Home Health Certification and Plan of Care

Order ID: 1150/13056

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
47103173700	10/07/2025	From: 10/07/2025 To: 12/04/2025	2224	217058

6. Patient's Name and Address

Patricia Thomas-Shepherd
116 Litton Dale Lane,
PASADENA, MD 21122-
973-979-6832

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 10/01/1960 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
G35.	Multiple sclerosis	10/07/25

13. ICD	Other Pertinent Diagnoses	Date
R21.	Rash and other nonspecific skin eruption	10/07/25
D18.01	Hemangioma of skin and subcutaneous tissue	10/07/25
L89.891	Pressure ulcer of other site stage 1	10/07/25
I10.	Essential (primary) hypertension	10/07/25
I89.0	Lymphedema not elsewhere classified	10/07/25
I82.532	Chronic embolism and thrombosis of left popliteal vein	10/07/25
M24.549	Contracture unspecified hand	10/07/25
K21.9	Gastro-esophageal reflux disease without esophagitis	10/07/25
F33.1	Major depressive disorder recurrent moderate	10/07/25
E66.9	Obesity unspecified	10/07/25
Z68.41	Body mass index [BMI] 40.0-44.9 adult	10/07/25
Z79.01	Long term (current) use of anticoagulants	10/07/25

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

zytec allergy 10mg, 1 tablet by mouth once a day
omega-3 1000mg capsule , 1 capsule by mouth once a day
ampyra 10mg, 1 tablet by mouth twice a day Extended release 12 hours
Aubagio 7mg, 1 tablet by mouth once a day
Baclofen - Baclofen 20mg, 1 tablet by mouth three times a day With food or milk
Losartan Potassium - Losartan Potassium 100mg,1 tablet by mouth once a day
Acetaminophen - Acetaminophen 500 mg, Give 1 tablet by mouth every 6 hours
Eliquis - Apixaban 2.5 milligram by mouth twice a day Prophylactic DVT in hip
Nystatin Powder - Nystatin Powder 10,000 topical twice a day Skin rash
Dalfampridine - Dalfampridine 10 mg by mouth every 6 hours For MS
Escitalopram - Escitalopram Oxalate 20 mg 1 tab by mouth once a day

14. DME and Supplies:

wheelchair, hand held shower, bath bench, grab bars, commode, hospital bed

15. Safety Measures:

transfer with assist, hand rails, , , wheelchair precautions, , emergency phone number prominently displayed, bedrails up while in bed, smoke detectors , ,

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

Penicillin G Benzathine

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Exercises Prescribed, Wheelchair, Transfer bed/Chair

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: Yes

20. Prognosis: poor

22. A Rehabilitation Potential:

SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 9. Not Applicable

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Multiple Sclerosis, 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 65-year-old female with a medical contraindication (multiple sclerosis) that prevents her from leaving the home, recently referred for home health physical and occupational therapy services following a physician visit on 9/26/25. She was previously under home health care until 8/26/25, having been recertified multiple times for PT and OT over approximately 10 months. The patient presents with significant functional limitations, including complete bilateral lower extremity weakness (0/5 strength), requiring total assistance for all bed mobility, transfers using a Hoyer lift, and maintaining sitting balance at the edge of the bed. She is dependent on caregivers for all activities of daily living (ADLs), including toileting, lower body hygiene, and mobility, though she is able to self-feed and participate in limited upper body self-care. The patient primarily remains in her hospital bed or power wheelchair throughout the day. She reported a femur fracture approximately two years ago, after which she lost the ability to stand using her standing frame-a function she wishes to regain. Current weight is 240 lbs. At the time of OT evaluation, the patient was alert and had recently finished lunch. Vital signs were within normal limits except for an oxygen saturation of 86%. The patient reported feeling cold, was provided a sweater, and 911 was called by the in-house nurse. During the interim, the OT repositioned the patient and monitored responsiveness through conversation. After 20 minutes, oxygen levels improved to 93% with a heart rate of 92 bpm, and by the time paramedics arrived, oxygen saturation had stabilized at 98%. The patient's home environment is a single-level residence where she resides with the support of her sister, who serves as her primary caregiver, and a private nurse providing care 10 hours daily. She uses a hand orthosis and expresses a goal to improve upper extremity strength and dexterity, specifically to straighten the right ring and little fingers and enhance hand functionality. A comprehensive physical therapy start of care (SOC) and admission were completed, including obtaining consents, conducting a home and safety <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, reviewing the patient handbook, and developing the physical therapy plan of care (POC). Identified deficits include bilateral lower extremity weakness, impaired balance, and dependence for transfers. Skilled PT services are deemed necessary to address these impairments and prevent falls, further functional decline, and loss of independence. The PT POC was developed collaboratively with the patient and caregiver, who both agreed to the proposed plan. The initial PT frequency is set at one visit per week for three weeks (1w3), with a total request of one visit per week for nine weeks (1w9) focusing on caregiver instruction for lower extremity passive range of motion (PROM), lower extremity strengthening exercises, and positional strategies to reduce the risk of pressure ulcer development. Progression to the standing table will be considered if the patient demonstrates improvement in lower extremity strength. Coordination of care was completed with the agency director, Gil Messick, and occupational therapist, Amarja Desai, regarding the patient's admission and ongoing plan of care.
 Date of Order 10/07/2025 Orders Physician Face-to-Face Date: 09/29/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat due to Multiple Sclerosis 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 Agajelu, Nnaemeka

