Home Health Certification and Plan of Care

Order ID: 1150/11600

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
61195414	07/24/2025	From: 07/24/2025 To: 09/21/2025	15545	217058

6. Patient's Name and Address

Linda Smoot
1516 Jupp Rd,
GLEN BURNIE, MD 21060-
667-417-8861

7. Provider's Name, Address and Telephone Number

HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
410-321-8448
1487113239

8. DOB 08/31/1955 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
G31.83	Neurocognitive disorder with Lewy bodies	07/24/25

13. ICD	Other Pertinent Diagnoses	Date
F02.84	Dem in other dis classd elswhr unsp severity with anxiety	07/24/25
F02.83	Dem in other dis classd elswhr unsp sev with mood distrb	07/24/25
F32.A	Depression unspecified	07/24/25
H81.10	Benign paroxysmal vertigo unspecified ear	07/24/25
E03.9	Hypothyroidism unspecified	07/24/25
I48.0	Paroxysmal atrial fibrillation	07/24/25
S22.32XD	Fracture of one rib left side subs for fx w routn heal	07/24/25
I10.	Essential (primary) hypertension	07/24/25
M51.369	Oth intvrt disc degen lum rgn w/o lum bck or lw extrm painOth intvrt disc degen lum rgn w/o lum bck or lw extrm pain	07/24/25
G43.809	Other migraine not intractable without status migrainosus	07/24/25
F39.	Unspecified mood [affective] disorder	07/24/25
K86.89	Other specified diseases of pancreas	07/24/25
M17.12	Unilateral primary osteoarthritis left knee	07/24/25
I95.1	Orthostatic hypotension	07/24/25
H43.819	Vitreous degeneration unspecified eye	07/24/25
K21.9	Gastro-esophageal reflux disease without esophagitis	07/24/25
E04.1	Nontoxic single thyroid nodule	07/24/25
Z79.01	Long term (current) use of anticoagulants	07/24/25
Z96.643	Presence of artificial hip joint bilateral	07/24/25
Z86.018	Personal history of other benign neoplasm	07/24/25
Z91.81	History of falling	07/24/25

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

Acetaminophen - Acetaminophen 500 MG, Take 2 tablets by mouth every 8 hours 500 MG tablet
Take 2 tablets by mouth every 8 hours as needed for MILD Pain (or if patient requests it for moderate or severe pain) for up to 5 days.
Lidocaine - Lidocaine 4 % Ptch, Place 1 patch topical once a day Place 1 patch onto the skin every 24 hours for 7 days.
Meclizine - Meclizine Hydrochloride 25 MG , Take 1 tablet by mouth every 8 hours Take 1 tablet by mouth every 8 hours as needed for Dizziness for up to 7 days
Albuterol - Albuterol 108 (90 BASE) mcg/act solution, Take 2 puffs inhalant every 4 hours Take 2 puffs by inhalation every 4 hours as needed for Wheezing.
Bupropion Hydrobromide - Bupropion Hydrobromide 300 MG XL, Take 300 mg tablet by mouth at bedtime 300 MG XL tablet
Take 300 mg by mouth nightly. 9pm
Dabigatran Etexilate - Dabigatran Etexilate 150 MG capsule , Take 150 mg by mouth twice a day 150 MG capsule
Take 150 mg by mouth 2 times daily. 7am
9pm
Donepezil Hydrochloride - Donepezil Hydrochloride 5 MG tablet Take 5 mg by mouth at bedtime 5 MG tablet
Take 5 mg by mouth nightly. 9pm
Lamotrigine - Lamotrigine 150 mg tablet Take 300 mg by mouth at bedtime 150 mg tablet
Take 300 mg by mouth nightly. Take 2 tabs for mood
9pm
Levothyroxine - Levothyroxine Sodium 75 MCG tablet Take 75 mcg by mouth at bedtime 75 MCG tablet
Take 75 mcg by mouth nightly. Hypothyroid
9pm
Memantine Hydrochloride - Memantine Hydrochloride 5 MG tablet Take 5 mg by mouth at bedtime 5 MG tablet
Take 5 mg by mouth nightly. 9pm
Pantoprazole - Pantoprazole Sodium 40 mg tablet delayed release Take 40 mg by mouth twice a day 40 mg tablet delayed release
Take 40 mg by mouth 2 times daily. 7am
9pm
Rosuvastatin Calcium - Rosuvastatin Calcium 40 MG tablet Take 40 mg by mouth at bedtime 40 MG tablet
Take 40 mg by mouth nightly. 9pm
Topiramate - Topiramate 50 MG tablet Take 50 mg by mouth twice a day 50 MG tablet
Take 50 mg by mouth 2 times daily.
Migraine prevention
7am 9pm
Venlafaxine Hydrochloride - Venlafaxine Hydrochloride 150 MG , Take 150 mg extended-release 24HR capsule by mouth at bedtime 150 MG extended-release 24HR capsule
Take 150 mg by mouth nightly. 9pm

14. DME and Supplies:

hand held shower, grab bars, cane, 4 wheeled walker

15. Safety Measures:

transfer with assist, supervision at all times, remove environmental barriers, fall precautions, bleeding precautions, avoid temperature extremes, ambulates with device, standard precautions, ambulates with assistance, smoke detectors , medication safety, bathroom safety, anticoagulant precautions, activity supervision

16. Nutrition:

regular

17. Allergies:

compazine erythromycin honey prochlorperaznine edisylate valproic acid sulfer

18.A. Functional Limitations

Dyspnea With Minimal Exertion

18.B. Activities Permitted

Cane, Walker, Exercises Prescribed, Transfer bed/Chair, Up As Tolerated

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 07/24/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Sharon Chung
7670 Quarterfield Rd
Glen Bernie, MD 21061
PHONE: 410-508-7650 FAX: 1-410-508-7701 NPI: 1295026045

26. 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. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.

