

Home Health Certification and Plan of Care				Order ID: 1150/11056	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
3GE5T59GF76		08/02/2025		From: 08/02/2025 To: 09/30/2025	
				4. Medical Record No.	
				16029	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Kathie Anderson 3514 Menlo Drive, Baltimore, MD 21215- 443-629-0836			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
10/26/1950			Female		
11. ICD I10.			Principal Diagnosis		
			Essential (primary) hypertension		
13. ICD E03.9 J44.9 E55.9 E78.5 M15.9 M54.2 G62.9 F32.A G47.00 G89.29 M54.50 F41.9 K21.9 K44.9 K59.01 M62.81 R26.81 Z87.891			Other Pertinent Diagnoses		
			Hypothyroidism unspecified		
			Chronic obstructive pulmonary disease unspecified		
			Vitamin D deficiency unspecified		
			Hyperlipidemia unspecified		
			Polyosteoarthritis unspecified		
			Cervicalgia (M54.2)		
			Polyneuropathy unspecified		
			Depression unspecified		
			Insomnia unspecified		
			Other chronic pain		
			Low back pain unspecified		
			Anxiety disorder unspecified		
			Gastro-esophageal reflux disease without esophagitis		
			Diaphragmatic hernia without obstruction or gangrene		
			Slow transit constipation		
			Muscle weakness (generalized)		
			Unsteadiness on feet		
			Personal history of nicotine dependence		
14. DME and Supplies:			15. Safety Measures:		
bath bench, cane			standard precautions, fall precautions, ambulates with device, medication safety, transfer with assist, supervision at all times, activity supervision		
16. Nutrition:			17. Allergies:		
low sodium, low cholesterol			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Endurance			Exercises Prescribed, Cane, Up As Tolerated		
19. Mental & Pyschosocial 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: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes		
20. Prognosis:			fair		
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.			another facility/provider will be responsible for managing treatment patient will be responsible for managing treatment another facility/provider 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:			The patient is a 74-year-old female recently discharged from the hospital and subacute rehabilitation following treatment for anxiety. She has a complex medical history, including polyneuropathy, depression, bipolar disorder, hypertension, hyperlipidemia, hypothyroidism, chronic pain, muscle spasms, COPD, unsteady gait, GERD, anxiety, cervicalgia, vitamin D deficiency, and a history of substance use and Stage 4 right hip ulcer. She currently resides in an assisted living facility (ALF), where medications are managed by staff. She is alert and oriented to person, place, and time but has mild short-term memory deficits. She ambulated 40 feet indoors with supervision and no assistive device, uses a cane outside, and requires supervision for transfers and stairs. Bed mobility is independent, and she is homebound due to the significant effort required to leave home, with a Tinetti score of 18/28 indicating fall risk. She performs 14 steps with a railing under supervision, and bed and bath are located on the first floor of her residence. The patient reports back pain rated 8/10 and takes Tylenol for relief. She denies shortness of breath, has clear lungs on assessment, and reports good appetite and bowel movement today. She was instructed by skilled nursing (SN) on the importance of using her cane to prevent falls and to request pain medication before the pain becomes unmanageable; she verbalized understanding. Skilled nursing is recommended for medication teaching and cardiopulmonary assessments. Physical and occupational therapy evaluations and treatment are also recommended to address her decreased strength, poor balance, and need to improve functional mobility and safety with activities of daily living (ADLs). Muscle strength in the upper extremities was measured at 4-/5, indicating generalized weakness. Home health services are appropriate and necessary to support the patient's rehabilitation and maintain safety in her current living environment. Date of Order 08/02/2025 Order Physician Face-to-Face Date: 07/11/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat HHA 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 1 - SOC - SN Notes: PT Eval Notes: OT Eval Notes: Physician: Rollins Mrs., Lawanda		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles SN RN on 08/02/2025					
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.		
Lawanda Rollins Mrs. 8831 Satyr Hill Rd Ste 100 Parkville, MD 21234 PHONE: 443-946-1896 FAX: 14434952902 NPI: 1003384165			F2F date : 07/11/2025		
27. Attending Physician's Signature and Date Signed			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.		
08/12/2025 Date of physician last face-to-face			PAGE 1 of 3		

