

| Home Health Certification and Plan of Care                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                 |                                                                                                                                                                                                                                                                                                                                                            | Order ID: 1150/11950             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
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| 1. Patient's HI claim No.                                                                                                                                                                                                                                                                                                                         |  | 2. Start Of Care Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 3. Certification Period         |                                                                                                                                                                                                                                                                                                                                                            | 4. Medical Record No.            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5. Provider No. |  |
| AA00003470                                                                                                                                                                                                                                                                                                                                        |  | 09/02/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | From: 09/02/2025 To: 10/31/2025 |                                                                                                                                                                                                                                                                                                                                                            | 16484                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 217058          |  |
| 6. Patient's Name and Address<br>Lillian Humphries<br>1116 N. Fulton Ave,<br>BALTIMORE, MD 21217-<br>443-825-2841                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                 | 7. Provider's Name, Address and Telephone Number<br>HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239                                                                                                                                                                              |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| 8. DOB            05/10/1946      9.Sex            Female                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                 | 10. Medications: Dose/Frequency/Route (N)ew (C)hanged                                                                                                                                                                                                                                                                                                      |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| 11. ICD<br>G93.40                                                                                                                                                                                                                                                                                                                                 |  | Principal Diagnosis<br>Encephalopathy unspecified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                 | Date<br>09/02/25                                                                                                                                                                                                                                                                                                                                           |                                  | Allopurinol - Allopurinol 300 mg 300 MG Give 1 tablet by mouth once a day<br>gout<br>Lisinopril - Lisinopril 20 mg 20 MG Give 1 tablet by mouth once a day blood<br>pressure<br>Atorvastatin Calcium - Atorvastatin Calcium 20 MG, Give 1 tablet by mouth<br>at bedtime cholesterol<br>Clopidogrel Bisulfate - Clopidogrel Bisulfate 75 mg 75 MG Give 1 tablet by<br>mouth once a day anticoagulant<br>Albuterol Sulfate - Albuterol Sulfate 108 (90 Base) MCG/ACT, 1 puff inhale<br>inhalant every 6 hours 1 puff inhale<br>orally every 6 hours as needed for SOB/WHEEZING<br>Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325mg ; 1 tab by mouth once a<br>day supplement<br>Nitroglycerin - Nitroglycerin 0.4 MG Give 1 tablet sublingual as necessary 0.4<br>MG Give 1 tablet<br>sublingually every 5 minutes as needed for Chest<br>Pain x 3 doses. If no relief, call MD.<br>Nifedipine Er - Nifedipine 90 MG Give 1 tablet by mouth once a day blood<br>pressure<br>Sertraline Hcl - Sertraline Hydrochloride 25 MG Give 1 tablet by mouth once<br>a day antidepressant<br>Levocetirizine Dihydrochloride - Levocetirizine Dihydrochloride 5 mg by<br>mouth once a day Allergy |                 |  |
| 13. ICD                                                                                                                                                                                                                                                                                                                                           |  | Other Pertinent Diagnoses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                 | Date                                                                                                                                                                                                                                                                                                                                                       |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| I13.0                                                                                                                                                                                                                                                                                                                                             |  | Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                 | 09/02/25                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| I50.32                                                                                                                                                                                                                                                                                                                                            |  | Chronic diastolic (congestive) heart failure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                 | 09/02/25                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| N18.30                                                                                                                                                                                                                                                                                                                                            |  | Chronic kidney disease stage 3 unspecified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                 | 09/02/25                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| I25.10                                                                                                                                                                                                                                                                                                                                            |  | Athscr heart disease of native coronary artery w/o ang pctrs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                 | 09/02/25                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| J44.9                                                                                                                                                                                                                                                                                                                                             |  | Chronic obstructive pulmonary disease unspecified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                 | 09/02/25                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| M62.81                                                                                                                                                                                                                                                                                                                                            |  | Muscle weakness (generalized)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                 | 09/02/25                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| I95.1                                                                                                                                                                                                                                                                                                                                             |  | Orthostatic hypotension                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                 | 09/02/25                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| I25.2                                                                                                                                                                                                                                                                                                                                             |  | Old myocardial infarction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                 | 09/02/25                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| M10.9                                                                                                                                                                                                                                                                                                                                             |  | Gout unspecified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                 | 09/02/25                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| E78.2                                                                                                                                                                                                                                                                                                                                             |  | Mixed hyperlipidemia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                 | 09/02/25                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| M81.0                                                                                                                                                                                                                                                                                                                                             |  | Age-related osteoporosis w/o current pathological fracture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                 | 09/02/25                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| R26.0                                                                                                                                                                                                                                                                                                                                             |  | Ataxic gait                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                 | 09/02/25                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| R54.                                                                                                                                                                                                                                                                                                                                              |  | Age-related physical debility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                 | 09/02/25                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| R53.81                                                                                                                                                                                                                                                                                                                                            |  | Other malaise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                 | 09/02/25                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| F17.210                                                                                                                                                                                                                                                                                                                                           |  | Nicotine dependence cigarettes uncomplicated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                 | 09/02/25                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| Z79.82                                                                                                                                                                                                                                                                                                                                            |  | Long term (current) use of aspirin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                 | 09/02/25                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| Z79.02                                                                                                                                                                                                                                                                                                                                            |  | Long term (current) use of antithrombotics/antiplatelets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                 | 09/02/25                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| Z87.440                                                                                                                                                                                                                                                                                                                                           |  | Personal history of urinary (tract) infections                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                 | 09/02/25                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| Z86.73                                                                                                                                                                                                                                                                                                                                            |  | Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                 | 09/02/25                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| Z91.81                                                                                                                                                                                                                                                                                                                                            |  | History of falling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                 | 09/02/25                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| 14. DME and Supplies:<br>walker, bath bench                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                 | 15. Safety Measures:<br><br>standard precautions, fall precautions, bleeding precautions, ambulates with device, walker precautions, medication safety, ambulates with assistance, transfer with assist, anticoagulant precautions                                                                                                                         |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| 16. Nutrition:<br>cardiac diet,                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                 | 17. Allergies:<br>ampicillin codeine ibuprofen pencillin darvocet-n percocet                                                                                                                                                                                                                                                                               |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| 18.A. Functional Limitations<br>Endurance, Ambulation                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                 | 18.B. Activities Permitted<br>Walker, Exercises Prescribed                                                                                                                                                                                                                                                                                                 |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| 19. Mental &<br>Psychosocial Status:                                                                                                                                                                                                                                                                                                              |  | COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, 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: Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                 |                                                                                                                                                                                                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| 20. Prognosis:                                                                                                                                                                                                                                                                                                                                    |  | fair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                 |                                                                                                                                                                                                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| 22.A.Rehabilitation Potential:<br>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<br>family/caregiver will be responsible for managing treatment<br>patient will be responsible for managing treatment                                                                                                                                                                                                                  |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| Homebound status:                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                 | Due to diagnosis of Encephalopathy unspecified, 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 individual recently discharged from an inpatient stay and rehabilitation facility following an episode of altered mental status (AMS) secondary to a urinary tract infection (UTI) and newly diagnosed stroke. The patient's complex medical history includes essential hypertension, chronic kidney disease, coronary artery disease, chronic obstructive pulmonary disease, congestive heart failure, gait abnormality, encephalopathy, vitamin D deficiency, NSTEMI, and a history of smoking, which ceased a few months ago. The patient also has a history of falls, left knee replacement, and transient ischemic attack. They currently reside in a multi-level townhouse with their daughter, with the bedroom and bathroom located on the second floor. Ambulation is achieved using a rolling walker with supervision for short distances, and stair navigation is possible with a railing, although a second railing is recommended. The patient is homebound due to significant effort required to leave the home, supported by a Tinetti score of 14/28, indicating a high fall risk. During the initial skilled nursing visit (SOC), the patient was alert and oriented to person, place, and time, and denied shortness of breath. Lung sounds were diminished, and trace edema was noted in the feet. The patient reported a good appetite and normal bowel movement on the day of assessment. Skilled nursing completed medication reconciliation, provided education on medication side effects, signs and symptoms of bleeding, and implemented fall prevention strategies. Teaching was initiated regarding the disease processes, including stroke and cardiac conditions. The patient and daughter were receptive to all instructions. Occupational and physical therapy evaluations were ordered, as the patient requires assistance with activities of daily living, including dressing, bathing, and toileting, and would benefit from skilled therapy services to improve strength, safety, and overall functional independence.</o:p></o:p></p> <p class="MsoNoSpacing"><o:p>&nbsp;</o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">09/02/2025<br> Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 08/11/2025<br> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management |  |                                 |                                                                                                                                                                                                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| 23. Signature and Date of Verbal SOC Where Applicable:<br>Electronically Signed by Messick, Charles SN RN on 09/02/2025                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                 |                                                                                                                                                                                                                                                                                                                                                            | 25. Date HHA Received Signed POT |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| 24. Physician's Name and Address<br>Yasmeen Ahmed<br>2000 W Baltimore St<br>Baltimore, MD 21223<br>PHONE: 4103623612 FAX: 14104695106 NPI: 1275559445                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                 | 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.<br>F2F date : 08/11/2025 |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| 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.<br><br>PAGE 1 of 3                                                                                                                                  |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |

| Home Health Certification and Plan of Care                                                                        |                       |                                                                                                                                                                               |                       | Order ID: 1150/11950 |
|-------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------|
| 1. Patient s HI claim No.                                                                                         | 2. Start Of Care Date | 3. Certification Period                                                                                                                                                       | 4. Medical Record No. | 5. Provider No.      |
| AA00003470                                                                                                        | 09/02/2025            | From: 09/02/2025 To: 10/31/2025                                                                                                                                               | 16484                 | 217058               |
| 6. Patient's Name and Address<br>Lillian Humphries<br>1116 N. Fulton Ave,<br>BALTIMORE, MD 21217-<br>443-825-2841 |                       | 7. Provider's Name, Address and Telephone Number<br>HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239 |                       |                      |

pt-eval & treat ot-eval & treat dx: Encephalopathy unspecified<br> 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"><br> 1 - SOC - SN Notes:<br> PT Eval Notes:<br> OT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Ahmed, Yasmeen</p>

SN Careplans

SN WK1: 1 (09/02/25-09/06/25) ,WK2: 2 (09/07/25-09/13/25) ,WK3: 2 (09/14/25-09/20/25) ,WK4: 1 (09/21/25-09/27/25) ,WK5: 1 (09/28/25-09/30/25)

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; 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, D0160 - Depression, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, M1600 - UTI, limited strength, limited endurance, balance deficit

PROCEDURES: incentive spirometer, home exercise program: NA

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, \* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, \* depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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 manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, \* prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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, \* pain control therapeutic exercises for muscle strengthening and flexibility diet and fluids to optimize and prevent constipation, 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,

SN Goals

PATIENT-STATED GOAL: I WANT TO BE ABLE TO WALK AND GET STRONGER

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

- \* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
- \* exercise
- \* monitoring of blood pressure
- \* blood sugar
- \* home
- \* recalls related medication(s) purpose, schedule remedies

patient/caregiver recalls

- \* pain control
- \* therapeutic exercises for muscle strengthening and flexibility
- \* diet and fluids to optimize and prevent constipation
- \* recalls related medication(s) purpose, schedule

patient/caregiver recalls

- \* diet
- \* weight-bearing exercises to promote bone healing and strengthening
- \* fluids to prevent constipation
- \* home safety
- \* pain control
- \* 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

- \* 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

- \* 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

- \* 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 manage complications of immobility including
- \* skin care
- \* strength, balance
- \* dexterity and range-of-motion therapeutic exercises
- \* promotion of peripheral circulation
- \* fluid and diet intake to promote healing and prevent constipation

