HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 115022132

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
36860135	07/21/2026	09/19/2026 - 11/17/2026	12820	217058

Patient's Name and Address	Gender	Date of Birth	Phone Number
Robert Williams 1610 E Madison St Baltimore, MD 21205	Male	05/15/1953	443-740-8036
	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 reports soreness in the buttocks and states that a friend provides transportation to dialysis three times per week. He denies any recent falls or medication changes. The patient demonstrates improved ability to maintain a sitting position but continues to require assistance with bed mobility.
Supine-to-long-sitting was initially performed with moderate assistance using bed rails and the head of the bed elevated approximately 10 degrees, progressing to supervision for three repetitions. He was able to maintain the position for up to two minutes with upper-extremity support and independently roll side to side using the bed rail.
Supine-to-sitting at the edge of the bed continues to require moderate assistance, including assistance to prop onto the left elbow. Once seated, the patient can maintain an unsupported sitting position while holding the bed rail but is unable to release the rail for independent sitting. The patient experienced one hospitalization during the current authorization period, resulting in a setback in mobility; however, gradual improvement in sitting tolerance and bed mobility is noted. Continued skilled physical therapy through recertification is recommended to further improve bed mobility and initiate safe bed-to-wheelchair transfer training.<o:p></o:p>

Date of Order<o:p></o:p>
09/15/2026
Order<o:p></o:p>
Physician Face-to-Face Date:
07/14/2026<o:p></o:p>
Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat, hha -adl's due to Pneumonitis due to inhalation of food and vomit<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>

4 - Recertification PT Notes: to improve bed mobility and begin bed to wheelchair transfers<o:p></o:p>

Physician Statement on Homebound Status:

Due to diagnosis of Pneumonitis due to inhalation of food and vomit, 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

Physician: Tansinda, James

ICD-10 CM Principal Diagnosis: J69.0. Pneumonitis due to inhalation of food and vomit

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
I69.351	Hemiplga following cerebral infrc aff right dominant side	Rena-Vite - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tab by mouth once a day supplement Lidocaine Patch - Lidocaine 5% topical as necessary pain BACK/LEG Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg 0.4MG; 1 TAB by mouth once a day Nifedipine Er - Nifedipine 90 mg, take tablet by mouth once a day blood pressure Eliquis - Apixaban 2.5mg take 1 tablet by mouth twice a day anticoagulant Pantoprazole - Pantoprazole Sodium 40 mg 40mg by mouth once a day gerd Gabapentin - Gabapentin 100 mg take 1 CAPSULE by mouth three times a day neuropathy Keppra - Levetiracetam 500 mg 500mg by mouth twice a day Seizure Ibuprofen - Ibuprofen 800 mg Take 1 tablet by mouth every 8 hours As needed for pain Sevelamer Carbonate - Sevelamer Carbonate 800mg, take 2 tablets by mouth three times a day With meals Atorvastatin Calcium - Atorvastatin Calcium 80mg, take (80mg) tablets by mouth once a day cholesterol
I69.398	Other sequelae of cerebral infarction	
G40.909	Epilepsy unsp not intractable without status epilepticus	
I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	
N18.6	End stage renal disease	
D63.1	Anemia in chronic kidney disease	
Z99.2	Dependence on renal dialysis	
E78.5	Hyperlipidemia unspecified	
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	
I48.91	Unspecified atrial fibrillation	
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	
G89.29	Other chronic pain	
K21.9	Gastro-esophageal reflux disease without esophagitis	
Z79.01	Long term (current) use of anticoagulants	
Z89.511	Acquired absence of right leg below knee	
Z89.512	Acquired absence of left leg below knee	
Z95.0	Presence of cardiac pacemaker	
J96.01	Acute respiratory failure with hypoxia	
L89.156	Pressure-induced deep tissue damage of sacral region	
B18.2	Chronic viral hepatitis C	
Z99.81	Dependence on supplemental oxygen	

Prognosis
fair

Mental and Psychosocial Status
COGNITION: 4. Is totally dependent in toileting., ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: WNL , HISTORY OF DEPRESSION:

Functional Limitations
Ambulation, Endurance, Amputation, Weakness right hand and arm

Activities Permitted
Transfer bed/Chair, Wheelchair, Exercises Prescribed, Up As Tolerated,

