Home Health Certification and Plan of Care

Order ID: 1150/13222

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30440192530	10/16/2025	From: 10/16/2025 To: 12/13/2025	1062	217058

6. Patient's Name and Address

Rena Ross
1715 E. Eager Street Apt 201,
BALTIMORE, MD 21205-
443-869-5685

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 06/20/1953 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	10/16/25

13. ICD	Other Pertinent Diagnoses	Date
J96.22	Acute and chronic respiratory failure with hypercapnia	10/16/25
J96.21	Acute and chronic respiratory failure with hypoxia	10/16/25
I10.	Essential (primary) hypertension	10/16/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	10/16/25
I69.351	Hemiplga following cerebral infrc aff right dominant side	10/16/25
N32.81	Overactive bladder	10/16/25
M81.0	Age-related osteoporosis w/o current pathological fracture	10/16/25
D64.9	Anemia unspecified	10/16/25
M19.90	Unspecified osteoarthritis unspecified site	10/16/25
J30.9	Allergic rhinitis unspecified	10/16/25
K59.00	Constipation unspecified	10/16/25
Z79.51	Long term (current) use of inhaled steroids	10/16/25
Z79.82	Long term (current) use of aspirin	10/16/25
Z99.81	Dependence on supplemental oxygen	10/16/25
Z87.891	Personal history of nicotine dependence	10/16/25

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

Meclizine - Meclizine Hydrochloride 25mg, 1 tablet by mouth every 12 hours as needed
aerochamber plus flo-vu large inhale inhalant as necessary miscellaneous use as directed with inhalers
Vitamin C - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 500mg, 2 capsule by mouth once a day
Colace - Docusate Sodium 100mg, 1 capsule by mouth once a day
trelegy ellipta 100-62.5-25 by mouth once a day
Senna - Senna 8.6mg, 2 tablet by mouth at bedtime as needed orally once a day
Losartan Potassium - Losartan Potassium 50mg, 1 tablet by mouth once a day
Sertraline Hcl - Sertraline Hydrochloride 50mg, 1 tablet by mouth once a day
Atorvastatin - Atorvastatin Calcium 40mg,1 tablet by mouth once a day
cholecalciferol 50mcg(2000 units),1 capsule by mouth once a day
gemtesa 75mg, 1 tablet by mouth once a day
Albuterol Sulfate - Albuterol Sulfate 108(90base)mcg, 1 puff inhalant every 4 hours
flonase sensimist 2 spray Nasal once a day suspension 2 sprays (1 spray in each nostril) nasally once a day, notes to pharamacist pt has dexterity issue, we would like to switch to this semsimit from her previous nasal spray
Aspirin 81Mg - Aspirin 81mg by mouth once a day chewable chew and swallow one tablet daily
Oxygen - Oxygen 2-3 l inhalant continuous
Amlodipine - Amlodipine Besylate 5 mg by mouth once a day
Astelin - Azelastine Hydrochloride 0.1% inhalant in the morning 2 sprays in each nostril 2x daily
Lopressor - Metoprolol Tartrate 25mg by mouth twice a day For BP
Montelukast Sodium - Montelukast Sodium 10mg, 2tablet by mouth at bedtime
Extra Strength Tylenol - Acetaminophen 500 mg by mouth as necessary

14. DME and Supplies:

oxygen supplies, wheelchair, rolling walker

15. Safety Measures:

walker precautions, restricted ROM, , ambulates with device, ambulates with assistance, wheelchair precautions, , activity supervision, bathroom safety, hand rails

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted

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: 1. In new or complex situations only, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Chronic Obstructive Pulmonary Disease With Exacerbation , 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 72-year-old female, alert and oriented 3, who presents as pleasant and cooperative. She resides alone in an apartment and receives daily assistance from a home health aide in the mornings for bathing and activities of daily living (ADLs). Her significant medical history includes aortic dissection, asthma, arthritis, chronic obstructive pulmonary disease (COPD), hypertension, left cerebrovascular accident (CVA) with right hemiparesis, anemia, and osteoarthritis. She was recently hospitalized for COPD with acute and chronic respiratory failure. During the visit, the patient reported nasal congestion, predominantly in the left nostril, causing breathing difficulty. It was noted that she had not been consistently using her prescribed nasal sprays; education was provided on proper and regular use, and she verbalized understanding. She also complained of right wrist pain with limited ability to maintain wrist extension, reporting increased discomfort during movement. The patient requested a wrist brace for stabilization and pain relief. Additionally, she described a sore area on her mid-lower back, attributed to pressure from a hospital bed during her recent admission. The area was noted to be mildly reddened without open lesions or drainage; a skin barrier cream and padding were applied by the caregiver for protection and comfort. On observation, the patient was seated comfortably, in no acute distress, and communicating clearly. She was on continuous oxygen at 2-3 L/min via nasal cannula. Lung sounds were clear with occasional mild expiratory wheeze; no shortness of breath was observed during conversation. Vital signs were stable except for mildly elevated blood pressure (refer to chart for details). The right wrist demonstrated limited range of motion due to pain but no visible deformity. Functionally, the patient ambulated approximately 3 feet with a rollator under supervision, demonstrating right foot drop and utilizing her left foot to propel herself while seated on the rollator to reach the living room. She uses a seated walker indoors and a wheelchair for community mobility. Bed mobility was independent, and she performed sit-to-stand transfers from bed with supervision. The therapist did not assess outdoor mobility, steps, or car transfers. The patient remains homebound due to significant effort required to leave the home, as supported by a Tinetti score of 9/28, indicating high fall risk. During therapy, the patient completed five repetitions each of hip flexion, bridging, hooklying rotation, straight

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 10/16/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Amal Awadalla
1000 E Eager St
Baltimore, MD 21202
PHONE: 4105229800 FAX: 14103672174 NPI: 1366530651

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 : 10/13/2025

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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leg raises, and hip abduction exercises, with active-assisted range of motion (AAROM) performed on the right side. She exhibited resistance to getting out of bed but tolerated exercises fairly well. Education was provided on the importance of continued participation in therapy to improve mobility, strength, and overall functional independence.
 Date of Order 10/16/2025 Orders Physician Face-to-Face Date: 10/13/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat, OT eval and treat due to Chronic Obstructive Pulmonary Disease With Exacerbation 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 PT Eval Notes: OT Eval Notes:
 Physician Awadalla, Amal

SN Careplans

SN WK1: 1 (10/16/2025 - 10/18/2025), WK2: 2 (10/19/2025 - 10/25/2025), WK3: 2 (10/26/2025 - 11/01/2025), WK4: 1 (11/02/2025 - 11/05/2025)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: D0700 - Social Isolation, meal preparation, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, poor muscle tone, muscle weakness, limited range of motion, limited strength, limited endurance, balance deficit, B1000 - Vision Deficit, red/tender pressure points

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange resources for vision-impaired

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 modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, related medication(s) purpose, schedule, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: "I want to get better"

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

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
* diet
* weight-bearing exercises to promote bone healing and strengthening
* fluids to prevent constipation
* home safety
* pain control
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls related medication(s) purpose, schedule

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

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	10/16/2025

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caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 9 (10/16/25-10/18/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, 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, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise,hip abduction. Sitting knee extension, ankle pumps. Standing hip abduction, knee flexion, squats, cough/deep breathing exercises, 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 1 - Step (curb) - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: To be able to walk to the kitchen

GOALS
Chair to Bed to Chair - 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

Sit to Stand - 06. Independent

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 06. Independent

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching

1 - Step (curb) - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Signature of Physician:	Date
	PAGE 3 of 3
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