# Home Health Certification and Plan of Care

**Order ID: 1150/12465**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 10028431 | 09/23/2025 | From: 09/23/2025 To: 11/21/2025 | 17668 | 217058 |

**6. Patient's Name and Address**
Dorothy Myers
1020 Cooks Lane,
Baltimore, MD 21229-
410-945-3010

**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** 06/22/1934 | **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| G20.A1 | Parkinson's dis w/o dyskinesia w/o mention of fluctuations | 09/23/25 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| F02.80 | Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx | 09/23/25 |
| I10. | Essential (primary) hypertension | 09/23/25 |
| E78.00 | Pure hypercholesterolemia unspecified | 09/23/25 |
| M17.0 | Bilateral primary osteoarthritis of knee | 09/23/25 |
| N39.41 | Urge incontinence | 09/23/25 |
| Z86.0100 | Personal history of colonic polyps | 09/23/25 |

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

amLODIPine 10 mg , Take 1 tablet by mouth once a day Take 1 tablet(s) every day by oral route.
atorvastatin 40 mg , Take 1 tablet by mouth once a day Take 1 tablet(s) every day by oral route.
carbidopa 25 mg-levodopa 100 mg tablet 25 mg/100 mg , Take 1 tablet by mouth three times a day Take 1 tablet(s) 3 times a day by oral route.
valsartan 160 mg-hydrochlorothiazide 25 mg tablet 160 mg/25 mg , Take 1 tablet by mouth once a day Take 1 tablet(s) every day by oral route.

**14. DME and Supplies:**
walker

**15. Safety Measures:**
medication safety, fall precautions, supervision at all times, standard precautions, activity supervision, ambulates with assistance, ambulates with device

**16. Nutrition:**
low sodium, low cholesterol

**17. Allergies:**
no known allergies

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

**18.B. Activities Permitted**
Up As Tolerated, Walker

**19. Mental & Pyschosocial Status:** COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 2. On awakening or at night only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: No

**20. Prognosis:** fair

**22. A Rehabilitation Potential:**
SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

**22.B.Discharge Plans**
patient will be responsible for managing treatment

**Homebound status:** Due to diagnosis of Parkinson's disease without dyskinesia, without mention of fluctuations, 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 91-year-old female with a medical history of Parkinson's disease, dementia, hypertension, hyperlipidemia, osteoarthritis, and depression. She presents with significant ambulatory difficulty, requiring a rolling walker and one-person assistance for safe mobility and fall prevention, making it a taxing effort to leave the home. The patient resides in a row home with her daughter and uses a stair glide to access the second floor, where her bedroom and bathroom are located. She demonstrates general weakness, rigidity in the upper extremities during movement, and decreased bilateral step length, ambulating approximately 20 feet with assistance. Transfers from sitting to standing require minimal assistance, while bed mobility requires maximum assistance. The patient's home is equipped with safety features, and she utilizes a lift chair and mobility devices. Home health services, including physical therapy, occupational therapy, skilled nursing (1w6 for medication compliance), and a home health aide, have been ordered. During the visit, the patient was accompanied by her daughter Brenda, who, along with her sister Jaquetta, holds power of attorney. The caregiver was instructed on increasing the patient's fluid intake, maintaining skin integrity by providing cushioning to the buttock (where discomfort was reported but no wounds observed), and implementing infection control precautions due to another household member's persistent cough. The patient has minimal verbal expression and requires occasional redirection. Her appetite is reported as good, and she expresses a personal goal to "move [her] leg more." The patient is considered homebound due to the effort required to leave the home and has a Tinetti score of 8/10, indicating a high fall risk. She would benefit from continued home therapy to improve strength, mobility, and safety, as well as caregiver training for safe assistance during daily tasks.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 09/23/2025<br> Order<o:p></o:p> Physician Face-to-Face Date: 09/18/2025<br> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl dx: Parkinson's disease without dyskinesia, without mention of fluctuations<br> 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> <br> 1 - SOC - SN Notes:<br> PT Eval Notes:<o:p></o:p> Physician: Fernandez, Rodolfo

## SN Careplans

SN WK1: 1 (09/23/25-09/27/25), WK2: 1 (09/28/25-10/04/25), WK3: 1 (10/05/25-10/11/25), WK4: 1 (10/12/25-10/18/25)

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

HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months

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

## SN Goals

PATIENT-STATED GOAL: to move legs more

GOALS
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
* how to keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to take the patient's blood pressure

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

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
Rodolfo Fernandez
724 Maiden Choice Ln
Catonsville, MD 21228
PHONE: 410-747-6080 FAX: 14435756553 NPI: 1487661237

**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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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: M1745 - Behavioral Issues, M1700 - Cognition, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, meal preparation, M2020 - Oral Med Management, abn cholesterol > 200 mg/dL, abnormal blood pressure, M1400 - Dyspnea, M1610 - Urinary Incontinence, limited endurance, poor muscle tone, muscle weakness, limited strength, difficulty sleeping, withdrawal from conversations, weak hand grips, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals

TEACH PATIENT/CAREGIVER: * 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, * low cholesterol dietary guidelines, 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 keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence

* record the reading
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low cholesterol dietary guidelines
* 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
* 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
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

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

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver performs medical/rehabilitation treatments with adequate competence

## PT Careplans

PT WK1: 8 (09/23/25-09/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, 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: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Sitting knee extension, ankle pumps , Bed mobility training , Family training with caregiver , gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * 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 - 03. Partial/moderate assistance, Chair to Bed to Chair - 03. Partial/moderate assistance, Toilet Transfer - 04. Supervision or touching assistance, Car Transfer - 03. Partial/moderate assistance, Walk 10 Feet - 03. Partial/moderate assistance, Walk 50 ft with 2 Turns - 03. Partial/moderate assistance, Walk 150 Feet - 03. Partial/moderate assistance, 1 - Step (curb) - 03. Partial/moderate assistance, 4 Steps - 03. Partial/moderate assistance, Picking Up Object - 03. Partial/moderate assistance

## PT Goals

PATIENT-STATED GOAL: Safely move around the house with one person assistance

GOALS
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 - 03. Partial/moderate assistance

Chair to Bed to Chair - 03. Partial/moderate assistance

Toilet Transfer - 04. Supervision or touching assistance

Car Transfer - 03. Partial/moderate assistance

Walk 10 Feet - 03. Partial/moderate assistance

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

Walk 150 Feet - 03. Partial/moderate assistance

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

4 Steps - 03. Partial/moderate assistance

Picking Up Object - 03. Partial/moderate assistance

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 2 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles SN RN | 09/23/2025 |