Home Health Certification and Plan of Care

Order ID: 1150/11793

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
72325539	08/10/2025	From: 08/10/2025 To: 10/08/2025	16274	217058

6. Patient's Name and Address

Ann Battle
4909 Gilray Dr,
BALTIMORE, MD 21214-
443-922-0333

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 12/24/1945 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I26.99	Other pulmonary embolism without acute cor pulmonale	08/10/25

13. ICD	Other Pertinent Diagnoses	Date
M54.16	Radiculopathy lumbar region	08/10/25
M54.12	Radiculopathy cervical region	08/10/25
M06.9	Rheumatoid arthritis unspecified	08/10/25
M50.10	Cervical disc disorder w radiculopathy unsp cervical region	08/10/25
I11.0	Hypertensive heart disease with heart failure	08/10/25
I50.9	Heart failure unspecified	08/10/25
E10.43	Type 1 diabetes w diabetic autonomic (poly)neuropathy	08/10/25
K50.90	Crohn's disease unspecified without complications	08/10/25
M10.9	Gout unspecified	08/10/25
C50.911	Malignant neoplasm of unsp site of right female breast	08/10/25
C79.51	Secondary malignant neoplasm of bone	08/10/25
J45.998	Other asthma	08/10/25
M15.0	Primary generalized (osteo)arthritis	08/10/25
E78.5	Hyperlipidemia unspecified	08/10/25
D64.9	Anemia unspecified	08/10/25
K21.9	Gastro-esophageal reflux disease without esophagitis	08/10/25
H40.9	Unspecified glaucoma	08/10/25
Z79.01	Long term (current) use of anticoagulants	08/10/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/10/25

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

Albuterol Sulfate - Albuterol Sulfate 0.63 MG/3ML, 3 milliliter inhale orally via E nebulizer inhalant every 6 hours 3 milliliter inhale orally via E nebulizer every 6 hours as needed for wheezing, SOB
Allopurinol - Allopurinol 300 MG Give 1 tablet by mouth once a day 300 MG (Allopurinol) Give 1 tablet by mouth one time a day for Gout
Eliquis - Apixaban 5 MG Give 1 tablet by mouth twice a day
Brimonidine Tartrate - Brimonidine Tartrate Ophthalmic Solution 0.2%, Instill 1 drop both eyes twice a day Instill 1 drop in both eyes two times a day for Ocular HTN
Diclofenac Sodium - Diclofenac Sodium External Gel 1%, Apply to Affected area topical every 6 hours Apply to Affected area topically every 6 hours as needed for pain
Fluticasone Propionate - Fluticasone Propionate 50 MCG/ACT, 2 spray in both nostrils nasal once a day 2 spray in both nostrils one time a day for nasal congestion for 30 Days
Gabapentin - Gabapentin 300 MG Give 1 tablet by mouth every 8 hours 300 MG Give 1 tablet by mouth every 8 hours for neuropathic pain
Losartan Potassium - Losartan Potassium 100 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HTN Hold for systolic less than 110
Metformin Hydrochloride - Metformin Hydrochloride 500 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for DM
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 17 GM/SCOOP,Give 1 scoop by mouth once a day Give 1 scoop by mouth one time a day for Bowel regimen Dissolve in 4oz of water; hold for loose stools
Naproxen - Naproxen 500 MG, Give 1 tablet by mouth every 12 hours Give 1 tablet by mouth every 12 hours as needed for pain
Pantoprazole Sodium - Pantoprazole Sodium 40 MG, Give 1 tablet by mouth in the morning Give 1 tablet by mouth in the morning for GERD
Pravastatin Sodium - Pravastatin Sodium 20 MG, Give 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for Hyperlipidemia
Sertraline Hcl - Sertraline Hydrochloride 50 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for depression
Spironolactone - Spironolactone 25 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for CHF
Ketoconazole - Ketoconazole 2% topical as necessary Shampoo
Acetaminophen - Acetaminophen 500mg/tab by mouth as necessary Take 2 tabs as necessary by mouth as needed for pain

14. DME and Supplies:

walker

15. Safety Measures:

medication safety, standard precautions, walker precautions, fall precautions, diabetic precautions, cardiac precautions, ambulates with device, ambulates with assistance

16. Nutrition:

diabetic

17. Allergies:

amlodipine cipro codeine doxycycline pcn augmentin lipitor macrobid statins zo

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A 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.

