Home Health Certification and Plan of Care

Order ID: 1150/12399

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
24309055	09/19/2025	From: 09/19/2025 To: 11/17/2025	17552	217058

6. Patient's Name and Address
Dollie Frazier
4704 Wilern Ave,
BALTIMORE, MD 21215-
410-542-7025

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 04/08/1938 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	09/19/25

13. ICD	Other Pertinent Diagnoses	Date
J96.01	Acute respiratory failure with hypoxia	09/19/25
J43.9	Emphysema unspecified	09/19/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	09/19/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	09/19/25
N18.32	Chronic kidney disease stage 3b	09/19/25
E78.5	Hyperlipidemia unspecified	09/19/25
I70.0	Atherosclerosis of aorta	09/19/25
Z87.891	Personal history of nicotine dependence	09/19/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	09/19/25
Z79.82	Long term (current) use of aspirin	09/19/25
Z99.81	Dependence on supplemental oxygen	09/19/25

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

Oxygen - Oxygen 2 litres nasal cannula as necessary 2 litres O2 with ambulation
Prednisone - Prednisone 10 mg 10 by mouth four times a day Started on 9/13. Titration by 1. Pt states she is taking for her Lungs. Verbalized med frequency
Cardizem Cd - Diltiazem Hydrochloride take 120 mg capsule by mouth once a day 120 mg, 1 time daily. " for my bp and heart"
Aspirin 81Mg - Aspirin take 81 mg tablet by mouth once a day 81 mg, 1 time daily. Pt understands med indication
Lipitor - Atorvastatin Calcium take 20 mg tablet by mouth at bedtime 20 mg, nightly. Pt understands med indication and frequency
Neurontin - Gabapentin Take 300 mg capsule by mouth at bedtime 300 mg, Oral, nightly. Pt understands indication and frequency
Desyrel - Trazodone Hydrochloride Take 150 mg tablet by mouth at bedtime 150 mg, Oral, nightly. Pt understands med Indication and frequency
Albuterol - Albuterol 2.5 mg inhalation solution inhalant every 6 hours 2.5 mg, Inhalation, every 6 hours Prn. Pt understands med indication.
Budesonide 0.5mg/2 ml 0.5mg/2 ml inhalant twice a day "Ido it once in the morning and at night for my breathing"
erythromycin (ROMYCIN) 5 MG/GM ophthalmic ointment 5 MG/GM , take 1 Application ointment topical at bedtime 1 Application, AT HOUR OF SLEEP. "I use it when my eyes feel itchy and dry"
Stiolto Respimat - Olodaterol Hydrochloride: Tiotropium Bromide 2.5-2.5 MCG/ACT, take 2 puffs (inhalation spray) inhalant once a day 2 puffs, 1 time daily. "It makes my mouth sore so I don't use it"
Benzonatate - Benzonatate 100 mg by mouth as necessary
8-Hour Bayer - Aspirin 80 by mouth once a day

14. DME and Supplies:
cane

15. Safety Measures:
walker precautions, ambulates with device, diabetic precautions, , , smoke detectors , remove environmental barriers, emergency phone # clearly displayed, hand rails, electrical safety measures, cardiac precautions, , bathroom safety, , activity supervision

16. Nutrition:
cardiac diet, diabetic

17. Allergies:
alvesco jardiiance simvastatin

18.A. Functional Limitations
Endurance, Dyspnea With Minimal Exertion

18.B. Activities Permitted
Cane, Up As Tolerated, , , Transfer bed/Chair, Walker

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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Chronic Obstructive Pulmonary Disease With Exacerbation, 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 87-year-old female with a significant history of chronic obstructive pulmonary disease (COPD) secondary to long-standing tobacco use, complicated by acute hypoxic respiratory failure, acute COPD exacerbation, exertional dizziness, and pulmonary hypertension. She was recently hospitalized following shortness of breath that began after she stopped smoking, and although no acute findings were noted during admission, she was discharged with supplemental oxygen at 2 L, primarily for use during exertion. She reports compliance with medications and demonstrates strong understanding of her regimen, as well as daily use of her blood pressure monitor. She continues to experience crackles in the lower lobes since discharge but denies new or worsening symptoms. The patient resides in a multi-level home with her son and daughter-in-law, with her bedroom and bathroom located on the second floor. She ambulates independently and can climb stairs with caution and supervision but experiences shortness of breath with minimal to moderate exertion. She uses a bedside commode at night, the regular toilet during the day, and alternates between full baths and sink baths every other day. Although initially reluctant, both the patient and her son agreed to five occupational therapy sessions to address functional needs. She occasionally checks her oxygen saturation when feeling short of breath and admitted to stopping oxygen use without notifying her physician. During the nursing visit, education was reinforced on oxygen safety, home safety concerns including lack of smoke detectors and no-smoking signage, and the importance of medication and oxygen compliance. The patient's primary goal is to obtain a portable oxygen tank to improve mobility outside the home and resume desired activities. Follow-up nursing and therapy services are planned as appropriate.
 Date of Order 09/19/2025 Orders Physician Face-to-Face Date: 09/15/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Chronic Obstructive Pulmonary Disease With Exacerbation 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 OT Eval Notes: PT Eval Notes:
 Physician Katz , Jeffrey

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 09/19/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Jeffrey Katz
1701 Twin Springs Rd
Halethorpe, MD 21227
PHONE: 800-777-7904 FAX: 14107975401 NPI: 1013954213

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 : 09/15/2025

27. Attending Physician's Signature and Date Signed **09/29/2025** 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.

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SN Careplans

SN WK1: 1 (09/19/25-09/20/25) ,WK2: 1 (09/21/25-09/27/25) ,WK3: 1 (09/28/25-10/04/25) ,WK4: 1 (10/05/25-10/11/25) ,WK5: 1 (10/12/25-10/18/25) ,WK6: 1 (10/19/25-10/25/25) ,WK7: 1 (10/26/25-11/01/25) ,WK8: 1 (11/02/25-11/08/25)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 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: M2020 - Oral Med Management, Home Safety, meal preparation, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, muscle weakness, limited endurance, limited strength, balance deficit, B1000 - Vision Deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange for adequate fire safety devices, coordinate/arrange resources for vision-impaired

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 keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient home enviroment has adequate fire safety devices, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: Patient primary goal;" I want to go back to the casino and travel to Vegas. I don't want to worry about this big Oxygen tank."

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 keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

patient home enviroment has adequate fire safety devices

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

OT Careplans

OT WK2: 1 (09/21/25-09/27/25) , WK4: 1 (10/05/25-10/11/25) ,WK5: 1 (10/12/25-10/18/25) ,WK6: 1 (10/19/25-10/25/25) ,WK7: 1 (10/26/25-11/01/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: Medication review : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, work simplification/energy conservation

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, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 06. Independent, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Therapeutic exercise , Medication review , Balance training

OT Goals

PATIENT-STATED GOAL: to be able to do everything as earlier, PLOF

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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Shower/Bathe Self - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Medication review

Therapeutic exercise

Balance training

Signature of Physician:

Date

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

Date
09/19/2025