HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 115022165

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
1F13Q24RE12	09/17/2026	09/17/2026 - 11/15/2026	30265	217058

Patient's Name and Address	Gender	Date of Birth	Phone Number
Edward Thomas 1004 Emmerick Dr JOPPA, MD 21085	Male	02/02/1953	443-206-3188
	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 73-year-old male referred to home health services following a recent hospitalization and subacute rehabilitation stay for acute cystitis and urinary tract infection, with a past medical history significant for bipolar disorder, gastroesophageal reflux disease, hypothyroidism, anxiety, dermatitis, anemia, and intellectual disability. He resides in a ranch-style group home with ramp access and receives assistance from facility caregivers for all activities of daily living. Prior to hospitalization, he ambulated household distances without an assistive device, occasionally using furniture for support, and performed transfers with supervision or assistance as needed. Currently, the patient demonstrates decreased orientation, poor balance, impaired functional mobility, and significant difficulty participating in therapy due to cognitive deficits, fluctuating mood, resistance to assistance, and episodes of anger. During the evaluation, multiple attempts to ambulate with staff assistance were unsuccessful. He required moderate assistance for sit-to-stand transfers, maximal assistance for stand-pivot transfers, and moderate to maximal assistance for bed mobility. Strength and flexibility could not be accurately assessed due to limited participation and resistance. The patient requires caregiver assistance for self-care, transfers, and functional mobility and is currently considered non-teachable. Skilled OT services are not recommended at this time because facility staff are already trained to provide the necessary functional care and management. The potential benefit from skilled PT is guarded based on the patient's current cognitive and behavioral limitations and poor participation during the initial evaluation.<o:p></o:p>

Date of Order<o:p></o:p>
09/17/2026<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 ot-eval & treat dx: Acute cystitis without

Physician Statement on Homebound Status:

Due to diagnosis of Acute cystitis without hematuria, 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

hematuria<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> OT Eval Notes:<o:p></o:p> Physician: Knight, Robert	