F2F date : 07/18/2025

27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face

28. 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.

Home Health Certification and Plan of Care

Order ID: 1150/11600

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
61195414	07/24/2025	From: 07/24/2025 To: 09/21/2025	15545	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Linda Smoot 1516 Jupp Rd, GLEN BURNIE, MD 21060- 667-417-8861	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

19. Mental & Pyschosocial 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: 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, HISTORY OF DEPRESSION: Yes

20. Prognosis: good

22. A Rehabilitation Potential:	22.B.Discharge Plans
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.	family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Neurocognitive Disorder With Lewy Bodies, 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.

Clinical Condition Requiring Homecare: The patient is a 70-year-old female who was admitted to BWMC on 7/18/25 for dizziness, syncope, collapse, and benign paroxysmal positional vertigo (BPPV). She sustained a fall resulting in a left rib fracture (#9). The patient was hospitalized for one day and then discharged home. She resides with her daughter, granddaughter, and great-granddaughter in a single-level home with one small step for entry. She ambulates with a cane and reports two falls in the past two months and up to five falls within the past year. The patient presents with a history of falls, unsteady gait, dizziness, generalized weakness, and decreased functional mobility, indicating the need for skilled home physical therapy to address these deficits. Dr. Sharon Chung's office was notified of the physical therapy plan of care, with scheduled frequency of 1w1, 2w3, and 1w3.
 Date of Order 07/24/2025 Orders Physician Face-to-Face Date: 07/18/2025 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat due to Neurocognitive Disorder With Lewy Bodies 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: Physician Chung, Sharon

SN Careplans	SN Goals

PT Careplans	PT Goals
PT WK1: 1 (07/24/25-07/26/25) ,WK2: 2 (07/27/25-08/02/25) ,WK3: 2 (08/03/25-08/09/25) ,WK4: 2 (08/10/25-08/16/25) ,WK5: 1 (08/17/25-08/23/25) ,WK6: 1 (08/24/25-08/30/25) ,WK7: 1 (08/31/25-09/06/25) 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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 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, 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; 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 PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, 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, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self,	PATIENT-STATED GOAL: To stop falling, and to improve safety with mobility GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent 1 - Step (curb) - 05. Setup or clean-up assistance Walk 10 ft on Uneven Surface - 05. Setup or clean-up assist 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 Shower/Bathe Self - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 05. Setup or clean-up assistance patient/caregiver recalls * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	07/24/2025

Home Health Certification and Plan of Care

Order ID: 1150/11600

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
61195414	07/24/2025	From: 07/24/2025 To: 09/21/2025	15545	217058

6. Patient's Name and Address
Linda Smoot
1516 Jupp Rd,
GLEN BURNIE, MD 21060-
667-417-8861

7. Provider's Name, Address and Telephone Number
HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
410-321-8448
1487113239

GG0130C1 - Toileting Hygiene, GG0130A1 - Eating, GG0170E1 - Chair to Bed to Chair, M1745 - Behavioral Issues, D0160 - Depression, M2102c - Med Admin, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, cluttered/soiled living area (CM), M1033 - Unintentional Weight Loss, M1033 - Exhaustion, M1400 - Dyspnea, dizziness/syncope (CR), muscle weakness (MS), limited strength (MS), balance deficit (NR), headache (NR), Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs

PROCEDURES: Medication Review- Medications reviewed with patient/caregiver., Medication Review- : Medications reviewed with patient/caregiver., train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, home exercise program: Seated therex, hip flexion, Long Arc Quad, hip abduction and pillow squeeze, all ex 1 x 15. Standing therex with biaxial support, mini squat, heel raise, hip flexion, hip abduction, hip extension and leg curls, all ex 1 x 10. Copy of HEP left in home with instructions to complete twice/day., work simplification/energy conservation, dynamic standing balance exercises, gait training on uneven surfaces, gait training/stair training, transfers training, therapeutic exercises, coordinate/arrange for maintenance of clean/uncluttered living area

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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, * lifestyle changes to manage hypotension including diet changes proper posture body position changes wearing of compression stockings, 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, * how to keep home safe for patient with dementia coping strategies for the caregiver, 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, * strategies to increase caloric intake, related medication(s) purpose, schedule, * migraine/headache prevention including lifestyle changes home remedies dietary modifications to reduce or eliminate triggers alternative medicines such as acupuncture and biofeedback, related medication(s) purpose, schedule, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * how to promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent constipation, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medication(s) purpose, schedule, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 06. Independent, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, 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 assist, 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

* 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

Oral Hygiene - 06. Independent

Eating - 06. Independent

Sit to Stand - 06. Independent

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 cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

patient/caregiver recalls
* strategies to increase caloric intake
* 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/caregiver recalls
* pain control
* therapeutic exercises to optimize range of motion of affected area
* diet and fluids to promote healing
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to promote optimized mobility with strength
* balance
* dexterity
* range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing
* prevent constipation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle changes to manage hypotension including diet changes
* proper posture
* body position changes
* wearing of compression stockings
* recalls related medication(s) purpose, schedule

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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles SN RN

Date
07/24/2025

Home Health Certification and Plan of Care

Order ID: 1150/11600

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
61195414	07/24/2025	From: 07/24/2025 To: 09/21/2025	15545	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Linda Smoot 1516 Jupp Rd, GLEN BURNIE, MD 21060- 667-417-8861	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

* migraine/headache prevention including lifestyle changes
* home remedies
* dietary modifications to reduce or eliminate triggers
* alternative medicines such as acupuncture and biofeedback
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low-fat diet
* lifestyle modifications to manage esophageal condition
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	07/24/2025