Home Health Certification and Plan of Care

Order ID: 1150/12604

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
54215010	07/23/2025	From: 09/21/2025 To: 11/18/2025	8747	217058

6. Patient's Name and Address
Jayne Tyler
5921 Cedonia Ave,
BALTIMORE, MD 21206-
410-483-9762

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 10/10/1953 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S86.812D	Strain of musc/tend at lower leg level left leg subs	07/23/25

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	07/23/25
E78.5	Hyperlipidemia unspecified	07/23/25
E87.1	Hypo-osmolality and hyponatremia	07/23/25
Z79.82	Long term (current) use of aspirin	07/23/25
Z79.891	Long term (current) use of opiate analgesic	07/23/25
Z87.891	Personal history of nicotine dependence	07/23/25

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

Lipitor - Atorvastatin Calcium eq 40 mg base 40 mg Take 1 tablet by mouth once a day daily for cholesterol and heart protection
Calan Sr - Verapamil Hydrochloride 240 MG Take 1 tablet by mouth twice a day blood pressure
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg 5mg by mouth every 4-6 hours For pain
Pepcid - Famotidine 40 mg 40 MG Take 1 tablet by mouth once a day stomach
Tenormin - Atenolol 50 mg 50 mg Take 1 tablet by mouth once a day blood pressure
Asa 81 Mg - Aspirin 81mg by mouth twice a day for anticoagulation
Folic Acid - Folic Acid 1 mg 1mg; 1 tab by mouth once a day supplement
Tylenol - Acetaminophen 325mg by mouth every 4-6 hours 1-2 tabs for pain
Colace - Docusate Sodium 100mg by mouth twice a day Stool softners
Cozaar - Losartan Potassium 100 mg 100 mg Take 1 tablet by mouth once a day blood pressure

14. DME and Supplies:
rolling walker, commode, cane, bath bench

15. Safety Measures:
restricted ROM, standard precautions, medication safety, fall precautions, electrical safety measures, bleeding precautions, bathroom safety, anticoagulant precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
hydralazine hydrochloride meloxican nsaids Clonidine

18.A. Functional Limitations
Endurance, Ambulation, Bowel/Bladder Incontinence, Decreased ROM left knee

18.B. Activities Permitted
Walker, Exercises Prescribed, Up As Tolerated, Increase ROM left knee 10 degrees a week.

19. Mental & Pyschosocial Status: COGNITION: 2. Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance)., ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: WNL, HISTORY OF DEPRESSION:

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

Homebound status:
Due to diagnosis of Strain Of Other Muscle And Tendon At Lower Leg Level, Left Leg, 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 71-year-old woman undergoing recertification for physical therapy due to a muscle strain. She currently demonstrates 60 degrees of left knee flexion, with a treatment goal to increase by 10 degrees per week. There have been improvements in both Tinetti and TUG scores. The patient requires a left knee brace until medically cleared by her physician. She continues to benefit from ongoing occupational therapy services following a knee replacement and tendon repair. The patient resides with her husband in a multi-level home equipped with a stair glide. She presents with bilateral upper extremity weakness, rated at 4-/5 on manual muscle testing. She requires setup assistance for upper body dressing and minimal assistance for lower body dressing. The patient needs standing assistance for sit-to-stand and commode transfers and is currently dependent for tub transfers. She has expressed a desire to regain independence in showering.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 09/18/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 07/19/2025
 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat due to Strain Of Other Muscle And Tendon At Lower Leg Level, Left Leg, 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<o:p></o:p>
 4 - Recertification PT Notes: due to muscle strain
 OT Eval Notes:<o:p></o:p> Physician: Sanico, Barbara

SN Careplans

SN Goals

PT Careplans

PT Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 09/18/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Barbara Sanico
4920 Campbell Blvd
Baltimore, MD 21236
PHONE: 410-933-7600 FAX: NPI: 1164454716

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 : 07/19/2025

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

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 8

CAREGIVER: WNL

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 ; WB statusPt is WBAT on L LE while wearing brace in full extension at all times
Advance Directive:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: obesity

PROCEDURES: Home exercise program : Supine quad sets, short Arc quads, hip flexion, hip abduction, bridging, straight leg raise. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats . Sitting knee extension, ankle pumps , Medication Review- : Medications reviewed with patient/caregiver., Adjust left knee brace 10 degrees each week currently at 60 degrees, train caregiver(s) to perform medical/rehabilitation treatments, wound vacuum, therapeutic modalities: Ice to L knee x 20 min PRN pain, 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, * 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assis, 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, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance

PATIENT-STATED GOAL: I want to get up and walk with a cane and be able to go up and down my steps

GOALS
Chair to Bed to Chair - 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

Car Transfer - 06. Independent

Walk 10 Feet - 04. Supervision or touching assistance

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

Walk 50 ft with 2 Turns - 04. Supervision or touching assis

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

Sit to Stand - 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

4 Steps - 04. Supervision or touching assistance

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

Toilet Transfer - 05. Setup or clean-up assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

caregiver performs medical/rehabilitation treatments with adequate competence

Walk 10 ft on Uneven Surface - 04. Supervision or touching

Picking Up Object - 04. Supervision or touching assistance

OT Careplans

OT WK1: 1 (09/21/25-09/27/25) ,WK2: 1 (09/28/25-10/04/25) ,WK3: 1 (10/05/25-10/11/25) ,WK4: 1 (10/12/25-10/18/25) ,WK5: 1 (10/19/25-10/25/25)

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: ADLs , Patient/caregiver recalls related purpose and schedule of medications: Medication Review , 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, Oral Hygiene - 06. Independent, Lower Body Dressing - 03. Partial/moderate assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent, Patient will demonstrate improved bilateral upper extremity muscle strength from 4-/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks

OT Goals

PATIENT-STATED GOAL: Wants to be able to get in the shower

GOALS
Lower Body Dressing - 03. Partial/moderate assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Don/Doff Footwear - 03. Partial/moderate 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

Patient will demonstrate improved bilateral upper extremity muscle strength from 4-/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks

Signature of Physician:

Date

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

Date
09/18/2025

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limit to 4/5 limit to improve ADLs and transfers within 3 wks

Eating - 06. Independent

Oral Hygiene - 06. Independent

Signature of Physician:

Date

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

Date
09/18/2025