Home Health Certification and Plan of Care

Order ID: 1150/12340

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
37099690	09/17/2025	From: 09/17/2025 To: 11/14/2025	17253	217058

6. Patient's Name and Address
Patricia Crouse
9733 Red Clover Court,
PARKVILLE, MD 21234-
410-665-0323

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 04/27/1935 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S06.5XAD	Traum subdr hem with LOC status unknown subs	09/17/25

13. ICD	Other Pertinent Diagnoses	Date
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	09/17/25
I10.	Essential (primary) hypertension	09/17/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	09/17/25
E78.5	Hyperlipidemia unspecified	09/17/25
E03.9	Hypothyroidism unspecified	09/17/25
I73.9	Peripheral vascular disease unspecified	09/17/25
D64.9	Anemia unspecified	09/17/25
F41.9	Anxiety disorder unspecified	09/17/25
F32.A	Depression unspecified	09/17/25
E46.	Unspecified protein-calorie malnutrition	09/17/25
K21.9	Gastro-esophageal reflux disease without esophagitis	09/17/25
Z79.82	Long term (current) use of aspirin	09/17/25
Z95.5	Presence of coronary angioplasty implant and graft	09/17/25
Z90.710	Acquired absence of both cervix and uterus	09/17/25
Z91.81	History of falling	09/17/25

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

Aspirin 81Mg - Aspirin 81 MG , Take 1 tablet by mouth once a day
Lipitor - Atorvastatin Calcium 80 MG , Take 1 tablet by mouth at bedtime
Remeron - Mirtazapine 15 MG , Take 1 tablet by mouth at bedtime
multivitamin (TAB-A-VITE) tablet Take 1 tablet by mouth once a day
Prilosec - Omeprazole Take tablet by mouth as necessary
Effexor - Venlafaxine Hydrochloride 100 MG , Take 1 tablet by mouth twice a day
Isordil - Isosorbide Dinitrate 10 mg , Take 1 tablet by mouth twice a day
Prinivil - Lisinopril 10 MG , Take 1 tablet by mouth once a day
Toprol-Xl - Metoprolol Succinate 25 MG , Take 1 tablet by mouth twice a day

14. DME and Supplies:
rolling walker, cane

15. Safety Measures:
, , bathroom safety, , remove environmental barriers, cardiac precautions, ambulates with device, ambulates with assistance

16. Nutrition:
cardiac diet

17. Allergies:
meperidine

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

18.B. Activities Permitted
Walker, Cane, 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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Traumatic Subdural Hemorrhage With Loss Of Consciousness Status Unknown, Subsequent Encounter, 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 90-year-old female with a past medical history of hypertension and myocardial infarction, recently admitted for a cardiac event. Upon returning home, she experienced another episode of syncope followed by a fall. She resides with her grandson in a single-family home, with her bedroom located on the second floor. The patient presents as frail and weak, with noted shortness of breath on exertion. Education was provided regarding fall prevention strategies and the importance of using an assistive device to promote safety and reduce risk of injury.
 Date of Order 09/17/2025 Orders Physician Face-to-Face Date: 09/08/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat due to Traumatic Subdural Hemorrhage With Loss Of Consciousness Status Unknown, Subsequent Encounter 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 - PT Notes: soc Physician Edge, Arveitta

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 09/17/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Arveitta Edge
6701 N Charles St
Towson, MD 21204
PHONE: 14438492397 FAX: 14438492398 NPI: 1356693048

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 : 09/08/2025

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 (09/12/2025 - 09/13/2025), WK2: 2 (09/21/2025 - 09/27/2025), WK3: 2 (09/28/2025 - 10/04/2025), WK4: 1 (10/05/2025 - 10/08/2025)

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: 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, 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130H1 - Don/Doff Footwear, 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, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, D0160 - Depression, M2020 - Oral Med Management, M1033 - Exhaustion, abnormal blood pressure, M1400 - Dyspnea, muscle weakness, balance deficit

PROCEDURES: Medication Review: The medication was reviewed with the patient , cough/deep breathing exercises, home exercise program: Straight leg raising, , Long arc , marching, side kicks and heel raises --10x2 reps, equipment training, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * how to take the patient's blood pressure record the reading, 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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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, 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, 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 be stronger and walk with out fall

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

Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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 modification to manage blood condition including dietary changes
* bleeding precautions
* 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 self-administers medications as prescribed
* 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

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

patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management

Signature of Physician:

Date

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

Date
09/17/2025

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* 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 take the patient's blood pressure
* record the reading
* 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

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