Home Health Certification and Plan of Care

Order ID: 1150/12158

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
32446924	09/12/2025	From: 09/12/2025 To: 11/10/2025	17327	217058

6. Patient's Name and Address
Florence Habersham-Bey
1600 W Mt. Royal Avenue Apt 607,
BALTIMORE, MD 21217-
443-571-1883

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 09/23/1943 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M15.9	Polyosteoarthritis unspecified	09/12/25

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	09/12/25
S32.9XXD	Fx unsp parts of lumbosacr spin & pelv 7thD	09/12/25
I69.351	Hemiplga following cerebral infrc aff right dominant side	09/12/25
G47.9	Sleep disorder unspecified	09/12/25
H81.10	Benign paroxysmal vertigo unspecified ear	09/12/25
K21.9	Gastro-esophageal reflux disease without esophagitis	09/12/25
E78.00	Pure hypercholesterolemia unspecified	09/12/25
E55.9	Vitamin D deficiency unspecified	09/12/25
B35.1	Tinea unguium	09/12/25
Z79.82	Long term (current) use of aspirin	09/12/25
Z79.51	Long term (current) use of inhaled steroids	09/12/25
Z99.3	Dependence on wheelchair	09/12/25
Z91.81	History of falling	09/12/25

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

Ibuprofen - Ibuprofen 600 MG , Tablet 1 tablet by mouth as necessary 1 tablet with food or milk as needed Orally twice a day
Aspirin 81Mg - Aspirin 81 mg , Take 1 tablet by mouth once a day
Atorvastatin Calcium - Atorvastatin Calcium 20 MG , take1 tablet by mouth once a day 1 tablet Orally Once a day
Spironolactone - Spironolactone 25 mg ,TAKE 1 TABLET by mouth once a day TAKE 1 TABLET DAILY
Metoprolol Succinate ER 50 MG , TAKE 1 TABLET by mouth once a day TAKE 1 TABLET DAILY Orally Once a day
Amlodipine Besylate - Amlodipine Besylate 10 mg , TAKE 1 TABLET by mouth once a day TAKE 1 TABLET DAILY
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 125 MCG (5000 UT) , take 1 capsule by mouth once a week 125 MCG (5000 UT)
Capsule 1 capsule Orally weekly
Albuterol Sulfate - Albuterol Sulfate 108 (90 Base) MCG/ACT , 2 puffs Inhalation inhalant every 6 hours 2 puffs as needed Inhalation every 6 hrs

14. DME and Supplies:
wheelchair, rolling walker, reacher, grab bars, bath bench, 4 wheeled walker, Scooter

15. Safety Measures:
wheelchair precautions, standard precautions, restricted ROM, remove environmental barriers, medication safety, fall precautions, electrical safety measures, bleeding precautions, bathroom safety, anticoagulant precautions, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted
Walker, Wheelchair, Exercises Prescribed, 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:
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

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

Homebound status:
Due to diagnosis of Polyosteoarthritis 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:
The patient is an 81-year-old individual recently evaluated by their primary care physician, who subsequently recommended home therapy. The patient's medical history includes osteoarthritis (OA), hypertension (HTN), gastroesophageal reflux disease (GERD), cerebrovascular accident (CVA), lumbar spine fracture post-motor vehicle accident, frequent falls, vertigo, and wheelchair dependence. The patient performs transfers from a recliner to a scooter using a sit-pivot technique under supervision, though with poor clearance. Transfers from the scooter to bed and bed mobility are also completed with supervision. Sit-to-stand transitions from the scooter require moderate assistance, taking approximately 20 seconds and involving flexion of the left knee. The patient tolerated therapeutic exercises including hip flexion, hooklying rotation, knee extension, and ankle pumps (10 repetitions each).<o:p></o:p> The patient lives alone in an elevator-accessible apartment, with a friend residing in a neighboring unit within the same building. They are considered homebound due to the significant physical effort required to leave the home in a wheelchair, as supported by a Tinetti Balance Assessment score of 2/28. Based on the initial assessment, the patient would benefit from skilled home therapy services to address deficits in strength, range of motion (particularly in the left knee and hip), and functional mobility to enhance overall independence and safety.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 09/12/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 09/05/2025
 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat dx: Polyosteoarthritis unspecified
 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 - PT Notes: <o:p></o:p> Physician: Watkins, Craig

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 09/12/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Craig Watkins
201 E University Pkwy
Baltimore, MD 21218
PHONE: (410) 235-8885 FAX: 18777511761 NPI: 1740302702

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 : 09/05/2025

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 Careplans

PT WK1: 1 (09/12/25-09/13/25) ,WK2: 2 (09/14/25-09/20/25) ,WK3: 2 (09/21/25-09/27/25) ,WK4: 1 (09/28/25-10/04/25)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 8

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications

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: GG0130B1 - Oral Hygiene, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating, GG0170E1 - Chair to Bed to Chair, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, limited endurance, limited range of motion, limited strength, Pain Interference with ADLs, balance deficit, Pain Effect on Sleep

PROCEDURES: Stretching to left knee into extension , Medication Review- : Medications reviewed with patient/caregiver. , Standing tolerance at walker, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, home exercise

PT Goals

PATIENT-STATED GOAL: I would like to be able to walk inside my house

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

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

caregiver performs medical/rehabilitation treatments with adequate competence

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Sit to Stand - 04. Supervision or touching assistance

Toilet Transfer - 04. Supervision or touching assistance

Car Transfer - 04. Supervision or touching assistance

Walk 10 Feet - 03. Partial/moderate assistance

Walk 50 ft with 2 Turns - 03. Partial/moderate assistance

1 - Step (curb) - 03. Partial/moderate assistance

Picking Up Object - 03. Partial/moderate assistance

ROM left knee-15 degrees extension

Eating - 05. Setup or clean-up assistance

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

Signature of Physician:

Date

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

Date
09/12/2025

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program: Sitting knee extension, ankle pumps. Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction, equipment training, 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, * 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, * 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver performs medical/rehabilitation treatments with adequate competence, 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 - 05. Setup or clean-up assistance, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 04. Supervision or touching assistance, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 03. Partial/moderate assistance, Walk 50 ft with 2 Turns - 03. Partial/moderate assistance, 1 - Step (curb) - 03. Partial/moderate assistance, Picking Up Object - 03. Partial/moderate assistance, ROM left knee-15 degrees extension

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

Signature of Physician:	Date
	PAGE 3 of 3
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