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Other Pulmonary Embolism Without Acute Cor Pulmonale, 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: <p class="MsoNoSpacing">The patient is a 79-year-old female referred to home health services following hospitalization and subacute rehabilitation for a pulmonary embolism and lower back pain. Past medical history is significant for metastatic breast cancer with bone metastases, hypertension, diabetes mellitus, hyperlipidemia, congestive heart failure, obesity, rheumatoid arthritis, cervical radiculopathy, polyneuropathy, Crohn's disease, gout, and recurrent falls. She lives alone in a first-floor setup single-family home with two steps to enter; a friend (health care agent, Floyd) and her sister provide intermittent assistance, but she is alone much of the day and previously received Meals on Wheels. The patient is deconditioned; she ambulates approximately 30 feet indoors using a cane with supervision and a tendency to reach for nearby objects, and also uses a rolling walker for safety. Bed mobility and transfers (bed, chair, toilet) require supervision; steps, outdoor mobility, and car transfers were not assessed. She is homebound due to the taxing effort required to leave the home, supported by a Tinetti score of 14/28. Skin is intact. She has an upcoming oncology appointment this week to discuss the plan for bone metastases and was noted to be a poor historian; increased in-home support was recommended and communicated to her health care agent. Skilled PT and OT are indicated to address decreased standing balance and

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 08/10/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Sabaina Arshad
1447 York Rd
Lutherville, MD 21093
PHONE: 410-847-3000 FAX: NPI: 1821449216

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 : 08/08/2025

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.

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tolerance, reduced bilateral upper-extremity strength, impaired activity tolerance, and limitations in self-care, transfers, and ambulation, with goals to improve strength, safety, and functional independence. Skilled nursing is recommended at a frequency of 2 visits in 1 week followed by 1 visit weekly for 3 weeks (2w1, 1w3); the next nursing visit is scheduled for Wednesday.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 08/10/2025<o:p></o:p> Orders<o:p></o:p> Physician Face-to-Face Date: 08/08/2025<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 Other Pulmonary Embolism Without Acute Cor Pulmonale<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> <o:p> </o:p> 1 - SOC - SN Notes:<o:p></o:p> PT Eval Notes:<o:p></o:p> OT Eval Notes:<o:p></o:p> Physician: Arshad, Sabaina

SN Careplans

SN WK1: 2 (08/10/25-08/16/25) ,WK2: 1 (08/17/25-08/23/25) ,WK4: 1 (08/31/25-09/06/25) ,WK5: 1 (09/07/25-09/13/25)

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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; 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)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, abnormal BS < 70/140 > mg/dL, muscle weakness, limited endurance, limited strength

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver., cough/deep breathing exercises

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 modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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, * 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

SN Goals

PATIENT-STATED GOAL: I want to find out what this lump is on my back

GOALS
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

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* recalls related medication(s) purpose, schedule

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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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
* 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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* 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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/10/2025

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patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

PT Careplans

PT WK1: 1 (08/10/25-08/16/25) ,WK2: 1 (08/17/25-08/23/25) ,WK3: 2 (08/24/25-08/30/25) ,WK4: 1 (08/31/25-09/06/25) ,WK5: 2 (09/07/25-09/13/25) ,WK6: 1 (09/14/25-09/20/25) ,WK7: 1 (09/21/25-09/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: 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, Family training , incentive spirometer, 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, * 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, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 06. Independent, Car Transfer - 04. Supervision or touching assistance, 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

PT Goals

PATIENT-STATED GOAL: To feel steady when I use my cane

GOALS
Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

Toilet Transfer - 06. Independent

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
* 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

Car Transfer - 04. Supervision or touching 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

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Walk 10 Feet - 05. Setup or clean-up assistance

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

OT Careplans

OT WK1: 1 (08/10/25-08/16/25) ,WK4: 1 (08/31/25-09/06/25) ,WK5: 1 (09/07/25-09/13/25) ,WK6: 1 (09/14/25-09/20/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation, transfers training, assist with transferring, assist with lower body dressing, therapeutic exercises

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

OT Goals

PATIENT-STATED GOAL: I want to walk better

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

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

Eating - 06. Independent

HHA Careplans

HHA WK2: 2 (08/17/25-08/23/25) ,WK3: 2 (08/24/25-08/30/25) ,WK4: 2 (08/31/25-09/06/25) ,WK5: 2 (09/07/25-09/13/25)

PROCEDURES: Change Bed Linens: Change bed linens, weekly and as needed, as long as clean linens are available. , assist with bathing: Min to mod A with shower chair. Wash hair., assist with toilet transferring: Incontinence for bladder, assist with O2 safety, assist with lower body dressing: Supervision, assist with upper body dressing: Min A

HHA Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles SN RN

Date

08/10/2025