

HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 115021429

Patient Details				
Patient's HI Claim No. 7WG4VU7XE07	Start of Care Date 08/18/2026	Certification Period 08/18/2026 - 10/16/2026	Medical Record No. 28346	Provider No. 217058
Patient's Name and Address William Clifton 16350 Camalo Dr MOUNT AIRY, MD 21771		Gender Male	Date of Birth 05/05/1956	Phone Number 240-398-1433
		Email		Primary Language English
Clinical Profile				
Provider's Name HomeCentris Healthcare LLC		Address 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117		Phone Number 410-321-8448
NPI 1487113239				Fax Number 410-559-3002
Clinical Condition Requiring Homecare: The patient is a 70-year-old male with a significant past medical history of Parkinsonism, chronic post-traumatic stress disorder (PTSD), and recurrent moderate major depressive disorder. The patient was referred for skilled home health physical therapy following a recent hospitalization related to a fall associated with dizziness and loss of balance. On assessment, the patient presents with impaired balance, gait instability, decreased bilateral lower-extremity strength and functional endurance, and an increased risk for recurrent falls. These deficits negatively impact the patient's ability to safely perform bed mobility, transfers, and ambulation, requiring the use of an assistive device and/or physical assistance for safe functional mobility. The patient demonstrates a need for skilled PT intervention to address strength, balance, gait, endurance, transfer ability, and overall functional safety. Skilled home health PT is indicated for progressive therapeutic strengthening and endurance exercises, gait and balance training, transfer and functional mobility training, fall-prevention strategies, and patient education regarding safe use of assistive devices and mobility techniques. The plan of care is to provide skilled PT services to improve functional strength and balance, increase safety and independence with bed mobility, transfers, and ambulation, reduce fall risk, and facilitate safe progression toward the patient's prior level of function. Date of Order 08/18/2026 Orders Physician Face-to-Face Date: 08/04/2026 Clinical Condition Requiring home Care per Certifying Physician: PT-eval & treat due to Depression unspecified 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 Baffoe-Bonnie, Edna		Physician Statement on Homebound Status: Due to diagnosis of Depression unspecified, 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: F32.A. Depression unspecified**Other Pertinent Diagnoses**

ICD-10 CM	Description	Medications
G20.A1	Parkinson's dis w/o dyskinesia w/o mention of fluctuations	CETIRIZINE HYDROCHLORIDE 10 MG / 1 Tablet by mouth daily Allergies Metformin Hcl - Metformin Hydrochloride 1000 MG / 1 Tablet by mouth BID Type 2 Diabetes TYLENOL 325 mg/tablet / Take 2 tablet by mouth in A.M. As needed for pain Cranberry Plus Vitamin C 4200-20-3 MG-UNIT Capsule / Take 1 tablet by mouth once a day Supplement Cyanocobalamin - Cyanocobalamin 1 mg 500 mg by mouth once a day Supplement Cholecalciferol 25 MG Capsule 2 tabs by mouth once a day Supplement ASPIRIN Adult Low Dose Delayed Release 81 MG / 1 Tablet Oral once a day Prophylactic Bupropion Hydrochloride - Bupropion Hydrochloride Extended Release 24 Hour 300 MG Tablet Oral once a day Depression Carbidopa And Levodopa - Carbidopa: Levodopa 25-100 MG Tablet Oral three times a day Parkinson Disease JARDIANCE 10 MG Tablet Oral once a day Type 2 Diabetes FINASTERIDE 5 MG Tablet Oral once a day enlarged prostate DONEPEZIL HYDROCHLORIDE 10 MG Tablet Oral once a day Dementia
E55.9	Vitamin D deficiency unspecified	
I10.	Essential (primary) hypertension	
M62.81	Muscle weakness (generalized)	
R26.81	Unsteadiness on feet	
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: 2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, 3. Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc., HISTORY OF DEPRESSION: Yes

Functional Limitations
Endurance, Ambulation**Activities Permitted**
Exercises Prescribed, Up As Tolerated**DME & Supplies**
reacher, 4 wheeled walker, , ,**Safety Measures**
bathroom safety, electrical safety measures, fall precautions, diabetic precautions, standard precautions, ambulates with assistance, ambulates with device, , activity supervision**Nutrition**
Z. NO PHYSICIAN-ORDERED DIET**Allergies**
no known allergies

Clifton, William | Cert Period 08/18/26 - 10/16/26

Advance Directives Living Will	Caregiver Status 1. Non-agency caregiver(s) currently 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: family/caregiver will be responsible for managing treatment
Orders for Discipline and Treatment: 1 - SOC - PT	
Clifton, William Cert Period 08/18/26 - 10/16/26	

PT CAREPLAN

PT frequency WK1: 1 (08/18/26-08/22/26),WK2: 1 (08/23/26-08/29/26),WK3: 1 (08/30/26-09/05/26),WK4: 1 (09/06/26-09/12/26),WK5: 1 (09/13/26-09/19/26)

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: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status 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:Living Will

08/19/2026 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
M1400 - Dyspnea
M2020 - Oral Med Management
daytime fatigue
balance deficit

PT NARRATIVE

Patient is a 70-year-old male with PMHx significant for Parkinsonism, chronic PTSD, and recurrent moderate major depressive disorder, referred for skilled home health PT following recent hospitalization after a fall associated with dizziness and loss of balance. Client presents with impaired balance, gait instability, decreased LE strength/endurance, and increased fall risk. Deficits limit safe bed mobility, transfers, and ambulation, requiring assistive device and/or assistance for mobility. Skilled HHPT is indicated for gait/balance training, strengthening, transfer training, fall prevention, and safe progression of functional mobility.

PT GOALS

PATIENT-STATED GOAL: to get a stable place to stay

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

patient/caregiver recalls

- * depression-prevention strategies including avoidance of isolation
- * healthy eating
- * sleeping habits
- * identification of activities that bring pleasure
- * preventive care
- * 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

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

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

difficulty sleeping
poor muscle tone
muscle weakness
limited strength
limited endurance
D0160 - Depression

PROCEDURES: B LE mm strengthening: 1, home exercise program: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day., 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, 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 - 06. Independent, 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 08/18/2026

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: 08/04/2026

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 **Edna Baffoe-Bonnie**
7900 Oak Point Ct
Pasadena, MD 21122
NPI 1982117388

Phone Number 4438701237

Fax Number 14432961684

Physician's Signature and Date Signed

X

Edna Baffoe-Bonnie, MD

08/04/2026: Date of physician last face-to-face

Clifton, William | Cert Period 08/18/26 - 10/16/26