DME & Supplies
wheelchair, hospital bed, commode, Stair glide

Safety Measures
standard precautions, sharps precautions, remove environmental barriers, medication safety, fall precautions, electrical safety measures, diabetic precautions, bleeding precautions, anticoagulant precautions, activity supervision

Nutrition
renal diet

Allergies
levaquin

Advance Directives Durable power of attorney for health care/Medical power of attorney	**Caregiver Status**
Rehabilitation Potential SELF-CARE: , MOBILITY:	**DISCHARGE PLAN:** PT: family/caregiver will be responsible for managing treatment

Orders for Discipline and Treatment:

1 - SOC - SN

3 - ROC - SN

PT Eval

PT Eval

PT Eval

OT Eval

OT Eval

OT Eval

4 - Recertification PT

SN NARRATIVE

Patient ordered resumption of care s/p hospitalization due to pneumonia. SN/PT/OT to resume.The patient is a 73-year-old male with a PMHx of ESRD on hemodialysis on M/W/F, CVA, A-fib, bilateral BKA, and hyperlipidemia, etc. He is AXOX4. He denies SOB. He is on hemodialysis on M/W/F. He has a dialysis port on his right upper chest. Sacral pressure ulcer treatment cleanse with nss apply aquacel dressing. Recommended SN frequency 1w1 2w1 1w2. Next SN visit Tuesday. Patient needs gauze, nss, aquacel dressings for his sacral wound care.

OT NARRATIVE

The patient is a 73-year-old male presenting to skilled OT services s/p hospitalization secondary to right shoulder pain. PMH MH significant for ESRD on hemodialysis on M/W/F, CVA,A-fib, bilateral BKA, and hyperlipidemia, etc.

He previously resided with his wife and some family members. His wife is the primary caregiver. His room is on the second floor, and he has a stair lift, but reports that due to generalized weakness, a family member takes him down the stairs and up on his back on dialysis days. He stays in bed on other days. Patient previously independent with basic self care, functional transfer and functional mobility in wheelchair. Patient currently presents with decreased sitting balance, sitting tolerance, bilateral UE strength and activity tolerance resulting in decreased self care, functional transfer, and functional mobility independence. Skilled OT services recommended at this time to address deficits hindering Patient from returning to prior level of functional independence.

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PT CAREPLAN

PT frequency 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),WK1: 5 (09/19/26-09/19/26),WK2: 5 (09/20/26-09/26/26)

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 > 5

CAREGIVER: WNL

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2

or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 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, 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:Durable power of attorney for health care/Medical power of attorney

09/15/2026 Problems : balance deficit
muscle weakness
limited endurance
limited strength
M1033 - Exhaustion

PROCEDURES: Bed mobility training: Rolling side to side, supine to long sit, supine to short sit, scoot up in bed, scoot side to side on edge of bed, Family training with wife: Bed mobility and sitting tolerance., Sitting tolerance in long sit and short sit. : Timed, cough/deep breathing exercises, incentive spirometer, wheelchair training, home exercise program: Supine hip flexion, bridging with pillow, straight leg raise, hip abduction. Sitting knee extension. Prone knee flexion, hip extension

TEACH PATIENT/CAREGIVER: * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, Sitting tolerance will be 10 minutes , Supine to long sit independently , Be able to scoot side to side on the side of the bed without loosing his balance.

PT NARRATIVE

Reports soreness in buttocks. States he has his friend get him to dialysis 3 days a week. Reports no falls and no medication changes. Supine to long sit with bed rails and head of bed lifted 10 degrees moderate assistance then with supervision x3. Hold position 2min with arm support. Roll side to side with bed rail independently. Supine to sit on the side of the bed with moderate assistance to prop on left elbow. Sit at edge of bed with back unsupported and hold to rail. Unable to let go. Report no medication changes or falls. Improvement noted in ability to hold sitting position. Was hospitalized one time during authorization which caused set back in mobility. Recertification for client to improve bed mobility and begin bed to wheelchair transfers.

PT GOALS

PATIENT-STATED GOAL: To be able to sit on the side of the bed by myself

GOALS
patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

Sitting tolerance will be 10 minutes

Supine to long sit independently

Be able to scoot side to side on the side of the bed without loosing his balance.

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: 07/14/2026	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 **James Tansinda** 726 Maiden Choice Catonsville, MD 21228 NPI 1184690141	**Phone Number** 14107441101 **Fax Number** 14107441186

Physician's Signature and Date Signed

X

James Tansinda
07/14/2026: Date of physician last face-to-face