Home Health Certification and Plan of Care

Order ID: 1150/13168

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30926242360	10/13/2025	From: 10/13/2025 To: 12/10/2025	17892	217058

6. Patient's Name and Address

Betty Cosby
1622 E. Monument Street,
BALTIMORE, MD 21205-
410-707-1404

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 09/10/1936 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
D32.9	Benign neoplasm of meninges unspecified	10/13/25

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	10/13/25
I51.81	Takotsubo syndrome	10/13/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	10/13/25
G43.909	Migraine unsp not intractable without status migrainosus	10/13/25
E03.9	Hypothyroidism unspecified	10/13/25
F41.9	Anxiety disorder unspecified	10/13/25
F43.10	Post-traumatic stress disorder unspecified	10/13/25
E78.5	Hyperlipidemia unspecified	10/13/25
M16.0	Bilateral primary osteoarthritis of hip	10/13/25
H40.9	Unspecified glaucoma	10/13/25
H81.09	Meniere's disease unspecified ear	10/13/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	10/13/25
Z79.82	Long term (current) use of aspirin	10/13/25
Z87.891	Personal history of nicotine dependence	10/13/25

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

brimonidine and timolol 1 drop in both eyes (eye drops) both eyes twice a day GLAUCOMA
Rosuvastatin take 10 mg tablet by mouth once a day CHOLESTEROL
DULoxetine take 20 mg tablet by mouth twice a day ANXIETY
Amlodipine - Amlodipine Besylate take 10 mg tablet by mouth once a day BLOOD PRESSURE
Levothyroxine - Levothyroxine Sodium take 75 mcg tablet by mouth once a day HYPOTHYROIDISM
Latanoprost - Latanoprost 0.005 1 drop to both eyes both eyes at bedtime GLAUCOMA
Furosemide - Furosemide take 20 mg tablet; 1 TAB by mouth once a day FLUID PILL

14. DME and Supplies:

walker, bath bench

15. Safety Measures:

seizure precautions, , ambulates with device, walker precautions, , supervision at all times, activity supervision

16. Nutrition:

cardiac diet, ,

17. Allergies:

hydrochlorothiazide lisinopril

18.A. Functional Limitations

Endurance, Hearing

18.B. Activities Permitted

Up As Tolerated, Exercises Prescribed, Walker

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, 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

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Benign Neoplasm Of Meninges Unspecified, 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 was recently admitted to the hospital with a diagnosis of psychogenic nonepileptic seizures, presenting with episodes of altered mental status and unresponsiveness. Past medical history is significant for hypertension (HTN), cerebrovascular accident (CVA) without residual deficits, coronary artery disease (CAD), hypothyroidism, Meniere's disease, meningioma, granulomatous disease, anxiety, and migraines. The patient resides at home with assistance from family members and a paid caregiver for all activities of daily living (ADLs) and instrumental activities of daily living (IADLs) as needed. During the skilled nursing visit, the patient was alert and oriented 3, noted to be hard of hearing (HOH) at times, and denied any shortness of breath. Lung sounds were clear throughout all lobes. The patient reported a fair appetite and last bowel movement occurring the day prior to <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>. A walker is used for safe ambulation to reduce fall risk. The skilled nurse reviewed all current medications with the patient and daughter, verifying dosage, indication, and frequency. Education was provided on seizure precautions, including maintaining a safe environment, avoiding known triggers, and ensuring caregiver awareness of emergency procedures. Both the patient and daughter verbalized clear understanding of all instructions provided. The plan of care includes skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> twice weekly for two weeks, followed by once weekly for two weeks (SN 2W2, 1W2), with physical and occupational therapy evaluations ordered to further assess mobility, strength, and safety within the home environment. Continued monitoring of neurological status, medication compliance, and safety precautions is recommended.
 Date of Order 10/13/2025 Orders Physician Face-to-Face Date: 09/22/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Benign Neoplasm Of Meninges Unspecified 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 - SN Notes: soc Physician Speedie, Andrea

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 10/13/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Andrea Speedie
1001 Cathedral St
Baltimore, MD 21201
PHONE: 410-837-2050 FAX: 14435735027 NPI: 1760632079

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 : 09/22/2025

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
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SN WK1: 1 (10/13/2025 - 10/18/2025), WK2: 1 (10/19/2025 - 10/25/2025), WK3: 2 (10/26/2025 - 11/01/2025), WK4: 1 (11/02/2025 - 11/04/2025)

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: 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: D0160 - Depression, M2020 - Oral Med Management, meal preparation, M1400 - Dyspnea, limited strength, limited endurance, balance deficit

PROCEDURES: Medication REview: All medications reviewed at visit for changes, refills needed, medications discontinued, cough/deep breathing exercises

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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, 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, * 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, * 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 manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

PATIENT-STATED GOAL: TO GET BETTER

GOALS
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 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
* 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
* 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
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	10/13/2025