and measures to reduce fall risk, as well as the importance and benefits of daily ambulation to promote circulation and prevent complications associated with inactivity. Patient was instructed to begin a walking program with short walks every 1-2 hours, starting with 1-2 repetitions and progressing from 3-5 minutes as tolerated. Patient was also instructed to apply ice to the left hip for 20 minutes using a protective barrier, with skin checks every 5 minutes. Pain is currently well controlled with medication; patient was educated on effective pain management, including taking pain medication at the onset of pain, monitoring for dizziness and constipation as potential side effects, and contacting 911/EMS or the provider for chest pain, unrelieved pain, or shortness of breath. Patient was also advised to take pain medication approximately one hour before PT visits as appropriate. Patient will benefit from skilled home PT services to address strength, functional mobility, transfers, gait and stair negotiation, balance, safety awareness, and fall prevention in order to restore the highest level of safe independence in the home. Without skilled PT intervention, patient remains at increased risk for falls, further functional decline, and loss of independence. Patient is homebound due to limited safety awareness and high fall risk and requires human assistance to safely leave the home. PT frequency is planned to begin 9/8/26 at 1w1, 2w1 (Tuesday/Thursday), 0w1, 1w1, 0w1, and 1w2, with subsequent visits assigned to Carl as indicated. Patient will follow up with Dr. Ochaney on 9/10/26, and Dr. Ochaney was notified that the admission was completed.<o:p></o:p>   Date of Order<o:p></o:p> 09/08/2026<o:p></o:p> Physician Face-to-Face Date: 08/27/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat dx: Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease<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 - PT Notes: Physician: Ochaney, Mahesh

SN Careplans	SN Goals

PT Careplans	PT Goals

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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PT frequency Auth H26245986523 WK1: 1 (09/08/26-09/12/26),Auth H26245986523 WK2: 2 (09/13/26-09/19/26),Auth H26245986523 WK4: 1 (09/27/26-10/02/26)

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: 1. History of falls (2 or more falls - or any fall with an injury - 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

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:Not Received

09/08/2026 Problems : GG0170K1 - Walk 150 Feet
GG0130F1 - Upper Body Dressing
GG0130A1 - Eating
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
GG0170O1 - 12 Steps
GG0170N1 - 4 Steps
GG0170M1 - 1 - Step (curb)
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170J1 - Walk 50 ft with 2 Turns
GG0170I1 - Walk 10 Feet
GG0170G1 - Car Transfer
GG0170F1 - Toilet Transfer
GG0170D1 - Sit to Stand
M1745 - Behavioral Issues
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea

PATIENT-STATED GOAL: To improve strength mobility and balance

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

Shower/Bathe Self - 05. Setup or clean-up assistance

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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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

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
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M2020 - Oral Med Management
muscle weakness
M2102d - Caregiver Performs Treatment
M2102c - Med Admin

PROCEDURES: train caregiver(s) to perform medical/rehabilitation treatments: Teach PCG to administer HEP, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, 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 L LE x 20 minutes with necessary barrier and skin assessments q 5 minutes., 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: teach falls risk reduction strategies

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, * 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, 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

Signature of Physician:	Date
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