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SN Careplans

SN WK1: 1 (08/02/25-08/02/25) ,WK2: 2 (08/03/25-08/09/25) ,WK3: 1 (08/10/25-08/16/25) ,WK4: 1 (08/17/25-08/23/25) ,WK5: 1 (08/24/25-08/30/25) ,WK6: 1 (08/31/25-09/06/25) ,WK7: 1 (09/07/25-09/13/25) ,WK8: 1 (09/14/25-09/20/25) ,WK9: 1 (09/21/25-09/27/25)

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; 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: M1720 - Anxiety, D0160 - Depression, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure (CR), limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, discolored patches of skin

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver., cough/deep breathing exercises

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, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, related medication(s) purpose, schedule, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medication(s) purpose, schedule, * 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, schedule, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: I WANT MY PAIN TO GET 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 manage inflammatory process
- * optimize mobility with active and passive range of motion exercises
- * fluid and diet intake to promote healing
- * prevent constipation
- * home safety
- * recalls related medication(s) purpose, schedule

patient/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

patient/caregiver recalls

- * how to optimize mental status with cognition therapy
- * home safety
- * optimize mobility with active and passive range of motion therapeutic exercises
- * diet and fluids to optimize peripheral circulation
- * recalls related medication(s) purpose, schedule

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

- * prevention exacerbation of anxiety condition including coping patterns
- * improved concentration
- * strategies to reduce anxiety
- * identification of anxiety precipitants, conflicts, and threats
- * recalls related medication(s) purpose, schedule

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

- * 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

- * how to take the patient's blood pressure
- * record the reading
- * 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

PT Careplans	PT Goals
Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/02/2025

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PT WK2: 2 (08/03/25-08/09/25) ,WK3: 1 (08/10/25-08/16/25) ,WK4: 1 (08/17/25-08/23/25) ,WK5: 1 (08/24/25-08/30/25) ,WK6: 1 (08/31/25-09/06/25) ,WK7: 1 (09/07/25-09/13/25) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object PROCEDURES: 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 10 x each with cues for technique. , Dynamic and static standing balance training, Medication Review- : Medications reviewed with patient/caregiver., 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, * 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 assist, 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, Medication Review-			PATIENT-STATED GOAL: Ambulate independently with cane on all surfaces GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Walk 10 ft on Uneven Surface - 05. Setup or clean-up assist 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 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 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 Medication Review-	
OT Careplans OT WK2: 1 (08/03/25-08/09/25) ,WK4: 1 (08/17/25-08/23/25) ,WK5: 1 (08/24/25-08/30/25) ,WK6: 1 (08/31/25-09/06/25) ,WK7: 1 (09/07/25-09/13/25) ,WK8: 1 (09/14/25-09/20/25) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, M1400, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating PROCEDURES: ADLS , Cognition, Medication Review-: Medications reviewed with patient/caregiver., cough/deep breathing exercises, therapeutic exercises TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * 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 - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Patient will demonstrate improved bilateral upper extremity muscle strength from 4-/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks , Medication reviewed with patient/caregiver			OT Goals PATIENT-STATED GOAL: Patient wants to get stronger and have less pain in the right arm GOALS Shower/Bathe Self - 05. Setup or clean-up assistance patient/caregiver recalls * lifestyle modifications to manage respiratory condition including * diet changes and regular exercise * strategies to control shortness of breath * home remedies to keep lungs healthy * recalls related medication(s) purpose, schedule 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 Toileting Hygiene - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent Patient will demonstrate improved bilateral upper extremity muscle strength from 4-/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks Medication reviewed with patient/caregiver	

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