Home Health Certification and Plan of Care

Order ID: 1150/12064

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
48701290200	09/08/2025	From: 09/08/2025 To: 11/05/2025	16636	217058

6. Patient's Name and Address

Mary Boston
1121 SAINT AGNES LANE APT 102,
GWYNN OAK, MD 21207-
410-788-8986

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 05/13/1944 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S32.424D	Nondisp fx of post wl of r acetab subs for fx w routn heal	09/08/25

13. ICD	Other Pertinent Diagnoses	Date
S06.6XAD	Traum subrac hem with LOC status unknown subs	09/08/25
S00.03XD	Contusion of scalp subsequent encounter	09/08/25
I10.	Essential (primary) hypertension	09/08/25
E78.2	Mixed hyperlipidemia	09/08/25
H40.9	Unspecified glaucoma	09/08/25
F17.210	Nicotine dependence cigarettes uncomplicated	09/08/25
Z79.82	Long term (current) use of aspirin	09/08/25

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

Ultram - Tramadol Hydrochloride 50 mg 50 mg, Take 1 tablet by mouth every 6 hours Take 1 tablet by mouth every 6 hours as needed for severe pain for back pain
Norvasc - Amlodipine Besylate eq 5 mg base 5 mg, Take 1 tablet by mouth once a day HTN
Lidocaine - Lidocaine 4 % Top PTMD Patch,Place 1 patch topical once a day Place 1 patch onto the skin every 24 hours for 14 days PAIN
Zocor - Simvastatin 20 mg 20 mg, Take 2 tabletS by mouth once a day CHOLESTEROL
Gabapentin - Gabapentin 100 mg 100MG; 1 CAP by mouth three times a day PAIN
Melatonin - Melatonin 3MG; 1 TAB by mouth once a day INSOMNIA
Senna - Senna 8.6MG; 2 TABS by mouth twice a day BOWEL REGIMEN

14. DME and Supplies:

grab bars, hand held shower, rolling walker

15. Safety Measures:

standard precautions, fall precautions, ambulates with device, walker precautions, medication safety, transfer with assist, activity supervision

16. Nutrition:

regular

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Walker, Exercises Prescribed, 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: No

20. Prognosis: good

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

Homebound status:

Due to diagnosis of Nondisplaced fracture of posterior wall of right acetabulum, subsequent encounter for fracture with routine healing, 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 start of care was completed on 9/8/25 for an 81-year-old female with a history of essential hypertension and glaucoma, who is currently recovering from injuries sustained in a motor vehicle accident. She developed a small subdural hematoma and a non-displaced fracture of the posterior wall of the right acetabulum. Prior to hospitalization, the patient lived independently in a senior apartment and managed all ADLs without assistance. Currently, she presents with decreased bilateral lower extremity strength (3/5 MMT), requires contact guard assistance for transfers, and uses a rolling walker for safe ambulation. She denies pain at the time of evaluation but reports experiencing right hip pain at night. Her niece is assisting with all ADLs and IADLs as needed. The patient is alert and oriented to person, place, and time, denies shortness of breath, has clear lungs, and reports an improving appetite and a recent bowel movement. Skilled nursing services are in place with a frequency of 1W12W11W5. During the visit, all medications were reviewed with the patient, including dosage, frequency, and potential side effects. The patient is taking Tramadol as needed for pain. She was instructed on pain management, hydration to address low blood pressure (noted at 90/60), and strategies to avoid falls, including slow position changes. The patient and caregiver were receptive to all instructions provided. Skilled physical therapy and occupational therapy have been initiated to address the patient's decreased strength, functional mobility, and balance, with the goal of restoring her prior level of function and promoting independence and safety within the home.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 09/08/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 08/29/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 09/08/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Eddye Bullock
7141 Security Blvd
Baltimore, MD 21244
PHONE: 443-663-6220 FAX: 14436636475 NPI: 1366510703

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 : 08/29/2025

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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pt-eval & treat ot-eval & treat dx: Nondisplaced fracture of posterior wall of right acetabulum, subsequent encounter for fracture with routine healing
 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>
 1 - SOC - SN Notes:
 PT Eval Notes:<o:p></o:p> Physician: Bullock, Eddye

SN Careplans

SN WK1: 1 (09/08/25-09/13/25) ,WK2: 2 (09/14/25-09/20/25) ,WK3: 1 (09/21/25-09/27/25) ,WK4: 1 (09/28/25-10/04/25) ,WK5: 1 (10/05/25-10/11/25) ,WK6: 1 (10/12/25-10/18/25) ,WK7: 1 (10/19/25-10/25/25)

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: 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, muscle spasms, limited endurance, limited range of motion, limited strength, Pain Interference with ADLs, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing 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, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, 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 GET BACK TO MYSELF AND WALK BETTER

GOALS
patient/caregiver recalls
* pain control
* therapeutic exercises to optimize range of motion of affected area
* diet and fluids to promote healing
* 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 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
* 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 WK1: 2 (09/08/25-09/13/25) ,WK2: 2 (09/14/25-09/20/25) ,WK3: 1 (09/21/25-09/27/25) ,WK4: 1 (09/28/25-10/04/25) ,WK5: 1 (10/05/25-10/11/25)

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

09/10/2025

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: Medication Review : - medications reviewed with patient/caregiver, cough/deep breathing exercises, gait training on uneven surfaces, gait training/stair

PT Goals

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

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

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/08/2025

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training, transfers training, therapeutic exercises

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath 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 - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 1 - Step (curb) - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching

Picking Up Object - 04. Supervision or touching assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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