Home Health Certification and Plan of Care

Order ID: 1150/12800

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
46902076300	09/24/2025	From: 09/24/2025 To: 11/21/2025	17651	217058

6. Patient's Name and Address

Celeste Hendricks
731 Reservoir St,
Baltimore, MD 21217-
410-236-9689

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 08/01/1943 | **9.Sex** Female

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

Prilosec - Omeprazole take 20 MG capsule by mouth once a day Take 20 mg by mouth daily.
Prozac - Fluoxetine Hydrochloride 10 MG , Take 5 mg tablet by mouth once a day Take 5 mg by mouth daily.
Seroquel - Quetiapine Fumarate eq 25 mg base 25 MG , Take 1 tablet by mouth once a day Take 1 tablet by mouth 2 times daily for 30 days.
Acetaminophen - Acetaminophen take 650 mg tablet by mouth every 4 hours 650 mg, Oral, Q4H PRN, pain

11. ICD	Principal Diagnosis	Date
G89.29	Other chronic pain	09/24/25

13. ICD	Other Pertinent Diagnoses	Date
M79.605	Pain in left leg	09/24/25
I11.9	Hypertensive heart disease without heart failure	09/24/25
K21.9	Gastro-esophageal reflux disease without esophagitis	09/24/25
F41.9	Anxiety disorder unspecified	09/24/25
F32.A	Depression unspecified	09/24/25
G47.00	Insomnia unspecified	09/24/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	09/24/25
Z86.018	Personal history of other benign neoplasm	09/24/25
Z87.440	Personal history of urinary (tract) infections	09/24/25

14. DME and Supplies:

bath bench, rolling walker

15. Safety Measures:

standard precautions, remove environmental barriers, medication safety, fall precautions, electrical safety measures, bathroom safety, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

codeine compazine contrast dye hydrochlorothiazide iodine oxycodone hcl proc

18.A. Functional Limitations

Ambulation, Endurance, Bowel/Bladder Incontinence, Balance

18.B. Activities Permitted

Exercises Prescribed, Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 1. Rarely, 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, HISTORY OF DEPRESSION: Yes

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

another facility/provider will be responsible for managing treatment

Homebound status:

Due to diagnosis of Other chronic pain, 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 an 82-year-old individual recently hospitalized for left leg pain and changes in mental status. Their medical history includes chronic pain, hypertension, gastroesophageal reflux disease, anxiety, depression, transient ischemic attack (TIA), urinary tract infection (UTI), and insomnia. The patient recently moved into a new assisted living facility, which requires navigating four steps with a handrail to enter. The bed and bathroom are located on the first floor. The patient ambulates 30 feet with a rolling walker under supervision and requires cues to maintain an appropriate gait pattern. Transfers to bed or chair and bed mobility are also performed with supervision. The therapist did not assess outdoor mobility, stair navigation, or car transfers during this session. The patient is considered homebound due to the significant physical effort required to leave the home, as supported by a Tinetti score of 12/28, indicating a high fall risk. The patient would benefit from skilled home-based therapy to improve strength and functional mobility. During the assessment, the patient was able to tolerate five repetitions of supine exercises including hip flexion, bridging, hooklying rotation, straight leg raises, and hip abduction. Continued therapy is recommended to support progress in mobility and independence with daily activities.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 09/24/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 09/18/2025
 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and treat DX: Other chronic pain
 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>
 1 - SOC - PT Notes: <o:p></o:p> Physician: Clifton, Charles

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 09/24/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Charles Clifton
3346 Paper Mill Rd
Phoenix, MD 21131
PHONE: 4106664060 FAX: 14106664068 NPI: 1912240904

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 : 09/18/2025

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 (09/23/25-09/27/25)

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 > 5

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

HOSPITALIZATION RISKS: 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

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: 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, GG0170F1 - Toilet Transfer, D0160 - Depression, M1745 - Behavioral Issues, M1720 - Anxiety, M1700 - Cognition, M2020 - Oral Med Management, Home Safety, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, limited endurance, limited strength, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit

09/25/2025

GG0130A1 - Eating

GG0130B1 - Oral Hygiene

GG0130C1 - Toileting Hygiene

GG0130E1 - Shower/Bathe Self

GG0130F1 - Upper Body Dressing

GG0130G1 - Lower Body Dressing

GG0130H1 - Don/Doff Footwear

PROCEDURES: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps , Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, gait training on uneven surfaces, gait training/stair training, transfers training, 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, * 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 keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, caregiver performs medical/rehabilitation treatments with adequate competence, 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.

PATIENT-STATED GOAL: To be able to walk by myself without pain

GOALS
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

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/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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
* how to keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

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

patient's living environment is clean/uncluttered

caregiver performs medical/rehabilitation treatments with adequate competence

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

4 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Signature of Physician:

Date

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

Date
09/24/2025

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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, 4 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/24/2025