Home Health Certification and Plan of Care

Order ID: 1150/12656

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36889486	09/25/2025	From: 09/25/2025 To: 11/22/2025	17592	217058

6. Patient's Name and Address
Freida Northrop
2400 Tionesta Road Apt 1D,
HALETHORPE, MD 21227-
443-979-4110

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 08/14/1957 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
N39.0	Urinary tract infection site not specified	09/25/25

13. ICD	Other Pertinent Diagnoses	Date
I48.91	Unspecified atrial fibrillation	09/25/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	09/25/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	09/25/25
N18.4	Chronic kidney disease stage 4 (severe)	09/25/25
G40.909	Epilepsy unsp not intractable without status epilepticus	09/25/25
J44.9	Chronic obstructive pulmonary disease unspecified	09/25/25
Z79.82	Long term (current) use of aspirin	09/25/25
Z86.011	Personal history of benign neoplasm of the brain	09/25/25
Z91.81	History of falling	09/25/25
Z87.891	Personal history of nicotine dependence	09/25/25

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

Acetaminophen - Acetaminophen take 650 mg tablet by mouth every 4 hours 650 Q4 PRN
Amilodipine - Amlodipine Besylate take 5mg tablet by mouth once a day 5mg once daily
Atorvastatin - Atorvastatin Calcium take 40mg tablet by mouth once a day 40mg once daily
Clonidine - Clonidine take 0.1mg tablet by mouth once a day 0.1mg once daily
Lasix - Furosemide take 40mg tablet by mouth once a day 40mg once daily
Gabapentin - Gabapentin take 200mg tablet by mouth three times a day 200mg tid
Keppra - Levetiracetam take 250mg tablet by mouth twice a day 250mg BID
losartan Take 100 mg tablet by mouth once a day 100mg daily
Oxcarbazepine - Oxcarbazepine take 600 mg tablet by mouth twice a day 600 BID
Folic Acid - Folic Acid 1 mg 1 tablet by mouth once a day
Trulicity - Dulaglutide 3 milligram subcutaneous once a week Inject 1 pen sub Q once a week
Lantus Solostar - Insulin Glargine Recombinant 100 unit/mL subcutaneous once a day Inject 30 ubits sub Q at bedtime
Eliquis - Apixaban 5 mgs by mouth twice a day

14. DME and Supplies:
wheelchair, hand held shower, diabetic supplies, bath bench, grab bars

15. Safety Measures:
infectious material management, sharps precautions, supervision at all times, transfer with assist, wheelchair precautions, , seizure precautions, smoke detectors , , hand rails, diabetic precautions, , , bathroom safety, avoid temperature extremes,

16. Nutrition:
renal diet

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Exercises Prescribed, Wheelchair, Transfer bed/Chair

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: 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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 9. Not Applicable

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Urinary Tract Infection Site Not Specified, 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 68-year-old female who was admitted to Ascension St. Agnes Hospital on 9/14/25 following a fall from her wheelchair while descending a ramp outside her ground-floor apartment. She fell forward from the chair, striking her head, and was admitted for evaluation of mental status changes and injury related to the fall. During hospitalization, she was also treated for a urinary tract infection. She was discharged home on 9/17/25, where she now resides with her spouse, Robert Sr., and son, Robert Jr. The patient reports she has been non-ambulatory for the past eight months due to severe unsteadiness when standing, and she requires a wheelchair for all mobility within the home. She has experienced two falls within the past two months and several more over the past year. She currently has continuous caregiver support from family members. Her past medical history is significant for diabetes mellitus, seizures, dementia, and chronic non-ambulatory status. On evaluation, she presents with bilateral knee pain, decreased lower extremity strength, impaired functional mobility, unsteady standing balance, difficulty with transfers, poor safety awareness, and a high risk for falls. Given her multiple recent falls and persistent mobility deficits, she demonstrates increased risk for further decline and loss of independence if not addressed with skilled intervention. The patient will benefit from skilled home physical therapy services focused on improving bilateral lower extremity strength, transfer training, standing balance, safety awareness, and functional mobility in the home environment. Education was provided to the patient and her caregivers regarding fall prevention and safe transfer techniques. The physical therapy plan of care will begin on 9/25/25 with a frequency of 2w3 followed by 1w4, with the goal of maximizing safety, mobility, and independence while reducing fall risk.
 Date of Order 09/25/2025 Orders Physician Face-to-Face Date: 09/15/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT evaluate and treat OT evaluate and treat due to Urinary Tract Infection Site Not Specified 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 Mira, Tamader

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 09/25/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Tamader Mira
5505 Ritchie Hwy E
Brooklyn, MD 21225
PHONE: 410-355-0340 FAX: 14106363402 NPI: 1023205887

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 : 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: 2 (09/25/2025 - 09/27/2025), WK2: 2 (09/28/2025 - 10/04/2025), WK3: 2 (10/05/2025 - 10/11/2025), WK4: 1 (10/12/2025 - 10/18/2025), WK5: 1 (10/19/2025 - 10/22/2025)

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, blood sugar < 60 > 300

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), 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, 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; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SpO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

; 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:Do not resuscitate (DNR) orders

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, GG0170F1 - Toilet Transfer, M1745 - Behavioral Issues, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, Home Safety, M2020 - Oral Med Management, M1400 - Dyspnea, dizziness/syncope, M1033 - Exhaustion, M1600 - UTI, limited strength, muscle weakness, balance deficit, headache

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, wheelchair training, home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., static standing balance exercises, transfers training, assist with fall prevention,

PT Goals

PATIENT-STATED GOAL: I just want to get etter

GOALS
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

patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

patient/caregiver recalls
* how to manage seizure triggers
* implement lifestyle changes including getting enough sleep
* avoiding alcohol
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* how to manage symptoms of nicotine withdrawal and nicotine cravings
* recalls related medication(s) purpose, schedule

insects/rodents not present in the patient's living environment

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Sit to Stand - 03. Partial/moderate assistance

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

Car Transfer - 03. Partial/moderate assistance

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

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/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
* strategies to minimize fatigue and exhaustion including work simplification

Signature of Physician:

Date

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

Date
09/25/2025

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teach/coordinate/arrange medication packaging and/or administration

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 manage seizure triggers implement lifestyle changes including getting enough sleep avoiding alcohol, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * 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, * how to manage symptoms of nicotine withdrawal and nicotine cravings, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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, insects/rodents not present in the patient's living environment, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 03. Partial/moderate assistance, Chair to Bed to Chair - 03. Partial/moderate assistance, Toilet Transfer - 06. Independent, Car Transfer - 03. Partial/moderate assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent

* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 3 of 3
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