Home Health Certification and Plan of Care

Order ID: 1150/11775

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1KW4R60VG91	08/10/2025	From: 08/10/2025 To: 10/08/2025	10646	217058

6. Patient's Name and Address
Mary K Dilli
4301 Roland Avenue Room 203,
BALTIMORE, MD 21210-
410-340-7900

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 12/03/1936 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
N39.0	Urinary tract infection site not specified	08/10/25

13. ICD	Other Pertinent Diagnoses	Date
B96.89	Oth bacterial agents as the cause of diseases classd elswhr	08/10/25
I10.	Essential (primary) hypertension	08/10/25
E78.5	Hyperlipidemia unspecified	08/10/25
K21.9	Gastro-esophageal reflux disease without esophagitis	08/10/25
M48.061	Spinal stenosis lumbar region without neurogenic claud	08/10/25
M47.26	Other spondylosis with radiculopathy lumbar region	08/10/25
I35.0	Nonrheumatic aortic (valve) stenosis	08/10/25

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

Pepcid - Famotidine 20 mg, Take 1 tablet by mouth twice a day
Butrans - Buprenorphine 15 mcg/hour, Apply 1 Patch to skin topical once a week every 7 days.
Naloxone (NARCAN) 4 mg/actuation Nasl Spray 4 mg/actuation Nasl Spray, Spray in 1 nostril Nasal as necessary Spray in 1 nostril if not breathing/responding. Call 911. If still not breathing/responding, use new spray in 2 to 3 minutes in other nostril. For suspected opioid overdose use only.
Hyzaar - Hydrochlorothiazide: Losartan Potassium 100-12.5 mg, Take 1 tablet by mouth once a day
Iron,Carbonyl-Vitamin C (VITRON-C) 65 mg iron- 125 mg Oral TBEC DR Tab 65 mg iron- 125 mg, Take 1 tablet by mouth once a day
Pravachol - Pravastatin Sodium 40 mg, Take 1 tablet by mouth every other day Every other day In the evening to prevent heart attack and stroke.
Tenormin - Atenolol 25mg, Take 1 tablet by mouth once a day
Preservision - Normal Saline 1 both eyes once a day

14. DME and Supplies:
rolling walker, grab bars

15. Safety Measures:
walker precautions, standard precautions, medication safety, fall precautions, bathroom safety, , ambulates with device, , , ambulates with assistance

16. Nutrition:
regular

17. Allergies:
co-trimoxazole sulfa

18.A. Functional Limitations
Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted
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: 8. Patient unable to respond, 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: fair

22. A Rehabilitation Potential:
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.

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Urinary tract infection site not specified, 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, an 88-year-old female with a past medical history of aortic stenosis, hypertension, dyslipidemia, GERD, degenerative joint disease with lumbar radiculopathy, spinal stenosis, and chronic back pain, was referred to home health services following recent hospitalization due to altered mental status secondary to a urinary tract infection. She resides in an assisted living facility (ALF) with her significant other, where staff assist with meals and medications. Her skin is intact, though she presents with swelling in the right ankle. Skilled nursing (SN) visits were recommended at a frequency of twice the first week and once weekly for four weeks thereafter. The next scheduled SN visit is on Thursday. The patient has active orders for physical and occupational therapy. A physical therapy (PT) evaluation was completed, indicating the patient demonstrates decreased lower extremity strength (3/5 MMT) and requires contact guard assistance (CGA) for transfers and short-distance ambulation using a single-point cane (SPC), with a narrow base of support (BOS). She shows increased stability with a rollator, which she is encouraged to use when space permits. PT instructed her to widen her BOS during ambulation, and the patient verbalized understanding. She would benefit from continued skilled PT to improve strength, balance, and safety in functional mobility, with the goal of returning to her prior level of function (PLOF). <o:p></o:p> <o:p> </o:p> Date of Order <o:p></o:p> 08/10/2025 <o:p></o:p> Order <o:p></o:p> Physician Face-to-Face Date: 08/06/2025 <o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl 's dx: Urinary tract infection site not specified <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> Physician: Watts, Charlotte<o:p></o:p>

SN Careplans

SN WK1: 1 (08/10/25-08/16/25) ,WK2: 1 (08/17/25-08/23/25)

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: 5. Decline in mental, emotional, or behavioral status 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; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management

SN Goals

PATIENT-STATED GOAL: I want to feel more like myself again.

GOALS
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
* how to help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations

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
Charlotte Watts
2391 Greenspring Dr
Timonium, MD 21093
PHONE: 4103395500 FAX: 14103395960 NPI: 1336481951

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 : 08/06/2025

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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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: M1745 - Behavioral Issues, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, M1600 - UTI, muscle weakness, swelling of affected area, 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, * 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 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, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, 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

* animal-control
* cough etiquette
* 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 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 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 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) ,WK4: 1 (08/31/25-09/06/25) ,WK5: 1 (09/07/25-09/13/25) ,WK6: 1 (09/14/25-09/20/25) ,WK7: 1 (09/21/25-09/27/25) ,WK8: 1 (09/28/25-10/04/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, 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: Medication Review- : medications reviewed with patient/caregiver, strengthening exercises, standing tolerance 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, 4 Steps - 04. Supervision or touching assistance, Medication Review-

PT Goals

PATIENT-STATED GOAL: To be able to walk without pain

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

4 Steps - 04. Supervision or touching assistance

Medication Review-

OT Careplans

OT WK2: 1 (08/17/25-08/23/25) ,WK4: 1 (08/31/25-09/06/25) ,WK5: 1 (09/07/25-09/13/25) ,WK6: 1 (09/14/25-09/20/25) ,WK7: 1 (09/21/25-09/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, 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: ADLS , Patient/caregiver recalls related purpose and schedule of medications: Medication review, cough/deep breathing exercises, work simplification/energy conservation, transfers training, therapeutic exercises

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath

OT Goals

PATIENT-STATED GOAL: To get stronger in the upper body

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

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

Signature of Physician:	Date

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

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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, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Patient will demonstrate improved left upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks	* teach relaxation skills and diversional activities * recalls related medication(s) purpose, schedule Oral Hygiene - 06. Independent Lower Body Dressing - 06. Independent Shower/Bathe Self - 04. Supervision or touching assistance Toileting Hygiene - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent Patient will demonstrate improved left upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

Signature of Physician:	Date
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