HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 115022108

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
8WR7WH2KV57	09/15/2026	09/15/2026 - 11/13/2026	30148	217058

Patient's Name and Address	Gender	Date of Birth	Phone Number
Clinton Beverly 500 Virginia Ave Apt 901 TOWSON, MD 21286	Male	08/29/1963	443-351-5931
	Email		Primary Language: English

Clinical Profile

Provider's Name	Address	Phone Number
HomeCentris Healthcare LLC	10 Crossroads Drive, Suite 102 Owings Mills, MD 21117	410-321-8448
NPI: 1487113239		Fax Number: 410-559-3002

Clinical Condition Requiring Homecare:

The patient is a 63-year-old male referred to home health services following a recent hospitalization after a fall that resulted in a right bimalleolar fracture. No surgical intervention was performed, and the patient is currently partial weight-bearing with heel-down weight-bearing on the right lower extremity. Past medical history is significant for smoking, hyperlipidemia, diabetes, hearing impairment, and syncope. The patient resides in an apartment building with elevator access. Prior to the injury, he was independent in the community, ambulated without an assistive device, was independent with transfers, and was independent with ADLs and IADLs. Currently, the patient presents with lower-extremity weakness, impaired standing balance, significant functional mobility limitations, transfer difficulty, wheelchair negotiation deficits, and the need for a rolling walker for short-distance ambulation. His Tinetti score is 3/28, indicating a significant fall risk. The patient was unable to maintain partial weight-bearing on the right lower extremity due to pain and therefore utilized a swing-through gait pattern with a rolling walker. The patient demonstrates good potential to benefit from skilled physical therapy to improve strength, balance, transfers, and functional mobility while progressing safely within his current weight-bearing restrictions.<o:p></o:p>

Date of Order<o:p></o:p>
09/15/2026<o:p></o:p>
Physician Face-to-Face Date:
09/10/2026<o:p></o:p>
Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat dx: Displaced bimalleolar fracture of right lower leg, subsequent encounter for closed fracture with routine healing<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: <o:p></o:p>
Physician: Gupta, Ravi

Physician Statement on Homebound Status:

Due to diagnosis of Displaced bimalleolar fracture of right lower leg, subsequent encounter for closed fracture with routine healing, 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

ICD-10 CM Principal Diagnosis: S82.841D. Displ bimalleol fx r low leg subs for clos fx w routn heal

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	ACETAMINOPHEN 500 MG Tablet / Take 2 tablets by mouth 3 times daily for 7 days Commonly known as: TYLENOL NAPROXEN 500 MG / 1 Tablet by mouth 2 times daily with meals for 7 days Commonly known as: NAPROSYN OXYCODONE Immediate Release 5 MG / 1 Tablet by mouth every 6 hours as needed For diagnoses: Closed fracture of right ankle, initial encounter. Commonly known as: ROXICODONE PANTOPRAZOLE Delayed Release 40 MG / 1 Tablet by mouth daily for 7 days Commonly known as: PROTONIX ASPIRIN Take 81 MG Chewable Tablet by mouth daily EMPAGLIFLOZIN Take 10 MG tablet by mouth once a day Commonly known as: JARDIANCE GABAPENTIN Take 300 MG Capsule by mouth 3 times daily Commonly known as: NEURONTIN METFORMIN Extended Release 24 HR 500 MG tablet / Take 1,000 mg by mouth 2 times daily Commonly known as: GLUCOPHAGE XR QUETIAPINE FUMARATE Take 150 MG tablet by mouth at bedtime ROSUVASTATIN CALCIUM Take 40 MG tablet by mouth daily Commonly known as: CRESTOR Buprenorphine Hydrochloride And Naloxone Hydrochloride - Buprenorphine Hydrochloride: Naloxone Hydrochloride 8-2 MG SL tablet / Place 1 tablet under the tongue daily Commonly known as: SUBOXONE Nicotine Polacrilex - Nicotine Polacrilex Take 4 MG Gum by mouth as necessary every 1 hour for Smoking Cessation. Commonly known as: NICORETTE CAPSAICIN 0.1 % Cream / Apply to the skin topical as necessary 3 times daily
E78.5	Hyperlipidemia unspecified	
I10.	Essential (primary) hypertension	
H91.90	Unspecified hearing loss unspecified ear	
F17.210	Nicotine dependence cigarettes uncomplicated	
Z79.82	Long term (current) use of aspirin	
Z79.84	Long term (current) use of oral hypoglycemic drugs	
Z79.899	Other long term (current) drug therapy	
Z79.891	Long term (current) use of opiate analgesic	
Z91.81	History of falling	

