

Home Health Certification and Plan of Care				Order ID: 1150/11783	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
41800870700		08/09/2025		From: 08/09/2025 To: 10/07/2025	
				4. Medical Record No.	
				16153	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Maria Kulis			HomeCentris Healthcare LLC		
17 Avenal Rd,			10 Crossroads Drive, Suite 102		
ESSEX, MD 21221-			Owings Mills, MD 21117-8284		
410-624-6909			410-321-8448		
			1487113239		
8. DOB			9. Sex		
04/07/1945			Female		
11. ICD		Principal Diagnosis		Date	
I21.3		ST elevation (STEMI) myocardial infarction of unsp site		08/09/25	
13. ICD		Other Pertinent Diagnoses		Date	
M17.12		Unilateral primary osteoarthritis left knee		08/09/25	
E22.2		Syndrome of inappropriate secretion of antidiuretic hormone		08/09/25	
I95.1		Orthostatic hypotension		08/09/25	
I10.		Essential (primary) hypertension		08/09/25	
D32.9		Benign neoplasm of meninges unspecified		08/09/25	
M81.0		Age-related osteoporosis w/o current pathological fracture		08/09/25	
Z87.440		Personal history of urinary (tract) infections		08/09/25	
Z79.82		Long term (current) use of aspirin		08/09/25	
14. DME and Supplies:			15. Safety Measures:		
bath bench, walker			standard precautions, fall precautions, ambulates with device, walker precautions, medication safety, supervision at all times, bleeding precautions		
16. Nutrition:			17. Allergies:		
regular			naproxen		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Ambulation			Walker, Exercises Prescribed		
19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, 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, HISTORY OF DEPRESSION: No					
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 St Elevation Myocardial Infarction Of Unspecified Site, 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 an 80-year-old Mexican woman admitted following hospitalization for dizziness, anorexia, and hyponatremia, with a past medical history significant for COVID-19, muscle weakness, vitamin D deficiency, STEMI, osteoarthritis of the left knee, SIADH, hypertension, meningioma status post resection, and cataracts. She resides with her adult daughter in a single-family, single-story home with three steps to enter. The patient has cognitive impairment, is alert and oriented 2 but reorients easily. She denies pain and shortness of breath; lung sounds are clear and no edema is noted. She reports moderate bilateral knee pain, ambulates with an unsteady shuffling gait with bilateral knee hyperextension, and demonstrates poor coordination. Timed Up and Go (TUG) was 23 seconds, indicating a high fall risk. Although she owns a walker, she does not consistently use it, further increasing her risk for falls. Skilled nursing reviewed all medications, including dose, frequency, and side effects, and provided education on fall prevention, safe ambulation, and proper use of the walker. The patient was instructed in a home exercise program including long arc quads with resistance band, marching, side-kicks, mini squats, and heel raises. Her daughter assists with ADLs and IADLs as needed. At this time, the patient is at her baseline functional level and is not appropriate for skilled occupational therapy services; however, skilled nursing and physical therapy services remain indicated to address mobility, safety, and fall risk management. </o:p></o:p></p> <p class="MsoNoSpacing">Date of Order <o:p></o:p></p> <p class="MsoNoSpacing">08/09/2025 <o:p></o:p></p> <p class="MsoNoSpacing">Orders <o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 07/21/2025 <o:p></o:p></p> <p class="MsoNoSpacing">Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to St Elevation Myocardial Infarction Of Unspecified Site <o:p></o:p></p> <p class="MsoNoSpacing">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></p> <p class="MsoNoSpacing"><o:p></o:p></p> <p class="MsoNoSpacing">1 - SOC - SN Notes: <o:p></o:p></p> <p class="MsoNoSpacing">PT Eval Notes: <o:p></o:p></p> <p class="MsoNoSpacing">OT Eval Notes: <o:p></o:p></p> <p class="MsoNoSpacing">Physician: Loh, John</p>					
SN Careplans			SN Goals		
SN WK1: 1 (08/09/25-08/09/25) ,WK2: 1 (08/10/25-08/16/25)			PATIENT-STATED GOAL: TO WALK SAFELY WITH WALKER		
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			GOALS		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			patient/caregiver recalls		
HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion			* diet		
			* weight-bearing exercises to promote bone healing and strengthening		
			* fluids to prevent constipation		
			* home safety		
			* pain control		
			* recalls related medication(s) purpose, schedule		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles SN RN on 08/09/2025					
24. Physician's Name and Address			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.		
John Loh			F2F date : 07/21/2025		
1124 Mace Ave					
Baltimore, MD 21221					
PHONE: 4103916996 FAX: 14106876877 NPI: 1306852827					
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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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:No Advance Directive PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M2020 - Oral Med Management, Home Safety, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, limited endurance, balance deficit 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, * 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 minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, related medication(s) purpose, schedule, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, 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, patient living environment has safe floor coverings, meal preparation is available to patient for all meals			patient/caregiver recalls * how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting * diarrhea * appetite loss * hair loss * fatigue * insomnia * 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 living environment has safe floor coverings meal preparation is available to patient for all meals 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 * 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 self-administers medications as prescribed * recalls related medication(s) purpose, schedule		
PT Careplans			PT Goals		
PT WK2: 1 (08/10/25-08/16/25) ,WK3: 2 (08/17/25-08/23/25) ,WK4: 1 (08/24/25-08/30/25)			PATIENT-STATED GOAL: The patient wants to get stronger and walk better		
PROBLEMS IDENTIFIED ON ASSESSMENT: 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			GOALS		
PROCEDURES: Medication Review: The medication was reviewed with patient and caregiver, Home exercises Program: Straight leg raising , Long arc , knee abd/add, side kicks , mini squats and heel raises 10x2 reps , cough/deep breathing exercises, gait training on uneven surfaces, gait training/stair training, transfers training			Chair to Bed to Chair - 06. Independent		
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 - 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			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		
			Sit to Stand - 06. Independent		
			Car Transfer - 06. Independent		
			12 Steps - 05. Setup or clean-up assistance		
			Picking Up Object - 05. Setup or clean-up assistance		
			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		
			Walk 10 Feet - 05. Setup or clean-up assistance		
Signature of Physician:			Date		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles SN RN			08/09/2025		

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		Walk 25 Feet - 05. Setup or clean-up assistance Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance 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 Walk 150 Feet - 05. Setup or clean-up assistance 4 Steps - 05. Setup or clean-up assistance		
OT Careplans OT WK1: 1 (08/09/25-08/09/25) 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 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: Climb the stairs GOALS Shower/Bathe Self - 05. Setup or clean-up assistance 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 - 06. Independent Lower Body Dressing - 06. Independent Toileting Hygiene - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent		

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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