ICD-10 CM Principal Diagnosis: N30.00. Acute cystitis without hematuria

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
B96.20	Unsp Escherichia coli as the cause of diseases classd elswhr	ACETAMINOPHEN 325 MG Tablet / GIve 2 tablet by mouth three times a day for PAIN Atorvastatin Calcium - Atorvastatin Calcium 20 MG / 1 Tablet by mouth at bedtime for HLD Carboxymethylcellulose Sod PF Ophthalmic Gel 1 % / Instill 1 drop both eyes every 8 hours for Blepharitis CHLORPROMAZINE HYDROCHLORIDE 200 MG / 1 Tablet by mouth at bedtime for Bipolar Disorder Chlorpromazine Hydrochloride - Chlorpromazine Hydrochloride 50 MG / 1 Tablet by mouth every 12 hours for Bipolar Disorder CRANBERRY 500 MG / 1 Capsule by mouth two times a day for Supplement Divalproex Sodium - Divalproex Sodium Delayed Release 500 MG / 1 Tablet by mouth every 8 hours for Bipolar Disorder Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) MG / 1 Tablet by mouth one time a day for Anemia KETOCONAZOLE Topical Cream 2 % / Apply to Face topically every 24 hours as needed for Rash Levothyroxine Sodium - Levothyroxine Sodium 88 MCG / 1 Tablet by mouth in the morning for Hypothyroidism LORAZEPAM 0.5 MG / 1 Tablet by mouth one time a day for Anxiety Nitrofurantoin Macrocrystalline - Nitrofurantoin, Macrocrystalline 100 MG / 1 Capsule by mouth every other day for UTI prophylaxis OLANZAPINE 20 MG / 1 Tablet by mouth at bedtime for Bipolar Disorder OMEPRAZOLE Delayed Release 40 MG / 1 Capsule by mouth in the morning for GERD Polyethylene Glycol 3350 - Polyethylene Glycol 3350 Powder 17 GM/SCOOP / Give 1 scoop by mouth once a day for Bowel Regimen Dissolve in 8 oz water; hold for loose stools Propranolol Hydrochloride - Propranolol Hydrochloride 10 MG / 1 Tablet by mouth every 8 hours for Bipolar Disorder QUETIAPINE FUMARATE 50 MG / 1 Tablet by mouth two times a day related to BIPOLAR DISORDER, UNSPECIFIED (F31.9);ANXIETY DISORDER, UNSPECIFIED (F41.9) SENNA 8.6 MG Tablet / Give 2 tablet by mouth every 24 hours as needed for Bowel Regimen Hold for loose stools; give at bedtime SODIUM SULFACETAMIDE Ophthalmic Solution 10 % / Instill 2 drop both eyes every 2 hours for Blepharitis To be given while awake Vitamin D - Ergocalciferol 1.25 MG (50000 UT) / 1 Capsule by mouth one time a day every Thur, Sun for Vitamin D deficiency Bactroban - Mupirocin 2 perc 2 topical twice a day To L heel Ketoconazole - Ketoconazole 2 perc 1 topical once a day Apply to face as needed Milk of magnesia 400 mg, by mouth as necessary For constipation Benzonate - Benzonatate 100mg by mouth as necessary Diazepam - Diazepam 5 mg 1 by mouth as necessary Epinephrine - Epinephrine 0.3mg intramuscular as necessary Inject intramuscular as needed allergic reaction
E78.00	Pure hypercholesterolemia unspecified	
K21.9	Gastro-esophageal reflux disease without esophagitis	
E03.9	Hypothyroidism unspecified	
F41.9	Anxiety disorder unspecified	
F79.	Unspecified intellectual disabilities	
H01.009	Unspecified blepharitis unspecified eye unspecified eyelid	
L21.9	Seborrheic dermatitis unspecified	
D64.9	Anemia unspecified	
Z79.899	Other long term (current) drug therapy	
Z79.2	Long term (current) use of antibiotics	

Prognosis fair	**Mental and Psychosocial Status** COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, 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, 3. Verbal disruption:

	yelling, threatening, excessive profanity, sexual references, etc., HISTORY OF DEPRESSION: No
Functional Limitations Speech, , , , Ambulation, Endurance, Bowel/Bladder Incontinence	**Activities Permitted** No Restrictions
DME & Supplies wheelchair, rolling walker, bath bench, grab bars, commode, 4 wheeled walker	**Safety Measures** wheelchair precautions, transfer with assist, supervision at all times, standard precautions, fall precautions, bedrails up while in bed, bathroom safety, ambulates with device, ambulates with assistance, activity supervision
Nutrition Z. NO PHYSICIAN-ORDERED DIET	**Allergies** bee venom

Advance Directives	Caregiver Status
POLST (Physician Orders for Life-Sustaining Treatment)	2. Non-agency caregiver(s) need training/supportive services to provide assistance
Rehabilitation Potential	**DISCHARGE PLAN:**
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.	PT: family/caregiver will be responsible for managing treatment OT: another facility/provider will be responsible for managing treatment

Orders for Discipline and Treatment:

1 - SOC - PT

OT Eval

OT CAREPLAN

OT frequency WK1: 1 (09/17/26-09/19/26)

09/18/2026 Problems : M1400 - Dyspnea

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, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance

OT NARRATIVE

73-year-old male presenting to skilled OT services following recent hospital and subacute rehab stay following diagnosis of acute cystitis and urinary tract infection. Past medical history, significant for bipolar, gastric reflux, disease hypothyroidism, anxiety, dermatitis, anemia, intellectual disabilities patient lives in a ranch group home. Ramp to enter. Per staff prior level of functional independence patient ambulated without the use of an assistive device, functional transfers with supervision and required assist with all adls. Patient currently presents with decreased orientation and currently non teachable. Patient receives assistance from facility caregivers for all self care, functional transfer and functional ambulation tasks. No skilled OT services recommended at this time secondary to patient cognitive deficits and facility staff already trained on functional care management. No additional skilled OT services warranted at this time. Skilled OT evaluation only.

