Home Health Certification and Plan of Care

Order ID: 1150/12383

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
37144389	09/20/2025	From: 09/20/2025 To: 11/18/2025	17528	217058

6. Patient's Name and Address

Catherine Pettaway
155 South Grundy Street PT107,
BALTIMORE, MD 21224-
667-802-9249

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 06/20/1951 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	09/20/25

13. ICD	Other Pertinent Diagnoses	Date
I69.351	Hemiplga following cerebral infrc aff right dominant side	09/20/25
I11.0	Hypertensive heart disease with heart failure	09/20/25
I50.30	Unspecified diastolic (congestive) heart failure	09/20/25
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	09/20/25
J44.89	Other specified chronic obstructive pulmonary disease	09/20/25
J45.41	Moderate persistent asthma with (acute) exacerbation	09/20/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	09/20/25
E78.5	Hyperlipidemia unspecified	09/20/25
J45.909	Unspecified asthma uncomplicated	09/20/25
F32.9	Major depressive disorder single episode unspecified	09/20/25
N39.46	Mixed incontinence	09/20/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	09/20/25
E55.9	Vitamin D deficiency unspecified	09/20/25
E66.01	Morbid (severe) obesity due to excess calories	09/20/25
Z68.39	Body mass index [BMI] 39.0-39.9 adult	09/20/25
Z79.82	Long term (current) use of aspirin	09/20/25
Z79.51	Long term (current) use of inhaled steroids	09/20/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	09/20/25
Z95.0	Presence of cardiac pacemaker	09/20/25

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

Fosamax - Alendronate Sodium 70 MG ,Take 1 tablet by mouth once a week 70 MG tablet
Take 1 tablet (70 mg 9/6/25 total) by mouth every 7 days Do not start before September 6, 2025.. Take 30 min prior to meal with glass of water.Stay upright for 30 min.
Aspirin 81Mg - Aspirin 81 MG , Take 1 tablet by mouth once a day Take 1 tablet (81 mg total) by mouth daily.
Biotin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 mg ,Take 1 tablet by mouth three times a day 1 mg tablet
Take 1 tablet (1 mg total) by mouth 3 (three) times daily.
Flonase - Fluticasone Propionate 50 mcg/actuation , nasal spray 1 spray by Each Nare nasal once a day nasal spray
1 spray by Each Nare route daily.
Neurontin - Gabapentin take 300 MG capsule by mouth twice a day 300 MG capsule
Take 300 mg by mouth 2 (two) times daily.
Patient taking differently: Take 1 capsule (300 mg total) by mouth daily.
Cozaar - Losartan Potassium 100 MG , Take 1 tablet by mouth once a day 100 MG tablet
Take 1 tablet (100 mg total) by mouth daily.
Glucophage - Metformin Hydrochloride take 1000 MG tablet by mouth twice a day 1000 MG tablet
Take 1,000 mg by mouth 2 (two) times daily with meals.
Patient taking differently: Take 1 tablet (1,000 mg total) by mouth daily with breakfast.
Toprol-Xl - Metoprolol Succinate 25 MG , Take 1 tablet by mouth once a day Take 1 tablet (25 mg total) by mouth daily.
multivitamin-minerals-lutein Tab Take 1 tablet by mouth once a day Take 1 tablet by mouth daily.
Advair - Fluticasone Propionate: Salmeterol Xinafoate 250-50 mcg/dose , Inhale 1 puff into the lungs (inhaler) inhalant twice a day Inhale 1 puff into the lungs 2 (two) times daily.
Patient not taking: Reported on 9/11/2025
albuterol HFA inhaler 90mcg/actuation 90mcg/actuation , Inhale 2 puffs into the lungs (inhaler) inhalant every 6 hours Inhale 2 puffs into the lungs every 6 (six) hours as needed.
Zetia - Ezetimibe 10 mg , Take 1 tablet by mouth once a day Take 1 tablet (10 mg total) by mouth daily.
Prozac - Fluoxetine Hydrochloride 20 MG , Take 3 capsules by mouth once a day Take 3 capsules (60 mg total) by mouth daily.
Diovan - Valsartan 160 MG , Take 1 tablet by mouth once a day Take 1 tablet (160 mg total) by mouth daily.
Norvasc - Amlodipine Besylate 10 mg , Take 1 tablet by mouth once a day Take 1 tablet (10 mg total) by mouth daily.
Lipitor - Atorvastatin Calcium 80 MG , Take 1 tablet by mouth at bedtime Take 1 tablet (80 mg total) by mouth nightly.

