Home Health Certification and Plan of Care

Order ID: 1150/12776

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
89307857	09/29/2025	From: 09/29/2025 To: 11/27/2025	17883	217058

6. Patient's Name and Address
Maureen Harbauer
561 ARUNDEL DR,
SEVERNA PARK, MD 21146-
410-507-0764

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 06/28/1937 | 9.Sex Female

11. ICD	Principal Diagnosis	Date
I10.	Essential (primary) hypertension	09/29/25

13. ICD	Other Pertinent Diagnoses	Date
R26.9	Unspecified abnormalities of gait and mobility	09/29/25
R41.3	Other amnesia	09/29/25
Z91.81	History of falling	09/29/25
Z79.82	Long term (current) use of aspirin	09/29/25
Z79.01	Long term (current) use of anticoagulants	09/29/25

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

Seroquel - Quetiapine Fumarate 25 mg, Take half to 1 tablet by mouth at bedtime Take half to 1 tablet by mouth at bedtime (around 7 to 8 PM) (Patient not taking: Reported on 9/24/2025
Imdur - Isosorbide Mononitrate 30 mg, Take 1 tablet by mouth in the morning Take 1 tablet by mouth every morning for 30 days.
Buspar - Buspirone Hydrochloride 10 mg, Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times a day (Patient taking differently: Take 10 mg by mouth 3 times a day
Aldactone - Spironolactone 25 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Lipitor - Atorvastatin Calcium 40 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily for cholesterol and heart protection
Tenormin - Atenolol 25 mg, Take 2 tablets by mouth twice a day Take 2 tablets by mouth 2 times a day
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
choline bitartrate 300 mg, Take 2 tablets by mouth once a day Take 2 tablet by mouth daily
Aspirin (ECOTRIN LOW STRENGTH) 81 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Pradaxa - Dabigatran Etexilate Mesylate 110 mg, Take 1 capsule by mouth twice a day Take 1 capsule by

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 09/29/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Kenneth Villar
7670 Quarterfield Road
Glen Burnie, MD 21061
PHONE: FAX: NPI: 1235314436

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 : 09/24/2025

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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mouth 2 times a day
Cozaar - Losartan Potassium 100 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Temovate - Clobetasol Propionate 0.05 %, Apply to scalp topical once a day Apply to scalp once a day up to 5 days a week, avoid exposure to face or eyes. Repeat weekly. Decrease frequency of use as problem improves.
Xalatan - Latanoprost 0.005 %, Instill 1 Drop in affected eye(s) drops once a day Instill 1 Drop in affected eye(s) every evening. May use up to 2 drops per each attempted scheduled dose.

14. DME and Supplies:	15. Safety Measures:
rolling walker, hand held shower, bath bench, grab bars, walker, cane, 4 wheeled walker	transfer with assist, medical alert/lifeline, hand rails, , , avoid temperature extremes, ambulates with device, , ambulates with assistance, walker precautions, smoke detectors , , bathroom safety, activity supervision
16. Nutrition:	**17. Allergies:**
Z. NO PHYSICIAN-ORDERED DIET	no known allergies
18.A. Functional Limitations	**18.B. Activities Permitted**
Endurance, Hearing	Cane, Up As Tolerated, Walker, Exercises Prescribed, 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: good

22. A Rehabilitation Potential:	22.B.Discharge Plans
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.	family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Essential Hypertension, 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.

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	**Date**
Electronically Signed by Messick, Charles SN RN	09/29/2025

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Clinical Condition Requiring Homecare:

The patient is an 88-year-old female who was taken to Kaiser Urgent Care a few weeks ago due to dizziness and was found to have significantly elevated blood pressure. She was monitored for one day at the urgent care facility before returning home. Approximately one week ago, the patient, accompanied by her daughter Juliet, followed up with her primary care physician, Dr. Villar. During the visit, the patient reported experiencing ongoing dizziness, reduced endurance, difficulty ambulating long distances, and a recent history of falls. Based on these findings, the physician prescribed home physical therapy for further management. Upon evaluation, the patient demonstrated decreased bilateral lower extremity strength, reduced functional mobility, impaired balance, unsteady gait, and difficulty negotiating steps. She also exhibited poor safety awareness and remains at an elevated risk for falls. Home physical therapy is indicated to address these deficits by improving strength, mobility, balance, transfer ability, and overall safety during ambulation and daily activities, with the goal of restoring her independence within the home environment. Without skilled intervention, the patient remains at risk for further functional decline, additional falls, and loss of autonomy. The plan of care includes initiating home physical therapy on 9/29/25 with a treatment frequency of twice weekly for three weeks (Monday and Wednesday), followed by once weekly for four weeks (Wednesday sessions).
 Date of Order 09/29/2025 Orders Physician Face-to-Face Date: 09/24/2025 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat due to Essential Hypertension 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 Villar, Kenneth

SN Careplans

SN Goals

PT Careplans

PT WK1: 2 (09/29/25-10/04/25) ,WK2: 2 (10/05/25-10/11/25) ,WK3: 2 (10/12/25-10/18/25) ,WK4: 1 (10/19/25-10/25/25) ,WK5: 1 (10/26/25-11/01/25) ,WK6: 1 (11/02/25-11/08/25) ,WK7: 1 (11/09/25-11/15/25)

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), 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; 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170I1 - Walk 10 Feet, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0130C1 - Toileting Hygiene, 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, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, M1745 - Behavioral Issues, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, lightheadedness, swelling in the arms/legs, dizziness/syncope, M1400 - Dyspnea, M1033 - Exhaustion, limited endurance, muscle weakness, balance deficit, swelling in legs/around eyes, rough/scaly/cracked skin

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training

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, * 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, * how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient

PT Goals

PATIENT-STATED GOAL: I would like to be able to walk every morning with my friends and improve my endurance

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

Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* 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
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Toileting Hygiene - 06. Independent

patient/caregiver recalls
* how to manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing and prevent constipation

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

Don/Doff Footwear - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

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	PAGE 4 of 4
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