

Home Health Certification and Plan of Care				Order ID: 1150/12192							
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.			
30308613000		09/12/2025		From: 09/12/2025 To: 11/10/2025		17114		217058			
6. Patient's Name and Address Zelda Harris 16 Old Court Rd Apt 409, PIKESVILLE, MD 21208- 443-544-7770					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 06/28/1949 9.Sex Female					10. Medications: Dose/Frequency/Route (N)ew (C)hanged Fluticasone-Salmeterol 100- 50 MCG/ACT, Give 1 puff inhalant twice a day For COPD Amlodipine - Amlodipine Besylate 10 mg Give 1 tablet by mouth once a day Blood pressure Femara - Letrozole 2.5 MG, Give 1 tablet by mouth once a day Incruse Ellipta - Umeclidinium Bromide 62.5 MCG/ACT , 1 puff inhale inhalant once a day COPD Ventolin - Albuterol 108 (90 bASE), MCG/ACT,2 PUFF inhalant every 4 hours As needed for SOB Hydrochlorothiazide - Hydrochlorothiazide 25 Mg, Give 1 tablet by mouth in the morning Losartan Potassium - Losartan Potassium 100 MG , Give 1 tablet by mouth once a day Blood pressure O2 - Oxygen 3liters nasal cannula continuous SOB and COPD Calcium - Calcium Acetate 500mg tablet by mouth once a day Vitamin supplement Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25mcg table5 by mouth once a day Vitamin supplement Centrum Silver - Ascorbic Acid: Biotin: Cyanocobalamin: Ergocalciferol: Folic Acid: Niacinamide: Pantothenic Acid: Phytionadione: Pyridoxine: Ribo 50 tablet by mouth once a day Supplement						
11. ICD J44.9			Principal Diagnosis Chronic obstructive pulmonary disease unspecified			Date 09/12/25					
13. ICD J96.90			Other Pertinent Diagnoses Respiratory failure unsp unsp w hypoxia or hypercapnia			Date 09/12/25					
I13.0			Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny			09/12/25					
I50.9			Heart failure unspecified			09/12/25					
E11.22			Type 2 diabetes mellitus w diabetic chronic kidney disease			09/12/25					
N18.9			Chronic kidney disease u			09/12/25					
E11.51			Type 2 diabetes w diabetic peripheral angiopath w/o gangrene			09/12/25					
U07.1			COVID-19			09/12/25					
J90.			Pleural effusion not elsewhere classified			09/12/25					
G47.33			Obstructive sleep apnea (adult) (pediatric)			09/12/25					
D72.829			Elevated white blood cell count unspecified			09/12/25					
R26.89			Other abnormalities of gait and mobility			09/12/25					
Z72.0			Tobacco use			09/12/25					
Z85.3			Personal history of malignant neoplasm of breast			09/12/25					
14. DME and Supplies: bath bench, oxygen supplies, wheelchair, walker					15. Safety Measures: walker precautions, standard precautions, medication safety, precautions, fall precautions, ambulates with device, bathroom safety						
16. Nutrition: fluid restriction, ,					17. Allergies: no known allergies						
18.A. Functional Limitations Dyspnea With Minimal Exertion, Ambulation					18.B. Activities Permitted Independent at Home, Walker, Up As Tolerated						
19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No											
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						
Homebound status: Due to diagnosis of Chronic Obstructive Pulmonary Disease 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 The patient is a 76-year-old female with a past medical history significant for chronic obstructive pulmonary disease (recent COPD exacerbation), obstructive sleep apnea, chronic respiratory failure, heart failure, type 2 diabetes mellitus without complications, and peripheral vascular disease, who presented to the agency for home health follow-up after recent hospitalization. She is alert and oriented 4 and reports no pain at rest but endorses shortness of breath with exertion. She currently uses supplemental oxygen via nasal cannula at 3 L/min. Lung auscultation was clear to auscultation at rest, bowel sounds are present, and trace bilateral lower-extremity edema was noted with palpable distal pulses. Medications were reviewed with the patient and the admission interview was completed; the patient verbalized understanding of her medication regimen. Physical therapy evaluation revealed bilateral lower-extremity weakness (MMT ~3/5) and decreased endurance; the patient requires contact-guard assistance for transfers and for short-distance ambulation with a rolling walker and is primarily limited by low-back pain and exertional dyspnea. Given these deficits, skilled physical therapy is recommended to address lower-extremity strength, balance, endurance, gait training with assistive device, and strategies to manage exertional shortness of breath with the goal of returning the patient to her prior level of function. Continued home health follow-up is advised for ongoing oxygen monitoring, symptom management, and medication oversight. Date of Order Orders Physician Face-to-Face Date: 09/05/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Chronic Obstructive Pulmonary Disease Unspecified 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: soc PT Eval Notes: Physician Desai, Pankaj											
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 Pankaj Desai 90 Painters Mill Rd Owings Mills, MD 21117 PHONE: 4103561575 FAX: 14103636840 NPI: 1194790105					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 09/18/2025 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. PAGE 1 of 2						

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SN WK1: 1 (09/12/2025 - 09/13/2025), WK3: 2 (09/21/2025 - 09/27/2025), WK4: 2 (09/28/2025 - 10/04/2025), WK5: 1 (10/05/2025 - 10/11/2025) 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 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, M2020 - Oral Med Management, M1400 - Dyspnea, delayed capillary refill, limited strength, limited endurance PROCEDURES: Medication Review: Review medications during every visit, cough/deep breathing exercises, incentive spirometer 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, * 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, * 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 self-administers medications as prescribed, related medication(s) purpose, schedule	PATIENT-STATED GOAL: I want to come off if this oxygen 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 * 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 * 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 * 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 self-administers medications as prescribed * recalls related medication(s) purpose, schedule
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PT Careplans PT WK1: 1 (09/12/2025 - 09/13/2025), WK2: 1 (09/14/2025 - 09/20/2025), WK3: 1 (09/21/2025 - 09/27/2025), WK4: 1 (09/28/2025 - 10/04/2025), WK5: 1 (10/05/2025 - 10/11/2025) PROBLEMS IDENTIFIED ON ASSESSMENT: 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 PROCEDURES: Medication Review- : medications reviewed with patient/caregiver, cough/deep breathing exercises, incentive spirometer, gait training on uneven surfaces, gait training/stair 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, Medication Review	PT Goals PATIENT-STATED GOAL: To be able to walk down to the elevator 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 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 Medication Review
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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	09/12/2025