Home Health Certification and Plan of Care

Order ID: 1150/11836

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
19293891	08/19/2025	From: 08/19/2025 To: 10/17/2025	16540	217058

6. Patient's Name and Address
Martha Harvey
1111 Country Terrace Rd Apt J,
Essex, MD 21221-
443-600-5024

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

8. DOB 01/23/1960 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I48.91	Unspecified atrial fibrillation	08/19/25

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	08/19/25
E11.9	Type 2 diabetes mellitus without complications	08/19/25
E03.9	Hypothyroidism unspecified	08/19/25
N32.81	Overactive bladder	08/19/25
F32.9	Major depressive disorder single episode unspecified	08/19/25
F39.	Unspecified mood [affective] disorder	08/19/25
Z79.01	Long term (current) use of anticoagulants	08/19/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/19/25
Z85.3	Personal history of malignant neoplasm of breast	08/19/25
Z95.0	Presence of cardiac pacemaker	08/19/25
Z91.81	History of falling	08/19/25

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

Apixaban Oral Tablet 5 MG (Apixaban) 5 MG , Give 1 tablet by mouth every 12 hours Give 1 tablet by mouth every 12 hours for A Fib
Aripiprazole - Aripiprazole 5 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for mood disorder
Benztropine Mesylate - Benztropine Mesylate 1 MG , Give 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for Parkinson
Escitalopram Oxalate - Escitalopram Oxalate 10 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for depression
Levothyroxine Sodium - Levothyroxine Sodium 88 MCG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Hypothyroidism
Metformin Hcl - Metformin Hydrochloride 500 MG Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for DM
Metoprolol Tartrate - Metoprolol Tartrate 25 MG , Give 1 tablet by mouth every 12 hours Give 1 tablet by mouth every 12 hours for HTN Hold for systolic less than 110 and HR less than 50
Oxybutynin Chloride - Oxybutynin Chloride 5 MG , Give 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for urinary spasm
Trazodone Hydrochloride - Trazodone Hydrochloride 50 MG , Give 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for depression
Acetaminophen - Acetaminophen 325 MG , Give 2 tablet by mouth every 6 hours Give 2 tablet by mouth every 6 hours as needed for Pain Mild pain of 1-4

14. DME and Supplies:
diabetic supplies, walker, cane

15. Safety Measures:
bathroom safety, bleeding precautions, medication safety, fall precautions, ambulates with device, standard precautions, cardiac precautions, activity supervision

16. Nutrition:
diabetic

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

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

Homebound status: Due to diagnosis of Unspecified Atrial Fibrillation , the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.

Clinical Condition Requiring Homecare:

The patient is a 65-year-old African American female with a past medical history significant for atrial fibrillation, hypertension, type 2 diabetes mellitus, obesity, major depressive disorder, ambulatory dysfunction, and a history of recurrent falls. She was recently hospitalized following a fall and completed a course of subacute rehabilitation. She currently resides with her son in a multi-level apartment that requires navigating two flights of stairs. Her son is actively involved in her care and provides assistance as needed. On assessment, the patient is alert and oriented 3, with vital signs within normal limits. Lung sounds are clear to auscultation bilaterally, skin is warm, dry, and intact, and bowel sounds are active. She reports intermittent headaches, fatigue, dizziness, and lightheadedness. She also reports shortness of breath with exertion. The patient noted left ear pain and was advised to have her son schedule a follow-up appointment with her primary care provider for further evaluation. She ambulates slowly without an assistive device but intermittently uses a single-point cane for support. Her gait is unsteady, and she demonstrates general weakness with limited endurance. Despite these deficits, she remains independent with basic self-care, functional transfers, and household mobility when using her cane. At this time, the patient is functioning at her baseline level and is not appropriate for continued skilled occupational therapy services. Education was provided regarding fall prevention, safe ambulation with assistive devices, energy conservation techniques, and the importance of timely medical follow-up for her ear pain and chronic conditions. Physical therapy remains indicated to address strength, endurance, and gait instability, while occupational therapy services are not currently warranted. Ongoing support from her son and coordination with her primary care provider will be essential in managing her chronic conditions, reducing fall risk, and maintaining her independence in the home setting.
 Date of Order 08/19/2025 Orders Physician Face-to-Face Date: 08/04/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Unspecified Atrial Fibrillation Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: PT Eval Notes: OT Eval Notes: Physician Haile, Keyane

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 08/19/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Keyane Haile
4920 Campbell Blvd
Baltimore, MD 21236
PHONE: 8007777904 FAX: NPI: 1881271377

26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.

F2F date : 08/04/2025

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

28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

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SN Careplans

SN WK1: 1 (08/19/25-08/23/25) ,WK2: 1 (08/24/25-08/30/25) ,WK3: 1 (08/31/25-09/06/25) ,WK4: 1 (09/07/25-09/13/25) ,WK5: 1 (09/14/25-09/20/25)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, meal preparation, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, coughing, abnormal thyroid <> 0.40 - 4.50 mIU/mL, cough/gag/pain chew/swallow, frequent urination, limited strength, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, loss of appetite

PROCEDURES: Medication Review: Medication review done by the patient/caregiver., cough/deep breathing exercises, incentive spirometer, glucose testing via monitor

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, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * how to 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, * prescribed dietary modifications monitoring intake and output monitoring weight loss or weight gain monitor changes in neurological status, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: To feel better

GOALS
patient/caregiver recalls
* prescribed dietary modifications
* monitoring intake and output
* monitoring weight loss or weight gain
* monitor changes in neurological status
* 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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting
* diarrhea
* appetite loss
* hair loss
* fatigue
* insomnia
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

meal preparation is available to patient for all meals

patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic 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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/19/2025

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* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

PT Careplans

PT WK2: 1 (08/24/25-08/30/25) ,WK3: 1 (08/31/25-09/06/25) ,WK4: 1 (09/07/25-09/13/25) ,WK5: 1 (09/14/25-09/20/25)

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

PROCEDURES: Medication Review: The medication was reviewed with the patient and son, Home exercises : Slr, long arc, side kicks, mini squats and heel raises --10x2 reps , cough/deep breathing exercises, incentive spirometer, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 _ Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

PT Goals

PATIENT-STATED GOAL: To get stronger and walk with out SOB

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 _ Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

OT Careplans

OT WK2: 1 (08/24/25-08/30/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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

PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: Walk better

GOALS
patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:

Date

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

Date
08/19/2025