Home Health Certification and Plan of Care

Order ID: 1150/12339

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
31983164	09/15/2025	From: 09/15/2025 To: 11/13/2025	17362	217058

6. Patient's Name and Address
Verna Whiten
1935 Vine Street,
BALTIMORE, MD 21223-
410-233-4676

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 07/11/1947 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
G40.909	Epilepsy unsp not intractable without status epilepticus	09/15/25

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	09/15/25
J44.9	Chronic obstructive pulmonary disease unspecified	09/15/25
E78.5	Hyperlipidemia unspecified	09/15/25
K21.9	Gastro-esophageal reflux disease without esophagitis	09/15/25
F32.A	Depression unspecified	09/15/25
R29.6	Repeated falls	09/15/25
Z79.82	Long term (current) use of aspirin	09/15/25
Z95.810	Presence of automatic (implantable) cardiac defibrillator	09/15/25
Z87.891	Personal history of nicotine dependence	09/15/25
Z90.710	Acquired absence of both cervix and uterus	09/15/25
Z96.651	Presence of right artificial knee joint	09/15/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	09/15/25

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

Ketoconazole - Ketoconazole 1% shampoo, 1 application to the scalp topical two times per week 1% shampoo, 1 application to the scalp 2 times per week
atorvastatin 40 mg, Take 1 tablet by mouth at bedtime 40 mg, Take 1 tablet by mouth at bedtime daily for hyperlipidemia
Keppra - Levetiracetam 500 mg , take 1tablet by mouth twice a day 500 mg tablet, 1 tab PO BID
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 mcg (1,000 unit) , Take 1 tablet by mouth once a day 25 mcg (1,000 unit) chewable tablet, Take 1 tablet PO daily
Omeprazole - Omeprazole 20 mg , Take 1 tablet by mouth once a day 20 mg tablet, delayed release, Take 1 tablet by mouth daily for GERD
Aspirin 81Mg - Aspirin 81 mg , Take 1 tablet by mouth once a day 81 mg chewable tablet, Take 1 tablet by mouth daily
Phenytoin Sodium - Phenytoin Sodium 100 mg , Take 1 capsule by mouth four times a day 100 mg capsule, Take 1 capsule by mouth 4 times a day for seizure disorder
sertraline 50 mg , Take 1 tablet by mouth once a day 50 mg tablet, Take 1 tablet PO daily for Depression
Albuterol Sulfate - Albuterol Sulfate 90 mcg/actuation , Use 2 puffs (inhaler) inhalant every 4-6 hours Use 2 puffs every 4-6 hours as needed for wheezing and shortness of breath
amLODIPine 5 mg , Take 1 tablet by mouth once a day 5 mg tablet, Take 1 tablet PO daily for Hypertension

14. DME and Supplies:
rolling walker, reacher, commode, cane

15. Safety Measures:
, , seizure precautions, remove environmental barriers, , electrical safety measures, , bathroom safety, ambulates with device, , ambulates with assistance, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
tomato

18.A. Functional Limitations
Ambulation, Endurance, Balance

18.B. Activities Permitted
Walker, Cane, 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: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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 Epilepsy, Unspecified, Not Intractable, Without Status Epilepticus, 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 78-year-old individual recently referred to home therapy by their physician due to ataxic gait and impaired balance. Past medical history is significant for seizures, pacemaker placement, gastroesophageal reflux, cerebrovascular accident, frequent falls, depression, chronic obstructive pulmonary disease, right knee replacement, and ataxia. The patient ambulates 30 feet indoors with a straight cane under supervision and can perform 14 steps with the use of a rail and supervision, although they descend steps backwards. Bed mobility and transfers to chair, toilet, and bed require supervision. Outdoor mobility and car transfers were not assessed. The patient resides alone in a townhouse with the bedroom and bathroom located on the second floor, and is considered homebound due to the substantial effort required to leave home with a device, supported by a Tinetti score of 16/28. Additional concerns include pain, difficulty with balance, blurred and double vision, intermittent stuttering, decreased sensation to light touch in both feet, right leg swelling, and unintentional weight loss over the past year. The patient has been using a cane for approximately five years, reports feeling more unsteady since this morning, and does not use a walker. They rely on paratransit for transportation and receive support from two nephews. An eye examination is scheduled for the first week of October. The patient would benefit from continued home therapy to improve strength, balance, and overall functional mobility.
 Date of Order 09/15/2025 Orders Physician Face-to-Face Date: 09/08/2025 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat ot-eval & treat due to Epilepsy, Unspecified, Not Intractable, Without Status Epilepticus 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 OT Eval Notes: Physician Liaqat, Sadaquat