14. DME and Supplies:

rolling walker, diabetic supplies, cane

15. Safety Measures:

infectious material management, , walker precautions, , , cardiac precautions, bathroom safety, ambulates with device, ambulates with assistance

16. Nutrition:

diabetic, cardiac diet

17. Allergies:

betadine compazine sulfa iodamide

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation, Endurance, Hearing, Bowel/Bladder Incontinence

18.B. Activities Permitted

Cane, 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: 0. Never, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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

patient will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 09/20/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Courtenay Morrow
6535 N Charles St
Baltimore, MD 21204
PHONE: 4438492707 FAX: 14438498066 NPI: 1033436928

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 : 09/18/2025

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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Catherine Pettaway 155 South Grundy Street PT107, BALTIMORE, MD 21224- 667-802-9249	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Homebound status: After undergoing Dual Chamber Pacemaker Placement, 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 with a history of coronary artery disease, hypertension, hyperlipidemia, type 2 diabetes, obesity and prior CVA who was recently hospitalized for dyspnea/bradycardia and underwent placement of a dual-chamber pacemaker on 09/10/2025; she is also in the early postoperative period following a left total hip replacement. She lives alone in a one-bedroom apartment and receives assistance with ADLs/IADLs from adult children. On assessment she was alert and oriented, the left upper chest pacemaker incision is closed with surgical glue and open to air, and bilateral lower-extremity pitting edema +2 was noted. Functionally she ambulates in the community with a single-point cane but used a rolling walker during therapy; today she ambulated approximately 200 feet with a rolling walker and negotiated stairs using the handrail. Therapeutic interventions included long-sitting heel slides, long-arc quadriceps in sitting, standing marching and gentle hip abduction (10 2 each) and the patient tolerated activity but demonstrated moderate postoperative pain and edema. She has limited left upper-extremity ROM with precautions of no lifting >5 lb and no overhead lifting, right upper-extremity weakness, and requires contact-guard assistance for sit-to-stand and supervision/assistance for tub transfers (bathing performed at sink). Education provided included incision/dressing care (keep dry, avoid soaking), edema management (LE elevation, consider compression per MD), use of ice for pain control, safe transfer and walker mechanics, and instructions to report signs of infection, uncontrolled pain, increasing swelling, or new shortness of breath. PT/OT evaluations were ordered and skilled nursing was arranged (1/week 4; next SN visit Wednesday) for ongoing medication management, incision surveillance and coordination of rehabilitative services. Plan: initiate and progress home physical therapy for strengthening, gait and balance training, transfer safety and graded tolerance to ambulation; continue skilled nursing for post-op monitoring and medication management; implement home safety measures and ADL support as needed; and coordinate follow-up with the implanting cardiologist and orthopedic surgeon per their schedules.
 Date of Order 09/20/2025 Orders Physician Face-to-Face Date: 09/18/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN- disease management PT eval and treat, OT eval and treat due to Dual Chamber Pacemaker Placement 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: OT Eval Notes: Physician Morrow, Courtenay

SN Careplans

SN WK1: 1 (09/20/2025 - 09/20/2025), WK3: 1 (09/28/2025 - 10/04/2025), WK4: 1 (10/05/2025 - 10/11/2025), WK5: 1 (10/12/2025 - 10/15/2025)

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, 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: D0160 - Depression, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, abnormal BS < 70/140 > mg/dL, M1610 - Urinary Incontinence, limited endurance, muscle weakness, limited strength, B0200 - Hearing Deficit, obesity, #1 - Observable Surgical Wound - Other - Left upper chest - Incision closed with surgical glue open to air

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , physician-ordered wound care: Left upper chest surgical incision closed with surgical glue open to air, glucose testing via monitor, bladder training, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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, * 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, * 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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/C O2 alarms, related medication(s) purpose, schedule, * how to keep journal of food

SN Goals

PATIENT-STATED GOAL: I want to get stronger

GOALS
patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* 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 cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

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/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/20/2025

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and fluid intake healthy meal plan tips exercise program nutritional knowledge, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* dietary guidelines for managing nutritional deficit
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep journal of food and fluid intake
* healthy meal plan tips
* exercise program
* nutritional knowledge
* 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/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

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

PT Careplans

PT WK2: 1 (09/21/25-09/27/25) ,WK3: 1 (09/28/25-10/04/25) ,WK4: 1 (10/05/25-10/11/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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 the patient , Home exercises: Long arc, knee abd/add, mini squats and heel 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 _ Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

PT Goals

PATIENT-STATED GOAL: To walk straight and get stronger

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 _ Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

OT Careplans

OT WK1: 1 (09/20/25-09/20/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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

PROCEDURES: ADLs , Patient/caregiver recalls related purpose and schedule of medications: Medication Review , cough/deep breathing exercises, transfers training, therapeutic exercises

OT Goals

PATIENT-STATED GOAL: Patient want to get into the tub to take a shower

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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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 right upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

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 right upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

Signature of Physician:	Date
	PAGE 4 of 4
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