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 10/07/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Nnaemeka Agajelu
85 Kendrick Way
Glen Burnie, MD 21061
PHONE: 410-553-6360 FAX: 14433543817 NPI: 1104891886

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 : 09/29/2025

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 Careplans

PT WK2: 1 (10/12/25-10/18/25) ,WK3: 1 (10/19/25-10/25/25) ,WK4: 1 (10/26/25-10/28/25)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 50 > 90, O2 saturation < 88 > 100, pain < 0 > 5

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

HOSPITALIZATION RISKS: 1. Rarely or not at all

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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, GG0170A1 - Roll left & Right, GG0170B1 - Sit to Lying, GG0170C1 - Lying to sitting/bed, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, D0160 - Depression, M2020 - Oral Med Management, M1400 - Dyspnea, muscle weakness, limited strength, poor muscle tone, balance deficit, obesity

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, wheelchair training, home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze., transfers training

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, * 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 minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, related medication(s) purpose, schedule, * how to optimize joint mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety pain control, related medication(s) purpose, schedule, * how to keep journal of food and fluid intake healthy meal plan tips exercise program nutritional knowledge, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, Roll left & Right - 06. Independent, Sit to Lying - 06. Independent, Lying to sitting/bed - 06. Independent, Toilet Transfer - 01. Dependent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent

PT Goals

PATIENT-STATED GOAL: I want to be able to stand in my standing table

GOALS
patient/caregiver recalls
* how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting
* diarrhea
* appetite loss
* hair loss
* fatigue
* insomnia
* 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 optimize joint mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* pain control
* 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 keep journal of food and fluid intake
* healthy meal plan tips
* exercise program
* nutritional knowledge
* recalls related medication(s) purpose, schedule

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

Roll left & Right - 06. Independent

Sit to Lying - 06. Independent

Lying to sitting/bed - 06. Independent

Toilet Transfer - 01. Dependent

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

OT Careplans

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles SN RN

Date

10/07/2025

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OT WK1: 1 (10/02/25-10/04/25)

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: cough/deep breathing exercises, incentive spirometer, equipment training, 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, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 01. Dependent, Shower/Bathe Self - 02. Substantial/maximal assistance, Toileting Hygiene - 01. Dependent, Don/Doff Footwear - 01. Dependent, Eating - 06. Independent, Bed mobility training , Therapeutic exercise , Hand functioning

PATIENT-STATED GOAL: Pt wants to improve hand functions, straight left ring and little finger, strengthen UE and get better at ADLs

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

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 01. Dependent

Shower/Bathe Self - 02. Substantial/maximal assistance

Toileting Hygiene - 01. Dependent

Don/Doff Footwear - 01. Dependent

Eating - 06. Independent

Therapeutic exercise

Bed mobility training

Hand functioning

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	10/07/2025