Home Health Certification and Plan of Care

Order ID: 1150/21959

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
66125992	09/09/2026	From: 09/09/2026 To: 11/07/2026	28628	217058

6. Patient's Name and Address

Aaron Gross
4439 Old York Rd,
BALTIMORE, MD 21212-
410-790-8286

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 08/10/1944 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G20.A1	Parkinson's dis w/o dyskinesia w/o mention of fluctuations	09/09/26

13. ICD	Other Pertinent Diagnoses	Date
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	09/09/26
M48.56XD	Collapsed vert NEC lumbar region subs for fx w routn heal	09/09/26
I10.	Essential (primary) hypertension	09/09/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	09/09/26
I35.0	Nonrheumatic aortic (valve) stenosis	09/09/26
E78.5	Hyperlipidemia unspecified	09/09/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	09/09/26
M81.0	Age-related osteoporosis w/o current pathological fracture	09/09/26
K21.9	Gastro-esophageal reflux disease without esophagitis	09/09/26
K59.00	Constipation unspecified	09/09/26
F10.90	Alcohol use unspecified uncomplicated	09/09/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	09/09/26
Z79.82	Long term (current) use of aspirin	09/09/26
Z91.81	History of falling	09/09/26

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

Aspirin Ec - Aspirin Delayed Release 81 MG / 1 Tablet by mouth daily for CAD
Atorvastatin Calcium - Atorvastatin Calcium 40 MG / 1 Tablet by mouth at bedtime for HLD
Carbidopa And Levodopa - Carbidopa: Levodopa 25-100 MG / 1 Tablet by mouth every 8 hours for Parkinson
FINASTERIDE 5 MG / 1 Tablet by mouth once a day for BPH
Flomax - Tamsulosin Hydrochloride 0.4 MG / 1 Capsule by mouth at bedtime for benign prostatic hyperplasia
FOLIC ACID 1 MG / 1 Tablet by mouth once a day for Supplement
Lidocaine Patch - Lidocaine 4 % / Apply to lower back topical once a day for Pain 12hrs on and 12hrs off and remove per schedule
Nicotine Patch - Nicotine Patch 21mg=1 patch transdermal as directed Apply 1 patch to intact skin every 3 days
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000mcg=1tablet by mouth once a day 1 tablet daily
Vitamin B12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 2000iu=1tablet by mouth once a day 1 tablet daily

14. DME and Supplies:

walker

15. Safety Measures:

standard precautions, fall precautions, medication safety, walker precautions, smoke detectors , emergency phone # clearly displayed, bathroom safety, ambulates with device

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

buprenorphine penicillin augmentin amlodipine latex

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

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

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: 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: 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: family/caregiver will be responsible for managing treatment
PT: family/caregiver will be responsible for managing treatment
OT: patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Parkinson's disease without dyskinesia, without mention of fluctuations, 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:

Home health admission visit was completed for an 81-year-old male with a past medical history of unspecified dementia, Parkinsons disease, hyperlipidemia, hypertension, rhabdomyolysis, kidney failure, BPH, and cerebral infarction. Additional PMH documented during the PT evaluation includes CAD, HTN, aortic stenosis, prior CVA, and alcohol abuse. The patient is alert and oriented 3 and currently resides in a 2-story duplex with his sister, who serves as his primary caregiver. The patient was recently hospitalized and received subacute rehabilitation secondary to a fall resulting in an L1 compression fracture. Prior to the fall, the patient resided alone in a senior apartment and was ambulating without an assistive device while independently completing basic self-care, functional transfers, and functional ambulation tasks. The patient currently ambulates with a walker and requires assistance to maintain safety. Comprehensive skin assessment was completed, with skin intact and no areas of concern noted. Medication reconciliation was completed, and education was provided to the patient and caregiver regarding medication management, disease-process management, fall prevention, skin-integrity maintenance, proper use of the walker, and when to notify the provider. Skilled nursing services are required for continued assessment, education, medication management, safety monitoring, and prevention of complications. PT evaluation was completed. The patient presents with decreased strength, with bilateral lower extremity MMT measured at 3-/5. The patient currently requires CGA for transfers and short-distance ambulation and supervision with VCs for increasing trunk ext. Although the patient demonstrates functional deficits following the recent fall and L1 compression fracture, he does not wish to participate in PT services at this time, stating that he completes his own exercise daily. The patient's caregiver is agreeable to this plan and verbalizes understanding to contact the agency if the patient later decides to participate in PT services. Skilled OT evaluation was completed following hospitalization and subacute rehabilitation secondary to the fall. The patient currently presents with decreased standing balance, standing tolerance, bilateral UE strength, and activity tolerance, resulting in decreased independence with self-care, functional transfers, and functional ambulation. These deficits represent a decline from the patient's prior level of functional independence. Skilled OT services are recommended to address the identified deficits, improve safety and functional performance with daily activities and mobility, and promote return toward the patient's prior level of functional independence.
 Date of Order 09/09/2026 Orders Physician Face-to-Face Date: 07/21/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to