Prognosis good	**Mental and Psychosocial 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, HISTORY OF DEPRESSION: No
Functional Limitations Hearing	**Activities Permitted** Transfer bed/Chair, Partial Weight Bearing
DME & Supplies rolling walker, wheelchair, cane	**Safety Measures** standard precautions, bleeding precautions, anticoagulant precautions, ambulates with device, ambulates with assistance
Nutrition cardiac diet, diabetic	**Allergies** no known allergies

Advance Directives	Caregiver Status
Full code	2. Non-agency caregiver(s) need training/supportive services to provide assistance
Rehabilitation Potential	**DISCHARGE PLAN:**
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.	PT: patient will be responsible for managing treatment
Orders for Discipline and Treatment:	
1 - SOC - PT	

PT CAREPLAN

PT frequency WK1: 1 (09/15/26-09/19/26),WK2: 1 (09/20/26-09/26/26),WK3: 1 (09/27/26-10/03/26),WK4: 1 (10/04/26-10/10/26),WK5: 1 (10/11/26-10/17/26),WK6: 1 (10/18/26-10/24/26),WK7: 1 (10/25/26-10/31/26)

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 > 7

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

HOSPITALIZATION RISKS: 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:Full code

09/15/2026 Problems : GG0170I1 - Walk 10 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
GG0170K1 - Walk 150 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170G1 - Car Transfer
GG0170F1 - Toilet Transfer
GG0170D1 - Sit to Stand
M1745 - Behavioral Issues
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea

PT NARRATIVE

63-year-old male referred to home health services following recent hospital admission after a suffering fall, resulting in bimaliolar fracture on right lower extremity. No surgical intervention patient is partial weight-bearing with heel down weight-bearing on right lower extremity. Past medical history significant for smoking. Hyperlipidemia, diabetes, hard of hearing syncope. Patient lives in an apartment building with elevator access. Prior level of function patient was independent in the community. Amb no AD, I all transfers, I adls and iadls. Pt presents with le weakness, impaired standing balance, tinetti score of 3/28, transfer difficulty, wc negotiation, and short distance amb with rw. Pt has good potential to benefit from skilled physical therapy to progress within the limits of his wt bearing restriction. Pt was unable to partial weight-bearing on RLE due to pain therefore, performed a swing through pattern using rw.

PT GOALS

PATIENT-STATED GOAL: For it to heal and be able to walk again and be Independent

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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/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

patient's living environment is clean/uncluttered

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

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Gait sequencing

M2020 - Oral Med Management
Home Safety
dependent edema
balance deficit
limited strength
limited endurance
M2102d - Caregiver Performs Treatment
M2102c - Med Admin

PROCEDURES: Medication management : Review medication with pt, cough/deep breathing exercises, home exercise program: Lle only for heelraises, toe raises, bilateral LE knee extension, hip flexion, hip abduction, 2-310 and (hamstring curls on lle only), equipment training, work simplification/energy conservation, gait training/stair training: Amb short distances with rw with PWB on heel of RLE with supervision, transfers training, coordinate/arrange for maintenance of clean/uncluttered living area, 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, * 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, * 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, patient's living environment is clean/uncluttered, 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, Picking Up Object - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent, Gait sequencing

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: Charles Messick RN on 09/15/2026

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. This patient is under my care, and I have authorized the services on this plan of care and I or another physician will periodically review this plan. I attest that a valid face-to-face encounter occurred (or will occur) within timeframe requirements and it is related to the primary reason the patient requires home health services.
F2F date: 09/10/2026

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.

Certifying Physician or Allowed Practitioner Name and Address **Ravi Gupta**
1800 Orleans Street
Baltimore, MD 21264
NPI 1184156432

Phone Number 4109552817

Fax Number 14109551545

Physician's Signature and Date Signed

X

Ravi Gupta, MD
09/10/2026: Date of physician last face-to-face