

Home Health Certification and Plan of Care				Order ID: 1150/12830					
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
100051009		09/27/2025		From: 09/27/2025 To: 11/24/2025		17664		217058	
6. Patient's Name and Address Penny Pfister 2711 Hernwood Road, WOODSTOCK, MD 21163- 410-925-1074					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 07/26/1961 9.Sex Female					10. Medications: Dose/Frequency/Route (N)ew (C)hanged				
11. ICD E11.69	Principal Diagnosis Type 2 diabetes mellitus with other specified complication			Date 09/27/25	Acetaminophen - Acetaminophen Take 650 mg tablet by mouth every 4 hours Give 650 mg by mouth every 4 hours as needed for pain score 1-3				
13. ICD M46.20 I10. E03.9 E78.5 M54.50 Z79.82 Z79.02 Z79.84 Z86.73 Z86.011	Other Pertinent Diagnoses Osteomyelitis of vertebra site unspecified Essential (primary) hypertension Hypothyroidism unspecified Hyperlipidemia unspecified Low back pain unspecified Long term (current) use of aspirin Long term (current) use of antithrombotics/antiplatelets Long term (current) use of oral hypoglycemic drugs Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits Personal history of benign neoplasm of the brain			Date 09/27/25 09/27/25 09/27/25 09/27/25 09/27/25 09/27/25 09/27/25 09/27/25 09/27/25 09/27/25	Acyclovir - Acyclovir 400 MG, Take1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for herpes viruses Amlodipine Besylate - Amlodipine Besylate 2.5 MG ,Take 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for HTN hold for SBP<110 or HR <60 Aspirin - Aspirin 81 MG ,Take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for CVA Atorvastatin Calcium - Atorvastatin Calcium 40 MG , Take 40 mg tablet by mouth at bedtime Give 40 mg by mouth at bedtime for HLD Gemtesa Oral Tablet 75 MG (Vibegron) 75 MG ,Take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Overactive Bladder Pharmacy do not send; patient has stock and will provide it Hydroxychloroquine Sulfate - Hydroxychloroquine Sulfate 400 MG , Take 400 mg by mouth once a day Give 400 mg by mouth one time a day for arthritis Levothyroxine Sodium - Levothyroxine Sodium Take 200 mcg tablet by mouth once a day Give 200 mcg by mouth one time a day for HYPOTHYROIDISM Lisinopril - Lisinopril 20 MG , Take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HTN Hold for SBP <110 or HR < 60 Loratadine - Loratadine 10 mg, Take 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for ALLERGIES Meloxicam - Meloxicam 15 MG tablet, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for pain Metformin Hcl - Metformin Hydrochloride 500 MG ,Give 500 mg by mouth twice a day Give 500 mg by mouth two times a day for Diabetes Polyethylene Glycol 3350 - Polyethylene Glycol 3350 17 GM/SCOOP,Give 1 scoop by mouth as necessary Give 1 scoop by mouth as needed for Constipation Multi Vitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpantenol: Folic Acid: Niacinamide: Pyridox Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for supplement Oxybutynin Chloride - Oxybutynin Chloride 5 MG Tablet,Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Bladder Spasm Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 MG tablet,Give 1 tablet by mouth every 6 hours Give 1 tablet by mouth every 6 hours as needed for pain Clopidogrel Bisulfate - Clopidogrel Bisulfate 75 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for DVT Sennosides - Senna Give 2 tablet by mouth at bedtime Give 2 tablet by mouth at bedtime for bowel regimen Sertraline Hcl - Sertraline Hydrochloride 50 MG tablet,Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for depression				
14. DME and Supplies: cane, 4 wheeled walker					15. Safety Measures: anticoagulant precautions, fall precautions, standard precautions, medication safety				
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET					17. Allergies: codeine levaquin sulfa antibiotics				
18.A. Functional Limitations None of the above					18.B. Activities Permitted Transfer bed/Chair, Exercises Prescribed, Up As Tolerated				
19. Mental & COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Pyschosocial Status: Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No									
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23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles SN RN on 09/27/2025							25. Date HHA Received Signed POT		
24. Physician's Name and Address Kerri Davis 6190 Georgetown Blvd Eldersburg, MD 21784 PHONE: 4105525050 FAX: 14105525599 NPI: 1942588827					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 : 08/07/2025				
27. Attending Physician's Signature and Date Signed 10/08/2025 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. PAGE 1 of 3				

