

Home Health Certification and Plan of Care				Order ID: 1150/11852	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
94179615		08/21/2025		From: 08/21/2025 To: 10/19/2025	
				4. Medical Record No.	
				16602	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Barbara Yarish			HomeCentris Healthcare LLC		
13739 MANOR ROAD,			10 Crossroads Drive, Suite 102		
BALDWIN, MD 21013-			Owings Mills, MD 21117-8284		
410-592-2051			410-321-8448		
			1487113239		
8. DOB			9. Sex		
09/30/1951			Female		
11. ICD I10.		Principal Diagnosis		Date	
		Essential (primary) hypertension		08/21/25	
13. ICD E11.65		Other Pertinent Diagnoses		Date	
		Type 2 diabetes mellitus with hyperglycemia		08/21/25	
E11.42		Type 2 diabetes mellitus with diabetic polyneuropathy		08/21/25	
E66.9		Obesity unspecified		08/21/25	
Z68.32		Body mass index [BMI] 32.0-32.9 adult		08/21/25	
Z79.4		Long term (current) use of insulin		08/21/25	
Z91.81		History of falling		08/21/25	
Z96.651		Presence of right artificial knee joint		08/21/25	
14. DME and Supplies:			15. Safety Measures:		
diabetic supplies, bath bench, walker, cane			seizure precautions, bleeding precautions, fall precautions, diabetic precautions, ambulates with device, walker precautions, sharps precautions, bathroom safety, anticoagulant precautions		
16. Nutrition:			17. Allergies:		
diabetic			gabapentin metformin sulfa antibiotics		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation			Up As Tolerated		
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: No					
20. Prognosis: fair					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.			patient will be responsible for managing treatment		
Homebound status: Due to diagnosis of Essential (primary) hypertension, 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 73-year-old female with a medical history of type 2 diabetes mellitus with polyneuropathy, hypertension, osteoarthritis, right total knee replacement, and muscle atrophy. She presented to the emergency department after experiencing sudden dizziness, weakness, and a fall at home. She reported that her leg gave out while walking to the kitchen, prompting her son to call 911. The patient lives alone in a single-story home, which is cluttered and presents multiple fall hazards, including throw rugs in the living room, bedroom, and bathroom. She is alert and oriented to person, place, time, and situation, denies nausea, vomiting, or shortness of breath, and reports a pain level of 6. Her lungs are clear to auscultation, bowel sounds are active, and her skin is warm and intact with no edema. She ambulates slowly with a cane indoors and uses a walker outside. The patient now presents with generalized pain, weakness, and an unsteady gait, along with decreased balance, activity tolerance, and bilateral upper extremity strength. These deficits have led to a decline in her ability to perform self-care, transfers, and functional mobility. She was educated on fall prevention strategies and instructed to remove environmental hazards such as throw rugs. Additionally, she was advised to use a walker consistently instead of a cane. The patient demonstrated understanding of her home exercise program. Given her current impairments and increased fall risk, skilled occupational therapy services are recommended to address functional limitations and support her return to independent living.</o:p></o:p></p> <p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">08/21/2025 Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 08/12/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha:adl's dx: Essential (primary) hypertension 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"> 1 - SOC - SN Notes: PT Eval Notes: OT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Obioha, Nkiruka</p>					
SN Careplans			SN Goals		
SN WK1: 1 (08/21/25-08/23/25) ,WK2: 1 (08/24/25-08/30/25) ,WK3: 1 (08/31/25-09/06/25), WK5: 1 (09/14/25-09/20/25) ,WK6: 1 (09/21/25-09/27/25)			PATIENT-STATED GOAL: To be in less pain.		
PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5			GOALS		
CAREGIVER: 4. Assistance needed, but no non-agency caregiver(s) available			patient/caregiver recalls		
HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8			* how to take the patient's blood pressure		
			* record the reading		
			* 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		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles SN RN on 08/21/2025					
24. Physician's Name and Address			26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.		
Nkiruka Obioha			F2F date : 08/12/2025		
2391 Greenspring Drive					
Timonium, MD 21093					
PHONE: 4108473000 FAX: 8554160980 NPI: 1073650024					
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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6. Patient's Name and Address Barbara Yarish 13739 MANOR ROAD, BALDWIN, MD 21013- 410-592-2051		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		

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:Durable power of attorney for health care/Medical power of attorney PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, muscle weakness, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, loss of appetite PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver., train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence	* teach relaxation skills and diversional activities * 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 is adequately supervised caregiver performs medical/rehabilitation treatments with adequate competence meal preparation is available to patient for all meals caregiver administers and/or packages medications appropriately patient/caregiver recalls * diabetic medication management * blood sugar testing * diabetic foot care * exercise * diabetic diet * recalls related medication(s) purpose, schedule patient/caregiver recalls * lifestyle modifications to manage respiratory condition including * diet changes and regular exercise * strategies to control shortness of breath * home remedies to keep lungs healthy * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule
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PT Careplans PT WK2: 1 (08/24/25-08/30/25) ,WK3: 2 (08/31/25-09/06/25) ,WK4: 2 (09/07/25-09/13/25) ,WK5: 2 (09/14/25-09/20/25) ,WK6: 1 (09/21/25-09/27/25) ,WK7: 1 (09/28/25-10/04/25) ,WK8: 1 (10/05/25-10/11/25) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, 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 patient , Home exercises : SLR, Le abd/add, Long arc. marching, and hel/toe raises --10x2 reps , cough/deep breathing exercises, gait training on uneven surfaces, gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, Sit to Stand - 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 PATIENT-STATED GOAL: The patient wants to get stronger and walk better GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 05. Setup or clean-up assistance 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 Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance Walk 150 Feet - 05. Setup or clean-up assistance 12 Steps - 05. Setup or clean-up assistance Picking Up Object - 05. Setup or clean-up assistance Walk 10 Feet - 05. Setup or clean-up assistance 4 Steps - 05. Setup or clean-up assistance
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OT Careplans	OT Goals
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/21/2025

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410-592-2051			410-321-8448		
			1487113239		
OT WK2: 1 (08/24/25-08/30/25)			PATIENT-STATED GOAL: Get stronger		
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			GOALS		
PROCEDURES: equipment training, work simplification/energy conservation, transfers training, assist with bathing, assist with toileting hygiene, assist with lower body dressing, assist with upper body dressing, therapeutic exercises, therapeutic exercises			Shower/Bathe Self - 05. Setup or clean-up assistance		
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			patient/caregiver recalls		
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			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		
			Upper Body Dressing - 05. Setup or clean-up assistance		
			Lower Body Dressing - 05. Setup or clean-up assistance		
			Toileting Hygiene - 05. Setup or clean-up assistance		
			Don/Doff Footwear - 05. Setup or clean-up assistance		
			Eating - 06. Independent		
HHA Careplans			HHA Goals		
HHA WK4: 1 (09/07/25-09/13/25) ,WK5: 1 (09/14/25-09/20/25) ,WK6: 1 (09/21/25-09/27/25) ,WK7: 1 (09/28/25-10/04/25)					
PROCEDURES: assist with bathing: Mod A utilizing shower chair, assist with lower body dressing: Mod a seated edge of bed, assist with upper body dressing: Mod A seated edge of bed					
Signature of Physician:			Date		
			PAGE 3 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles SN RN			08/21/2025		