

Home Health Certification and Plan of Care				Order ID: 1150/17450	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
44129343		03/23/2026		From: 03/23/2026 To: 05/21/2026	
				4. Medical Record No.	
				23875	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Dallas Robinette 2002 Elm Street, BEL AIR, MD 21015- 443-910-4052			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
08/22/1941			Male		
11. ICD			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
Principal Diagnosis			ALVESCO 80 mcg/actuation Inhalation Inhale 2 times a day (Controller inhaler)		
G31.83			Neurocognitive disorder with Lewy bodies		
03/23/26					
13. ICD			Date		
Other Pertinent Diagnoses			03/23/26		
F02.B3			Dem in other dis classd elswhr moderate with mood disturb		
I11.0			Hypertensive heart disease with heart failure		
03/23/26					
I50.1			Left ventricular failure unspecified		
03/23/26					
J44.9			Chronic obstructive pulmonary disease unspecified		
03/23/26					
E11.69			Type 2 diabetes mellitus with other specified complication		
03/23/26					
E78.5			Hyperlipidemia unspecified		
03/23/26					
R13.10			Dysphagia unspecified		
03/23/26					
M19.90			Unspecified osteoarthritis unspecified site		
03/23/26					
Z91.81			History of falling		
03/23/26					
Z79.82			Long term (current) use of aspirin		
03/23/26					
14. DME and Supplies:			15. Safety Measures:		
small base cane, hand held shower, commode, bath bench, wheelchair, , rolling walker, cane			transfer with assist, , , , cardiac precautions, bathroom safety, , ambulates with device, activity supervision		
16. Nutrition:			17. Allergies:		
diabetic			penicillin		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Dyspnea With Minimal Exertion, Ambulation			Cane, Exercises Prescribed, Transfer bed/Chair, 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: 1. Rarely, 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:			22.B.Discharge Plans		
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.			family/caregiver will be responsible for managing treatment		
Homebound status:			Due to diagnosis of Neurocognitive Disorder With Lewy Bodies, 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:			<div>The patient is an 84-year-old male referred to home health services following a recent physician visit, with primary diagnoses of Lewy body dementia and associated mood disturbance. His past medical history is significant for chronic obstructive pulmonary disease (COPD), hyperlipidemia, diabetes mellitus, osteoarthritis, hypertension, heart disease, dysphagia, and a history of recurrent falls. The patient resides in a single-level ranch-style home with one step to enter and lives with his wife, son, and other family members who provide intermittent assistance. Prior to the current decline, the patient ambulated with a quad cane, required assistance with activities of daily living (ADLs), and was dependent on family for instrumental activities of daily living (IADLs), including laundry and grocery shopping. He does not drive. At the time of <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient presents with impaired balance, decreased lower extremity strength, difficulty with transfers, and impaired gait characterized by a shuffling pattern and poor use of a small-based quad cane. Family reports indicate the patient has experienced several recent falls, occasional episodes of chest pain that resolve quickly, and increasing difficulty with standing. Objective <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> reveals a Tinetti score of 15/28 and a Timed Up and Go (TUG) score of 29.5 seconds using a quad cane, indicating a high risk for falls. The patient demonstrates difficulty negotiating steps and requires assistance for safe mobility. Based on current findings, the patient exhibits significant deficits in balance, strength, functional mobility, and safety awareness, placing him at increased risk for further falls and injury. Skilled physical therapy services are recommended to address these impairments, with a focus on improving strength, balance, gait mechanics, transfer ability, and safe use of assistive devices. The plan of care will also emphasize fall prevention strategies and caregiver education to support safe mobility within the home environment. The patient demonstrates good rehabilitation potential to improve functional mobility and safety with continued skilled intervention.</div><div> </div><div>Date of Order</div><div>03/23/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 03/17/2026</div><div>Clinical Condition Requiring Home Care per Certifying Physician: PT: <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">Assessment</mh> & treatment due to Neurocognitive Disorder With Lewy Bodies</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div><div>1 - SOC - PT Notes: soc</div><div>Physician</div><div>Sharma, Sonia</div></div></div>		
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles RN on 03/23/2026					
24. Physician's Name and Address			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.		
Sonia Sharma 3400 Box Hill Center Dr Abingdon, 0 21009 PHONE: 410-515-5440 FAX: NPI: 1336595925			F2F date : 03/17/2026		
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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PT Careplans			PT Goals		
PT WK1: 2 (03/23/26-03/28/26) ,WK2: 2 (03/29/26-04/04/26) ,WK3: 1 (04/05/26-04/11/26) ,WK4: 1 (04/12/26-04/18/26) ,WK5: 1 (04/19/26-04/25/26) ,WK6: 1 (04/26/26-05/02/26) ,WK7: 1 (05/03/26-05/09/26) 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: 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; 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:Has POA PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0170P1 - Picking Up Object, GG0170Q1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0170E1 - Chair to Bed to Chair, M1745 - Behavioral Issues, M2020 - Oral Dysp Management, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, coughing, muscle weakness, limited endurance, limited strength, balance deficit PROCEDURES: Dynamic balance training : Focus exercises to improve righting reaction, hip ankle step strategies amd improve reaction time , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, home exercise program: Standing heelraises, toe raises, hip flexion, abduction, hamstring curls seated laq, equipment training, work simplification/energy conservation, 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, * management of mental health condition including joining a peer group maintaining			PATIENT-STATED GOAL: Per patient and son to improve his walking and balance and reduce his fall risk GOALS 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 * 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 * 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 caregiver performs medical/rehabilitation treatments with adequate competence Sit to Stand - 05. Setup or clean-up assistance Chair to Bed to Chair - 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 Picking Up Object - 05. Setup or clean-up assistance Car Transfer - 05. Setup or clean-up assistance Toileting Hygiene - 06. Independent Shower/Bathe Self - 03. Partial/moderate assistance Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent Upper Body Dressing - 06. Independent Dynamic balance Oral Hygiene - 06. Independent		
Signature of Physician:			Date		
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Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			03/23/2026		

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regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver performs medical/rehabilitation treatments with adequate competence, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet 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, Picking Up Object - 05. Setup or clean-up assistance, Car Transfer - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 03. Partial/moderate assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent, Dynamic balance				

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