OT GOALS

PATIENT-STATED GOAL: Evaluation only

GOALS
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

Oral Hygiene - 03. Partial/moderate assistance

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 03. Partial/moderate assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

PT CAREPLAN

PT frequency WK1: 1 (09/17/26-09/19/26),WK2: 2 (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),WK8: 1 (11/01/26-11/07/26)

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: 2. Non-agency caregiver(s) need training/supportive services to 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:POLST (Physician Orders for Life-Sustaining Treatment)

09/17/2026 Problems : GG0170I1 - Walk 10 Feet
GG0170D1 - Sit to Stand
GG0170F1 - Toilet Transfer
GG0170R1 - Wheel 50 ft w 2 Turns
GG0170S1 - Wheel 150 feet
GG0170M1 - 1 - Step (curb)
GG0170O1 - 12 Steps
GG0170N1 - 4 Steps
GG0170G1 - Car Transfer
GG0170E1 - Chair to Bed to Chair
GG0170P1 - Picking Up Object
#1 - Abrasion - Other - R great toe -
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170K1 - Walk 150 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0130B1 - Oral Hygiene
GG0130C1 - Toileting Hygiene
GG0130E1 - Shower/Bathe Self
GG0130F1 - Upper Body Dressing
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130A1 - Eating

PT NARRATIVE

73-year-old male referred to homehealth services following recent hospital and subacute rehab stay following diagnosis of acute cystitis and urinary tract infection past medical history, significant for bipolar, gastric reflux, disease hypothyroidism, anxiety, dermatitis, anemia, intellectual disabilities patient lives in a ranch group home. Ramp to enter. Per staff at the Arc pt plof amb no device was furniture walker household distances stood with assist as needed, assist needed all adls. They reported his mood fluctuates frequently and can be very resistant to assisting staff and easily angered which I witnessed several times during this session, with assist of staff I attempted to walk with the patient several times all were unsuccessful required moderate assist for sts max a for spt, mod to max ax1 bed mobility unable to accurately assess strength or flexibility due to pt resistance, balance is poor. Pts mental disability made it difficult to determine how much he understood versus resistance to participation. Potential to benefit from skilled physical therapy is guarded based on results of SOC.

PT GOALS

PATIENT-STATED GOAL: Pt unable to state, staff would like to improve his mobility hopefully get him to walk again

GOALS
patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* 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
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* 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

caregiver administers and/or packages medications appropriately

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

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

Oral Hygiene - 03. Partial/moderate assistance

#2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Other - Medial aspect L heel -
M1700 - Cognition
M1720 - Anxiety
M1745 - Behavioral Issues
M1600 - UTI
M1033 - Exhaustion
M1400 - Dyspnea
M2020 - Oral Med Management
dependent edema
withdrawal from conversations
impaired speech
balance deficit
muscle weakness
swelling of affected area
limited endurance
limited range of motion
limited strength
pallor
hair loss
M2102d - Caregiver Performs Treatment
M2102c - Med Admin

PROCEDURES: physician-ordered wound care: #1 - Abrasion - Other - R great toe -: Managed by the ARC nurse, physician-ordered wound care: #2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Other - Medial aspect L heel -: Managed by the Arc nurse, Gait training : Training with pt amd caregiver on short distance walking, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, home exercise program: AA for hip flexion, knee extension, ankle pumps, le stretching as tolerated for heel cords, hamstrings, equipment training, work simplification/energy conservation, 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver*, 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, 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 - 05. Setup or clean-up assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: Charles Messick RN on 09/17/2026

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 **Robert Knight**
104 Plumtree Rd
Belair, MD 21015
NPI 1639258932

Phone Number 4105694224

Fax Number 14105694368

Physician's Signature and Date Signed

X

Robert Knight, MD
09/10/2026: Date of physician last face-to-face

Thomas, Edward | Cert Period 09/17/26 - 11/15/26