Home Health Certification and Plan of Care

Order ID: 1150/13014

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
77223479	09/26/2025	From: 09/26/2025 To: 11/24/2025	17779	217058

6. Patient's Name and Address

Susan Walker
4510 FIELDGREEN RD,
NOTTINGHAM, MD 21236-
410-256-8635

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 10/15/1960 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
N39.0	Urinary tract infection site not specified	09/26/25

13. ICD	Other Pertinent Diagnoses	Date
B96.1	Klebsiella pneumoniae as the cause of diseases classd elswhr	09/26/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	09/26/25
N18.9	Chronic kidney disease u	09/26/25
E20.9	Hypoparathyroidism unspecified	09/26/25
K21.9	Gastro-esophageal reflux disease without esophagitis	09/26/25
F39.	Unspecified mood [affective] disorder	09/26/25
F32.A	Depression unspecified	09/26/25
K86.81	Exocrine pancreatic insufficiency	09/26/25
Z85.07	Personal history of malignant neoplasm of pancreas	09/26/25

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

Creon - Pancrelipase (Amylase:Lipase:Protease) 36,000-114,000- 180,000 unit , Take 1 capsule by mouth three times a day Take 1 capsule by mouth 3 times a day with meals
Rocaltrol - Calcitriol 0.5 mcg , Take 1 capsule by mouth once a day Take 1 capsule by mouth daily
Wellbutrin Xl - Bupropion Hydrochloride 150 mg , Take 2 tablets by mouth once a day Take 2 tablets by mouth daily for 90 days
Pepcid - Famotidine 40 mg , Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times a day
Norvasc - Amlodipine Besylate 5 mg , Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Levothyroxine (LEVOTHROID/SYNTHROID) 150 mcg , Take 1 table by mouth in the morning Take 1 tablet by mouth every morning 30 minutes before a meal
Tylenol - Acetaminophen 500 mg , Take 2 tablets by mouth every 6 hours Take 2 tablets by mouth every 6 hours for 72 hours
Colace - Docusate Sodium 100 mg , Take 1 capsule by mouth twice a day Take 1 capsule by mouth 2 times a day . Discontinue once bowel movements are soft and regular (Patient not taking: Reported on 9/23/2025)
Cipro - Ciprofloxacin Hydrochloride 250 mg , Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times daily for 8 days. for UTI
Oxybutynin Chloride - Oxybutynin Chloride 5 mg 1 tablet by mouth three times a day
Cefuroxime Axetil - Cefuroxime Axetil eq 500 mg base 1 tablet by mouth twice a day
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg by mouth once a day In the evening

14. DME and Supplies:

walker, cane

15. Safety Measures:

bathroom safety, medication safety, standard precautions, transfer with assist, cardiac precautions, ambulates with assistance, ambulates with device, activity supervision, fall precautions

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 09/26/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Barbara Sanico
4920 Campbell Blvd
Baltimore, MD 21236
PHONE: 410-933-7600 FAX: NPI: 1164454716

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 : 09/21/2025

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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16. Nutrition:
cardiac diet

17. Allergies:
compazine hydrocodone

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Cane, Walker, 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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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 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:

<p class="p1" style="margin-bottom: 0px; font-variant-numeric: normal; font-variant-east-asian: normal; font-variant-alternates: normal; font-size-adjust: none; font-kerning: auto; font-optical-sizing: auto; font-feature-settings: normal; font-variation-settings: normal; font-variant-position: normal; font-variant-emoji: normal; font-stretch: normal; font-size: 13px; line-height: normal;">The patient is a 64-year-old with a past medical history of pancreatic cancer who was recently admitted for a urinary tract infection (UTI), pneumonia, and falls. During the admission, the patient also experienced syncope, likely related to complications from the UTI. Currently, the patient presents with generalized weakness and an unsteady gait, contributing to increased fall risk. The patient fatigues easily and requires assistance with activities of daily living (ADLs), transfers, and ambulation to ensure safety. Due to the patient's recent health complications and overall decline in functional status, close monitoring and supportive care are recommended to promote recovery and prevent further complications.</p><p class="p1" style="margin-bottom: 0px; font-variant-numeric: normal; font-variant-east-asian: normal; font-variant-alternates: normal; font-size-adjust: none; font-kerning: auto; font-optical-sizing: auto; font-feature-settings: normal; font-variation-settings: normal; font-variant-position: normal; font-variant-emoji: normal; font-stretch: normal; font-size: 13px; line-height: normal;"> </p><p class="p1" style="margin-bottom: 0px; font-variant-numeric: normal; font-variant-east-asian: normal; font-variant-alternates: normal; font-size-adjust: none; font-kerning: auto; font-optical-sizing: auto; font-feature-settings: normal; font-variation-settings: normal; font-variant-position: normal; font-variant-emoji: normal; font-stretch: normal; font-size: 13px; line-height: normal;">Date of Order</p><p class="p1" style="margin-bottom: 0px; font-variant-numeric: normal; font-variant-east-asian: normal; font-variant-alternates: normal; font-size-adjust: none; font-kerning: auto; font-optical-sizing: auto; font-feature-settings: normal; font-variation-settings: normal; font-variant-position: normal; font-variant-emoji: normal; font-stretch: normal; font-size: 13px; line-height: normal;">09/26/2025
Order</p><p class="p1" style="margin-bottom: 0px; font-variant-numeric: normal; font-variant-east-asian: normal; font-variant-alternates: normal; font-size-adjust: none; font-kerning: auto; font-optical-sizing: auto; font-feature-settings: normal; font-variation-settings: normal; font-variant-position: normal; font-variant-emoji: normal; font-stretch: normal; font-size: 13px; line-height: normal;">Physician Face-to-Face Date: 09/21/2025</p><p class="p1" style="margin-bottom: 0px; font-variant-numeric: normal; font-variant-east-asian: normal; font-variant-alternates: normal; font-size-adjust: none; font-kerning: auto; font-optical-sizing: auto; font-feature-settings: normal; font-variation-settings: normal; font-variant-position: normal; font-variant-emoji: normal; font-stretch: normal; font-size: 13px; line-height: normal;">Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat ot-eval & treat dx: Urinary tract infection site not specified</p><p class="p1" style="margin-bottom: 0px; font-variant-numeric: normal; font-variant-east-asian: normal; font-variant-alternates: normal; font-size-adjust: none; font-kerning: auto; font-optical-sizing: auto; font-feature-settings: normal; font-variation-settings: normal; font-variant-position: normal; font-variant-emoji: normal; font-stretch: normal; font-size: 13px; line-height: normal;">Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</p><p class="p2" style="margin-bottom: 0px; font-variant-numeric: normal; font-variant-east-asian: normal; font-variant-alternates: normal; font-size-adjust: none; font-kerning: auto; font-optical-sizing: auto; font-feature-settings: normal; font-variation-settings: normal; font-variant-position: normal; font-variant-emoji: normal; font-stretch: normal; font-size: 13px; line-height: normal; min-height: 15px;">
</p><p class="p1" style="margin-bottom: 0px; font-variant-numeric: normal; font-variant-east-asian: normal; font-variant-alternates: normal; font-size-adjust: none; font-kerning: auto; font-optical-sizing: auto; font-feature-settings: normal; font-variation-settings: normal; font-variant-position: normal; font-variant-emoji: normal; font-stretch: normal; font-size: 13px; line-height: normal;">1 - SOC - PT Notes: soc</p><p class="p1" style="margin-bottom: 0px; font-variant-numeric: normal; font-variant-east-asian: normal; font-variant-alternates: normal; font-size-adjust: none; font-kerning: auto; font-optical-sizing: auto; font-feature-settings: normal; font-variation-settings: normal; font-variant-position: normal; font-variant-emoji: normal; font-stretch: normal; font-size: 13px; line-height: normal;">OT Eval Notes:</p><p class="p1" style="margin-bottom: 0px; font-variant-numeric: normal; font-variant-east-asian: normal; font-variant-alternates: normal; font-size-adjust: none; font-kerning: auto; font-optical-sizing: auto; font-feature-settings: normal; font-variation-settings: normal; font-variant-position: normal; font-variant-emoji: normal; font-stretch: normal; font-size: 13px; line-height: normal;">Physician: Sanico, Barbara</p>

SN Careplans

SN Goals

PT Careplans

PT Goals

Signature of Physician:

Date

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

Date
09/26/2025

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Susan Walker 4510 FIELDGREEN RD, NOTTINGHAM, MD 21236- 410-256-8635	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

PT WK1: 1 (09/26/25-09/27/25) ,WK2: 2 (09/28/25-10/04/25) ,WK3: 1 (10/05/25-10/11/25) ,WK4: 1 (10/12/25-10/18/25) ,WK5: 1 (10/19/25-10/25/25) ,WK6: 1 (10/26/25-11/01/25) ,WK7: 1 (11/02/25-11/08/25)

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

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170E1 - Chair to Bed to Chair, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, D0160 - Depression, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, M1600 - UTI, muscle weakness, limited strength

PROCEDURES: Therapeutic Exercises: SLR, LE ABD/ADD. LONG ARC , MARCHING AND HEEL RAISES --10X2 REPS , Medication Review: The medication was reviewed with the patient , cough/deep breathing exercises, monitor intake & output, gait training on uneven surfaces, gait training/stair training, transfers training

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, * 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 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, 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, 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-STATED GOAL: The patient wants to get stronger and walk better

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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 help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* 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
* 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
* 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
* 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

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

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/26/2025

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Picking Up Object - 06. Independent

OT Careplans

OT WK1: 6 (09/26/25-09/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, M1400, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

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, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 06. Independent, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent

OT Goals

PATIENT-STATED GOAL: Eval only

GOALS
Oral Hygiene - 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

10/11/2025

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

Lower Body Dressing - 06. Independent

Shower/Bathe Self - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:

Date

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

Date
09/26/2025