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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 Type 2 Diabetes Mellitus With Other Specified Complication, 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 <div>The patient is a 63-year-old female with a history of vertebral osteomyelitis, type 2 diabetes mellitus, and chronic low back pain who recently completed a six-week course of IV vancomycin for a spinal infection. She lives alone in a two-story home that requires ascending 13 steps to access the main living area; she is presently unable to safely negotiate stairs independently, which limits access to essential areas of her home. Examination reveals marked bilateral lower-extremity pitting edema (3+), persistent low-back pain that significantly limits mobility, poor endurance, decreased lower-extremity strength and impaired balance; she requires minimal assistance for bed mobility, transfers, and short-distance ambulation with a walker. These impairments place her at increased risk for falls and functional decline and reduce her community/home access. Current treatment history includes completed IV antibiotic therapy; no current vitals or comprehensive <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-13 CE-FMS-medication%20list">medication list</mh> were provided in the documentation reviewed. Skilled in-home physical therapy is medically necessary to address deconditioning and fall risk: targeted interventions should include progressive therapeutic exercise to improve strength and endurance, gait and transfer training with appropriate use of assistive device, stair-negotiation training as feasible, balance and safety retraining, edema management strategies (elevation, skin checks, compression consideration per physician order), and education in energy conservation and safe use of adaptive equipment. The recommended plan is to initiate coordinated home PT with frequent skilled <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> to maximize functional tolerance, reduce fall and rehospitalization risk, and work toward safe access of the home; coordination with the patient's primary care provider for ongoing edema/cardiac/renal evaluation and medication reconciliation is also advised.</div><div></div><div>Date of Order</div><div>09/27/2025</div><div>Orders</div><div>Physician Face-to-Face Date: 08/07/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and treat due to Type 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-Diabetes">Diabetes</mh> Mellitus With Other Specified Complication</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div></div><div> </div><div>1 - SOC - PT Notes: PT SOC</div><div>Physician</div><div>Davis, Kerri</div></div>					
SN Careplans			SN Goals		
PT Careplans PT WK1: 1 (09/27/25-09/27/25) ,WK2: 1 (09/28/25-10/04/25) ,WK3: 1 (10/05/25-10/11/25) ,WK4: 1 (10/12/25-10/18/25) 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: 0. No assistance needed - patient is independent or does not have needs in this area HOSPITALIZATION RISKS: 10. None of the above 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:POLST (Physician Orders for Life-Sustaining Treatment) PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), 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, Home Safety, Home Safety, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, Pain Interference with			PT Goals PATIENT-STATED GOAL: Not to go back to Hospital GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 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 patient/caregiver recalls * diabetic medication management * blood sugar testing * diabetic foot care * exercise * diabetic diet * 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		
Signature of Physician:			Date PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist: Electronically Signed by Messick, Charles SN RN			Date 09/27/2025		

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ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep PROCEDURES: Medication Review- : Medications reviewed with patient caregiver. . cough/deep breathing exercises, seated strengthening exercises, seated strengthening exercises, seated strengthening exercises, gait training on uneven surfaces, gait training/stair training, transfers training, coordinate/arrange repair of inadequate lighting, 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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, patient living environment has adequate lighting, patient's living environment is clean/uncluttered, 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 self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient living environment has adequate lighting patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule patient's living environment is clean/uncluttered 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 Picking Up Object - 06. Independent		

Signature of Physician:	Date
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