HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 115022090

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
73356210	09/14/2026	09/14/2026 - 11/12/2026	30210	217058

Patient's Name and Address	Gender	Date of Birth	Phone Number
David Godsey 3200 Clifton Avenue Baltimore, MD 21216	Female	07/01/1958	443-571-9308
	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 68-year-old with a recent hospitalization due to vertigo. Past medical history includes diabetes mellitus, chronic obstructive pulmonary disease (COPD), hypertension, anxiety, dizziness, transient ischemic attack (TIA), and erythema intertrigo. The patient resides in a home with several roommates, including caregiver Josh Shakelford. The home has three steps with a railing to enter, with the bedroom and bathroom located on the first floor. The patient currently ambulates without an assistive device under supervision for approximately 30 feet x 2, demonstrating decreased step length. Bed mobility is independent, while transfers to the bed, chair, and toilet require supervision for safety. Outdoor mobility skills and car transfers were not assessed during this evaluation. The patient is considered homebound due to the significant effort required to leave the home and the need for human assistance, with functional limitations further supported by a Tinetti score of 16/28, indicating impaired balance and increased fall risk. During the therapy session, the patient tolerated five repetitions each of supine hip flexion, bridging, hooklying rotation, straight leg raises, hip abduction, knee extension, and ankle pumps. Continued skilled home health therapy is indicated to address deficits in strength, balance, gait, and functional mobility, with the goal of improving safety and progressing the patient toward prior level of independence. The patient would also benefit from use of a rollator for safer and more stable ambulation. The plan of care will focus on progressive therapeutic exercise, gait and transfer training, balance activities, safety and fall-prevention education, and functional mobility training as tolerated.

Date of Order
09/14/2026
Orders
Physician Face-to-Face Date: 09/02/2026
Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to Type 2 diabetes mellitus with diabetic polyneuropathy

Physician Statement on Homebound Status:

Due to diagnosis of Type 2 diabetes mellitus with diabetic polyneuropathy, 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.

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 - PT Notes: soc Physician Chase, Shanita	

ICD-10 CM Principal Diagnosis: E11.42. Type 2 diabetes mellitus with diabetic polyneuropathy

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
H54.7	Unspecified visual loss	LATANOPROST 0.005 % Opht Drop / Instill 1 Drop both eyes every evening ASPIRIN TBEC DR 81 MG / 1 Tablet by mouth daily Albuterol Sulfate - Albuterol Sulfate 90 MCG/ACTUATION INHL HFAA / Inhale 1 Puff by mouth every 4 hours as needed rescue inhaler ATORVASTATIN 20 MG / 1 Tablet by mouth daily DUTASTERIDE 0.5 MG / 1 Capsule by mouth daily WIXELA INHUB 100-50 MCG/DOSE INHL DISK W/DEV Inhale 1 Puff by mouth 2 times a day RINSE MOUTH AFTER USE. (CONTROLLER INHALER) METFORMIN 500 MG / 1 Tablet by mouth every morning with a meal Spiriva Respimat - Tiotropium Bromide 2.5 MCG/ACTUATION INHL MIST / Inhale 2 Puffs by mouth daily (controller inhaler) replaces Incruse Albuterol Sulfate - Albuterol Sulfate 2.5 MG /3 ML (0.083 %) INHL NEB SOLN / Use 3 mL inhalant as necessary every 4 hours via nebulizer for shortness of breath or wheezing Meclizine Hydrochloride - Meclizine Hydrochloride 25 mg 1 tab by mouth four times a day Hydroxyzine Hydrochloride - Hydroxyzine Hydrochloride 25 mg 1 tab by mouth four times a day Sertraline - Sertraline Hydrochloride 50 mg by mouth once a day Nystatin - Nystatin 100,000 units/gm topical twice a day Prn jock itch
J44.9	Chronic obstructive pulmonary disease unspecified	
I10.	Essential (primary) hypertension	
E78.5	Hyperlipidemia unspecified	
F41.9	Anxiety disorder unspecified	
R42.	Dizziness and giddiness	
L30.4	Erythema intertrigo	
F17.200	Nicotine dependence unspecified uncomplicated	
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	
Z79.84	Long term (current) use of oral hypoglycemic drugs	
Z79.82	Long term (current) use of aspirin	

Prognosis good	**Mental and Psychosocial Status** COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No
Functional Limitations Ambulation, Endurance, Balance	**Activities Permitted** Walker, Exercises Prescribed, Up As Tolerated
DME & Supplies grab bars, bath bench	**Safety Measures** standard precautions, fall precautions, diabetic precautions, bleeding precautions, , bathroom safety, , anticoagulant precautions, ambulates with assistance, activity supervision
Nutrition Z. NO PHYSICIAN-ORDERED DIET	**Allergies** no known allergies

Advance Directives	Caregiver Status
No Advance Directive	2. Non-agency caregiver(s) need training/supportive services to provide assistance
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.	**DISCHARGE PLAN:** PT: family/caregiver will be responsible for managing treatment
Orders for Discipline and Treatment: 1 - SOC - PT	

PT CAREPLAN

PT frequency WK1: 1 (09/14/26-09/19/26),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 > 101, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 8

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

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:No Advance Directive

09/14/2026 Problems : GG0170L1 - Walk 10 ft on Uneven Surface
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)
GG0170K1 - Walk 150 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170I1 - Walk 10 Feet
GG0170G1 - Car Transfer
GG0170F1 - Toilet Transfer
GG0170D1 - Sit to Stand
M1400 - Dyspnea
M2020 - Oral Med Management
balance deficit
limited strength
limited endurance
M2102d - Caregiver Performs Treatment

PT NARRATIVE

Client is a 68 year old with recent hospitalization due to vertigo. Other history includes DM, COPD, HTN, ANXIETY, DIZZINESS, TIA, ERYTHEMA INTERTRIGO. Lives in a home with several roommates. 3 steps with rail to enter. Bed and bath on first floor. Caregiver is Josh Shakelford, one of client's roommates. Ambulates without device and supervision 30 feet x 2 with decreased step length. Bed mobility is independent. Transfers to bed, chair and toilet with supervision. Therapist did not assess outside skills or car transfer. Client is homebound due to significant effort to leave home with human assistance and as evidenced by tinetti score of 16/28. Client tolerated 5 reps of supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction, knee extension, ankle pumps. Client would benefit from home therapy to increase strength and return to independence. Client would benefit from a rollator for ambulation.

PT GOALS

PATIENT-STATED GOAL: To get a new walker and be able to get out of the house myself

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 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 - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

Picking Up Object - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Eating - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

M2102c - Med Admin

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, equipment training, 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, 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 - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, Picking Up Object - 06. Independent, 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 and Date of Verbal SOC Where Applicable:
Electronically signed by: Charles Messick RN on 09/14/2026

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: 09/02/2026

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 **Shanita Chase**
1701 Twin Springs Rd
Baltimore, MD 21227
NPI 1487650891

Phone Number 410-737-5000

Fax Number 14107375401

Physician's Signature and Date Signed

X

Shanita Chase , MD
09/02/2026: Date of physician last face-to-face