# Home Health Certification and Plan of Care

**Order ID: 1150/12830**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 100051009 | 09/27/2025 | From: 09/27/2025 To: 11/24/2025 | 17664 | 217058 |

**6. Patient's Name and Address**

Penny Pfister
2711 Hernwood Road,
WOODSTOCK, MD 21163-
410-925-1074

**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 07/26/1961 | 9.Sex Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| E11.69 | Type 2 diabetes mellitus with other specified complication | 09/27/25 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| M46.20 | Osteomyelitis of vertebra site unspecified | 09/27/25 |
| I10. | Essential (primary) hypertension | 09/27/25 |
| E03.9 | Hypothyroidism unspecified | 09/27/25 |
| E78.5 | Hyperlipidemia unspecified | 09/27/25 |
| M54.50 | Low back pain unspecified | 09/27/25 |
| Z79.82 | Long term (current) use of aspirin | 09/27/25 |
| Z79.02 | Long term (current) use of antithrombotics/antiplatelets | 09/27/25 |
| Z79.84 | Long term (current) use of oral hypoglycemic drugs | 09/27/25 |
| Z86.73 | Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits | 09/27/25 |
| Z86.011 | Personal history of benign neoplasm of the brain | 09/27/25 |

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

Acetaminophen - Acetaminophen Take 650 mg tablet by mouth every 4 hours Give
650 mg by mouth every 4 hours as needed for pain
score 1-3
Acyclovir - Acyclovir 400 MG, Take1 tablet by mouth twice a day Give 1 tablet
by mouth two times a day for herpes viruses
Amlodipine Besylate - Amlodipine Besylate 2.5 MG ,Take 1 tablet by mouth at bedtime Give 1 tablet by mouth at
bedtime for HTN hold for SBP<110 or HR <60
Aspirin - Aspirin 81 MG ,Take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for
CVA
Atorvastatin Calcium - Atorvastatin Calcium 40 MG , Take 40 mg tablet by mouth at bedtime Give 40 mg by mouth at bedtime for HLD
Gemtesa Oral Tablet 75 MG (Vibegron) 75 MG ,Take 1 tablet by mouth once a day Give 1 tablet
by mouth one time a day for Overactive Bladder
Pharmacy do not send; patient has stock and will
provide it
Hydroxychloroquine Sulfate - Hydroxychloroquine Sulfate 400 MG , Take 400 mg by mouth once a day Give 400 mg by mouth
one time a day for arthritis
Levothyroxine Sodium - Levothyroxine Sodium Take 200 mcg tablet by mouth once a day Give 200 mcg by mouth one time a day for
HYPOTHYROIDISM
Lisinopril - Lisinopril 20 MG , Take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HTN Hold for SBP <110
or HR < 60
Loratadine - Loratadine 10 mg, Take 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for ALLERGIES
Meloxicam - Meloxicam 15 MG tablet, Give 1 tablet by mouth once a day Give 1
tablet by mouth one time a day for pain
Metformin Hcl - Metformin Hydrochloride 500 MG ,Give 500 mg by mouth twice a day Give 500 mg by mouth two times a day for Diabetes
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 17 GM/SCOOP,Give 1 scoop by mouth as necessary Give 1 scoop by mouth as needed for
Constipation
Multi Vitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Give 1 tablet by mouth once a day Give 1
tablet by mouth one time a day for supplement
Oxybutynin Chloride - Oxybutynin Chloride 5 MG Tablet,Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day
for Bladder Spasm
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 MG tablet,Give 1 tablet by mouth every 6 hours Give 1 tablet by mouth every 6 hours as needed for
pain
Clopidogrel Bisulfate - Clopidogrel Bisulfate 75 MG, Give 1 tablet by mouth once a day Give
1 tablet by mouth one time a day for DVT
Sennosides - Senna Give 2 tablet by mouth at bedtime Give 2 tablet by mouth at bedtime for bowel regimen
Sertraline Hcl - Sertraline Hydrochloride 50 MG tablet,Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for depression

**14. DME and Supplies:**

cane, 4 wheeled walker

**15. Safety Measures:**

anticoagulant precautions, fall precautions, standard precautions, medication safety

**16. Nutrition:**

Z. NO PHYSICIAN-ORDERED DIET

**17. Allergies:**

codeine levaquin sulfa antibiotics

**18.A. Functional Limitations**

None of the above

**18.B. Activities Permitted**

Transfer bed/Chair, 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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

**23. Signature and Date of Verbal SOC Where Applicable:**

Electronically Signed by Messick, Charles SN RN on 09/27/2025

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**

Kerri Davis
6190 Georgetown Blvd
Eldersburg, MD 21784
PHONE: 4105525050 FAX: 14105525599 NPI: 1942588827

**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 : 08/07/2025

**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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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 Type 2 Diabetes Mellitus With Other Specified Complication, 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 63-year-old female with a history of vertebral osteomyelitis, type 2 diabetes mellitus, and chronic low back pain who recently completed a six-week course of IV vancomycin for a spinal infection. She lives alone in a two-story home that requires ascending 13 steps to access the main living area; she is presently unable to safely negotiate stairs independently, which limits access to essential areas of her home. Examination reveals marked bilateral lower-extremity pitting edema (3+), persistent low-back pain that significantly limits mobility, poor endurance, decreased lower-extremity strength and impaired balance; she requires minimal assistance for bed mobility, transfers, and short-distance ambulation with a walker. These impairments place her at increased risk for falls and functional decline and reduce her community/home access. Current treatment history includes completed IV antibiotic therapy; no current vitals or comprehensive <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-13 CE-FMS-medication%20list">medication list</mh> were provided in the documentation reviewed. Skilled in-home physical therapy is medically necessary to address deconditioning and fall risk: targeted interventions should include progressive therapeutic exercise to improve strength and endurance, gait and transfer training with appropriate use of assistive device, stair-negotiation training as feasible, balance and safety retraining, edema management strategies (elevation, skin checks, compression consideration per physician order), and education in energy conservation and safe use of adaptive equipment. The recommended plan is to initiate coordinated home PT with frequent skilled <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> to maximize functional tolerance, reduce fall and rehospitalization risk, and work toward safe access of the home; coordination with the patient's primary care provider for ongoing edema/cardiac/renal evaluation and medication reconciliation is also advised. <br> Date of Order 09/27/2025 Orders Physician Face-to-Face Date: 08/07/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and treat due to Type 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-Diabetes">Diabetes</mh> Mellitus With Other Specified Complication Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 1 - SOC - PT Notes: PT SOC Physician Davis, Kerri

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (09/27/25-09/27/25) ,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: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 10. None of the above

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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), 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, Home Safety, Home Safety, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, Pain Interference with

PT Goals

PATIENT-STATED GOAL: Not to go back to Hospital

GOALS
Chair to Bed to Chair - 06. Independent

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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

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

Signature of Physician:

Date



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

Date
09/27/2025

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ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep

PROCEDURES: Medication Review- : Medications reviewed with patient caregiver. , cough/deep breathing exercises, seated strengthening exercises, seated strengthening exercises, seated strengthening exercises, gait training on uneven surfaces, gait training/stair training, transfers training, coordinate/arrange repair of inadequate lighting, coordinate/arrange for maintenance of clean/uncluttered living area

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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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, patient living environment has adequate lighting, patient's living environment is clean/uncluttered, 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

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

patient living environment has adequate lighting

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

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

Signature of Physician:

Date



Optional Name/Signature of Nurse/Therapist:

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09/27/2025