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

|                                                 |             |
|-------------------------------------------------|-------------|
| Signature of Physician:                         | Date        |
|                                                 | PAGE 2 of 3 |
| Optional Name/Signature of Nurse/Therapist:     | Date        |
| Electronically Signed by Messick, Charles SN RN | 09/02/2025  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |  |
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| Home Health Certification and Plan of Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Order ID: 1150/11950            |  |
| 1. Patient s HI claim No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 2. Start Of Care Date |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3. Certification Period         |  |
| AA00003470                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 09/02/2025            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | From: 09/02/2025 To: 10/31/2025 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4. Medical Record No.           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 16484                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5. Provider No.                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 217058                          |  |
| 6. Patient's Name and Address<br>Lillian Humphries<br>1116 N. Fulton Ave,<br>BALTIMORE, MD 21217-<br>443-825-2841                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       | 7. Provider's Name, Address and Telephone Number<br>HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |  |
| schedule, meal preparation is available to patient for all meals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                       | patient/caregiver recalls<br>* depression-prevention strategies including avoidance of isolation<br>* healthy eating<br>* sleeping habits<br>* identification of activities that bring pleasure<br>* preventive care<br>* recalls related medication(s) purpose, schedule<br><br>patient self-administers medications as prescribed<br>* recalls related medication(s) purpose, schedule<br><br>meal preparation is available to patient for all meals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |  |
| PT Careplans<br><br>PT WK1: 2 (09/02/25-09/06/25) ,WK2: 2 (09/07/25-09/13/25) ,WK3: 2 (09/14/25-09/20/25) ,WK4: 1 (09/21/25-09/27/25) ,WK5: 1 (09/28/25-09/30/25)<br><br>PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, 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<br><br>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 , Dynamic standing and static balance training , incentive spirometer, gait training on uneven surfaces, gait training/stair training, transfers training<br><br>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, 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 |  |                       | PT Goals<br><br>PATIENT-STATED GOAL: Return to independence in all areas<br><br>GOALS<br>Chair to Bed to Chair - 06. Independent<br><br>Toilet Transfer - 06. Independent<br><br>Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance<br><br>1 - Step (curb) - 05. Setup or clean-up assistance<br><br>patient/caregiver recalls<br>* lifestyle modifications to manage respiratory condition including<br>* diet changes and regular exercise<br>* strategies to control shortness of breath<br>* home remedies to keep lungs healthy<br>* recalls related medication(s) purpose, schedule<br><br>Sit to Stand - 06. Independent<br><br>Car Transfer - 06. Independent<br><br>Walk 10 Feet - 05. Setup or clean-up assistance<br><br>Walk 150 Feet - 05. Setup or clean-up assistance<br><br>4 Steps - 05. Setup or clean-up assistance<br><br>12 Steps - 05. Setup or clean-up assistance<br><br>Picking Up Object - 05. Setup or clean-up assistance<br><br>Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance |                                 |  |
| OT Careplans<br><br>OT WK1: 1 (09/02/25-09/06/25) ,WK4: 4 (09/21/25-09/27/25) ,WK5: 3 (09/28/25-09/30/25)<br><br>PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating<br><br>PROCEDURES: cough/deep breathing exercises, work simplification/energy conservation<br><br>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, improve balance , Therapeutic activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                       | OT Goals<br><br>PATIENT-STATED GOAL: to improve functionally<br><br>GOALS<br>Shower/Bathe Self - 05. Setup or clean-up assistance<br><br>patient/caregiver recalls<br>* lifestyle modifications to manage respiratory condition including<br>* diet changes and regular exercise<br>* strategies to control shortness of breath<br>* home remedies to keep lungs healthy<br>* recalls related medication(s) purpose, schedule<br><br>Oral Hygiene - 06. Independent<br><br>Lower Body Dressing - 06. Independent<br><br>Toileting Hygiene - 06. Independent<br><br>Don/Doff Footwear - 06. Independent<br><br>Eating - 06. Independent<br><br>Therapeutic activity<br><br>improve balance                                                                                                                                                                                                                                                                                                                                            |                                 |  |

|                                                 |             |
|-------------------------------------------------|-------------|
| Signature of Physician:                         | Date        |
|                                                 | PAGE 3 of 3 |
| Optional Name/Signature of Nurse/Therapist:     | Date        |
| Electronically Signed by Messick, Charles SN RN | 09/02/2025  |