23. Signature and Date of Verbal SOC Where Applicable:

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

25. Date HHA Received Signed POT

24. Physician's Name and Address

Eva Dicocco
7141 Security Blvd
Woodlawn, MD 21244
PHONE: 443-663-6000 FAX: 14436636215 NPI: 1598990624

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 : 07/21/2026

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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Parkinson's disease without dyskinesia, without mention of fluctuations Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Dicocco, Eva

SN Careplans

SN frequency Auth 1721131787-1 WK1: 1 (09/09/26-09/12/26),Auth 1721131787-1 WK2: 1 (09/13/26-09/19/26),Auth 1721131787-1 WK3: 1 (09/20/26-09/26/26),Auth 1721131787-1 WK4: 1 (09/27/26-10/03/26),Auth 1721131787-1 WK5: 1 (10/04/26-10/10/26),Auth 1721131787-1 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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (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, 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:Yes

09/10/2026 Problems : A1250 - Lack of Necessary Transportation
M1745 - Behavioral Issues
M1400 - Dyspnea
M2020 - Oral Med Management
abnormal blood pressure
balance deficit
limited endurance
limited strength
meal preparation
M2102c - Med Admin
M2102f - Patient Supervision
M2102d - Caregiver Performs Treatment

PROCEDURES: coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals

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

SN Goals

PATIENT-STATED GOAL: Patient stated he would like to remain free of fall and regain strength

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
* 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

patient's transportation needs are met

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

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

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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, patient's transportation needs are met, 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 1721131789-1 WK1: 5 (09/02/26-09/05/26),Auth 1721131789-1 WK2: 5 (09/06/26-09/12/26)

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver

PT Goals

PATIENT-STATED GOAL: Pt states he is at his baseline

OT Careplans

OT frequency Auth 1721131788-1 WK1: 1 (09/09/26-09/12/26),Auth 1721131788-1 WK3: 1 (09/20/26-09/26/26),Auth 1721131788-1 WK5: 1 (10/04/26-10/10/26),Auth 1721131788-1 WK7: 1 (10/18/26-10/24/26)

09/15/2026 Problems : GG0170P1 - Picking Up Object
GG0130F1 - Upper Body Dressing
GG0130A1 - Eating
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene
GG0130B1 - Oral Hygiene
GG0170J1 - Walk 50 ft with 2 Turns
GG0170K1 - Walk 150 Feet
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170I1 - Walk 10 Feet
Pain Effect on Sleep
GG0170E1 - Chair to Bed to Chair
GG0170G1 - Car Transfer
GG0170N1 - 4 Steps
GG0170O1 - 12 Steps
GG0170M1 - 1 - Step (curb)
GG0170F1 - Toilet Transfer
GG0170D1 - Sit to Stand
M1400 - Dyspnea
Pain Interference with ADLs
Pain Interference with Therapy activities

PROCEDURES: Medication Review : Medication reviewed with patient with all medications in the home, home exercise program: Bilateral UE triceps extensions, biceps curls, armchair press-ups 2-3 sets 8-12 reps, equipment training, 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, * 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching 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

OT Goals

PATIENT-STATED GOAL: I want to bowl again

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching 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
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/09/2026