Home Health Certification and Plan of Care

Order ID: 1150/12192

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30308613000	09/12/2025	From: 09/12/2025 To: 11/10/2025	17114	217058

6. Patient's Name and Address

Zelda Harris
16 Old Court Rd Apt 409,
PIKESVILLE, MD 21208-
443-544-7770

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 06/28/1949 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J44.9	Chronic obstructive pulmonary disease unspecified	09/12/25

13. ICD	Other Pertinent Diagnoses	Date
J96.90	Respiratory failure unsp unsp w hypoxia or hypercapnia	09/12/25
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	09/12/25
I50.9	Heart failure unspecified	09/12/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	09/12/25
N18.9	Chronic kidney disease u	09/12/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	09/12/25
U07.1	COVID-19	09/12/25
J90.	Pleural effusion not elsewhere classified	09/12/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	09/12/25
D72.829	Elevated white blood cell count unspecified	09/12/25
R26.89	Other abnormalities of gait and mobility	09/12/25
Z72.0	Tobacco use	09/12/25
Z85.3	Personal history of malignant neoplasm of breast	09/12/25

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

Flutlicasone-Salmeterol 100- 50 MCG/ACT, Give 1 puff inhalant twice a day For COPD
Amlodipine - Amlodipine Besylate 10 mg Give 1 tablet by mouth once a day Blood pressure
Femara - Letrozole 2.5 MG, Give 1 tablet by mouth once a day
Incruse Ellipta - Umeclidinium Bromide 62.5 MCG/ACT , 1 puff inhale inhalant once a day COPD
Ventolin - Albuterol 108 (90 bASE), MCG/ACT,2 PUFF inhalant every 4 hours As needed for SOB
Hydrochlorothiazide - Hydrochlorothiazide 25 Mg, Give 1 tablet by mouth in the morning
Losartan Potassium - Losartan Potassium 100 MG , Give 1 tablet by mouth once a day Blood pressure
O2 - Oxygen 3liters nasal cannula continuous SOB and COPD
Calcium - Calcium Acetate 500mg tablet by mouth once a day Vitamin supplement
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25mcg table5 by mouth once a day Vitamin supplement
Centrum Silver - Ascorbic Acid: Biotin: Cyanocobalamin: Ergocalciferol: Folic Acid: Niacinamide: Pantothenic Acid: Phytonadione: Pyridoxine: Ribo 50 tablet by mouth once a day Supplement

14. DME and Supplies:

bath bench, oxygen supplies, wheelchair, walker

15. Safety Measures:

walker precautions, standard precautions, medication safety, precautions, fall precautions, ambulates with device, bathroom safety

16. Nutrition:

fluid restriction, ,

17. Allergies:

no known allergies

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation

18.B. Activities Permitted

Independent at Home, Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

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 Chronic Obstructive Pulmonary Disease Unspecified , 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 76-year-old female with a past medical history significant for chronic obstructive pulmonary disease (recent COPD exacerbation), obstructive sleep apnea, chronic respiratory failure, heart failure, type 2 diabetes mellitus without complications, and peripheral vascular disease, who presented to the agency for home health follow-up after recent hospitalization. She is alert and oriented 4 and reports no pain at rest but endorses shortness of breath with exertion. She currently uses supplemental oxygen via nasal cannula at 3 L/min. Lung auscultation was clear to auscultation at rest, bowel sounds are present, and trace bilateral lower-extremity edema was noted with palpable distal pulses. Medications were reviewed with the patient and the admission interview was completed; the patient verbalized understanding of her medication regimen. Physical therapy evaluation revealed bilateral lower-extremity weakness (MMT ~3/5) and decreased endurance; the patient requires contact-guard assistance for transfers and for short-distance ambulation with a rolling walker and is primarily limited by low-back pain and exertional dyspnea. Given these deficits, skilled physical therapy is recommended to address lower-extremity strength, balance, endurance, gait training with assistive device, and strategies to manage exertional shortness of breath with the goal of returning the patient to her prior level of function. Continued home health follow-up is advised for ongoing oxygen monitoring, symptom management, and medication oversight.
 Date of Order 09/12/2025 Orders Physician Face-to-Face Date: 09/05/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Chronic Obstructive Pulmonary Disease Unspecified 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 - SN Notes: soc PT Eval Notes: Physician Desai, Pankaj

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 09/12/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Pankaj Desai
90 Painters Mill Rd
Owings Mills, MD 21117
PHONE: 4103561575 FAX: 14103636840 NPI: 1194790105

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 : 09/05/2025

27. Attending Physician's Signature and Date Signed **09/19/2025** 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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Zelda Harris 16 Old Court Rd Apt 409, PIKESVILLE, MD 21208- 443-544-7770	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

SN WK1: 1 (09/12/2025 - 09/13/2025), WK3: 2 (09/21/2025 - 09/27/2025), WK4: 2 (09/28/2025 - 10/04/2025), WK5: 1 (10/05/2025 - 10/11/2025)

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

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

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
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M2020 - Oral Med Management, M1400 - Dyspnea, delayed capillary refill, limited strength, limited endurance

PROCEDURES: Medication Review: Review medications during every visit, cough/deep breathing exercises, incentive spirometer

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule

PATIENT-STATED GOAL: I want to come off if this oxygen

GOALS
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
* 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
* 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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

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

PT Careplans

PT WK1: 1 (09/12/2025 - 09/13/2025), WK2: 1 (09/14/2025 - 09/20/2025), WK3: 1 (09/21/2025 - 09/27/2025), WK4: 1 (09/28/2025 - 10/04/2025), WK5: 1 (10/05/2025 - 10/11/2025)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 Dyspnea, 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: Medication Review- : medications reviewed with patient/caregiver, cough/deep breathing exercises, incentive spirometer, gait training on uneven surfaces, gait training/stair training, 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, * 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 - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, 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, Picking Up Object - 04. Supervision or touching assistance, Medication Review

PT Goals

PATIENT-STATED GOAL: To be able to walk down to the elevator

GOALS
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
* 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 - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 04. Supervision or touching assistance

Walk 10 Feet - 04. Supervision or touching assistance

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

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

Picking Up Object - 04. Supervision or touching assistance

Medication Review

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/12/2025