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 09/15/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Sadaquat Liaqat
821 N Eutaw St
Baltimore, MD 21201
PHONE: 4103832072 FAX: 14103830054 NPI: 1295236347

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 : 09/08/2025

27. Attending Physician's Signature and Date Signed **09/30/2025**: 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.

Home Health Certification and Plan of Care

Order ID: 1150/12339

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
31983164	09/15/2025	From: 09/15/2025 To: 11/13/2025	17362	217058

6. Patient's Name and Address
Verna Whiten
1935 Vine Street,
BALTIMORE, MD 21223-
410-233-4676

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

PT Careplans

PT WK1: 2 (09/15/2025 - 09/20/2025), WK2: 2 (09/21/2025 - 09/27/2025), WK3: 2 (09/28/2025 - 10/04/2025), WK4: 1 (10/05/2025 - 10/09/2025)

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: 2. Non-agency caregiver(s) need training/supportive services to 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: 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, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, D0160 - Depression, Home Safety, D0700 - Social Isolation, Home Safety, Home Safety, M2102c - Med Admin, M2020 - Oral Med Management, M1400 - Dyspnea, limited strength, limited endurance, balance deficit, seizures, Pain Interference with ADLs, Pain Effect on Sleep

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, Dynamic and static standing balance training, Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, gait training on uneven surfaces, gait training/stair training, transfers training, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate fire safety devices, coordinate/arrange repair of inadequate lighting, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange long-term socialization activities

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, * how to manage seizure triggers implement lifestyle changes including getting enough sleep avoiding alcohol, 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, * 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, * strategies to increase socialization, related medication(s) purpose, schedule, patient home enviroment has adequate fire safety devices, patient living environment has adequate lighting, patient's living environment is clean/uncluttered, caregiver administers and/or packages medications appropriately, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 06. Independent, Car Transfer - 04. Supervision or touching assistance, 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

PT Goals

PATIENT-STATED GOAL: To feel steady when I walk and not be dizzy

GOALS
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 manage seizure triggers
* implement lifestyle changes including getting enough sleep
* avoiding alcohol
* 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
* 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
* 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
* 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
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient home enviroment has adequate fire safety devices

patient living environment has adequate lighting

patient's living environment is clean/uncluttered

caregiver administers and/or packages medications appropriately

Car Transfer - 04. Supervision or touching assistance

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

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

12 Steps - 05. Setup or clean-up assistance

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

Signature of Physician:

Date

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

Date
09/15/2025

Home Health Certification and Plan of Care

Order ID: 1150/12339

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
31983164	09/15/2025	From: 09/15/2025 To: 11/13/2025	17362	217058

6. Patient's Name and Address
Verna Whiten
1935 Vine Street,
BALTIMORE, MD 21223-
410-233-4676

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

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

Sit to Stand - 04. Supervision or touching assistance

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

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

4 Steps - 05. Setup or clean-up assistance

OT Careplans

OT WK1: 1 (09/15/25-09/20/25)

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

PROCEDURES: Medication review : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, work simplification/energy conservation

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, Eating - 06. Independent, Therapeutic exercise , Medication review , Balance training , coordination

OT Goals

PATIENT-STATED GOAL: to regain PLOF

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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Shower/Bathe Self - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Medication review

Therapeutic exercise

Balance training

coordination

Signature of Physician:

Date

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

Date
09/15/2025