

Home Health Certification and Plan of Care				Order ID: 1150/13203	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
1Jp1U28UA29		10/17/2025		From: 10/17/2025 To: 12/15/2025	
				4. Medical Record No.	
				18507	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Pearl Smith				HomeCentris Healthcare LLC	
207 N Culver Street,				10 Crossroads Drive, Suite 102	
BALTIMORE, MD 21229-				Owings Mills, MD 21117-8284	
443-804-6613				410-321-8448	
				1487113239	
8. DOB 07/09/1944 9.Sex Female				10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
11. ICD		Principal Diagnosis		Amlodipine Besylate - Amlodipine Besylate 10 MG Oral Tablet,Take 1 tablet by mouth once a day	
M17.0		Bilateral primary osteoarthritis of knee		Atenolol - Atenolol 25 MG Oral Tablet,Take 1 tablet by mouth once a day	
13. ICD		Other Pertinent Diagnoses		Meclizine HCl 25 MG Oral Tablet,Take 1 tablet by mouth twice a day 2 times per day as needed	
I10.		Essential (primary) hypertension		Tapazole - Methimazole 5 MG Oral Tablet,Take 1.5 tablets (7.5 mg) by mouth once a day	
E78.5		Hyperlipidemia unspecified		Celaxa - Citalopram Hydrobromide eq 20 mg base 20 MG Oral Tablet,TAKE 1 TABLET by mouth once a day Taken for depression	
E05.90		Thyrotoxicosis unsp without thyrotoxic crisis or storm		Lisinopril - Lisinopril 40 mg 40 MG Oral Tablet,Take 1 tablet by mouth once a day Taken htn	
M10.9		Gout unspecified		Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg by mouth once a day Taken for pain	
				Aspirin - Aspirin 81mg by mouth once a day Taken for clot prevention	
				Indapamide - Indapamide 2.5 MG Oral Tablet by mouth once a day Diretic	
				Crestor - Rosuvastatin Calcium 10 MG Oral Tablet by mouth once a day Taken for cholesterol	
				Xanax - Alprazolam 0.25 MG Oral Tablet,Take 1 tablet by mouth twice a day Taken as neededfor anx	
				Potassium Chloride Microencapsulated Crystals ER (Potassium Chloride Crys ER) 20 MEQ Oral Tablet,TAKE 1 TABLET by mouth once a day BY MOUTH EVERY DAY	
14. DME and Supplies:				15. Safety Measures:	
wheelchair, grab bars, cane, commode, rolling walker				walker precautions, smoke detectors , restricted ROM, fall precautions, ambulates with assistance, wheelchair precautions, standard precautions, no stair use, knee precautions, anticoagulant precautions	
16. Nutrition:				17. Allergies:	
Z. NO PHYSICIAN-ORDERED DIET				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
Endurance, Contracture, Ambulation				Exercises Prescribed, Crutches, Walker, Wheelchair, Transfer bed/Chair, Up As Tolerated	
19. Mental & Pyschosocial Status:				19. Mental & Pyschosocial Status:	
COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 4. Always, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No				COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 4. Always, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No	
20. Prognosis:				20. Prognosis:	
fair				fair	
22. A Rehabilitation Potential:				22.B.Discharge Plans	
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.				family/caregiver will be responsible for managing treatment	
Homebound status:				Homebound status:	
Due to diagnosis of Bilateral primary osteoarthritis of knee. 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				Due to diagnosis of Bilateral primary osteoarthritis of knee. 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:		<p class="MsoNoSpacing">The patient is an 81-year-old female, alert and oriented 3, living alone in a two-story townhouse equipped with a stair lift and various assistive devices. Her medical history includes osteoarthritis, rheumatoid arthritis, hypertension, hyperlipidemia, gout, and hyperthyroidism. She reports chronic knee and hand pain rated 7/10, limited right-hand mobility, and difficulty with fine motor tasks such as buttoning and tying due to arthritis. The patient ambulates short distances using crutches, though she demonstrates poor technique and a flexed posture, and performs transfers with supervision to moderate assistance. She remains homebound due to pain, limited mobility, and the effort required to leave her home, as evidenced by a Tinetti score of 14/28. Her home is clean, organized, and equipped for safety, but she continues to express difficulty maintaining independence. The patient reports poor appetite, emotional distress, and grief related to multiple family losses, leading to feelings of loneliness and intermittent tearfulness. She takes Tylenol and occasional low-dose oxycodone for pain, expressing concern about dependency, and admits occasional confusion regarding medications, suggesting possible noncompliance. Her blood pressure was elevated during the visit, likely related to emotional distress. The care plan includes reinforcing medication adherence, monitoring pain control and blood pressure, and encouraging improved nutrition and hydration. Recommendations were made for continued physical and occupational therapy to enhance mobility and strength, as well as grief counseling and potential home health aide support to assist with activities of daily living and alleviate caregiver strain. Continued nursing follow-up is planned for safety monitoring, emotional support, and coordination of care.</o:p></o:p></p> <p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">10/17/2025 Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 10/08/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT eval and treat OT eval and treat HHA DX: Bilateral primary osteoarthritis of knee Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p></p> <p class="MsoNoSpacing"> 1 - SOC - SN Notes: PT Eval Notes: OT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Baskaran, Sambandam</p>			
SN Careplans				SN Goals	
SN WK1: 1 (10/17/25-10/18/25) ,WK2: 1 (10/19/25-10/25/25) ,WK3: 1 (10/26/25-11/01/25) ,WK4: 1 (11/02/25-11/08/25) ,WK5: 1 (11/09/25-11/15/25) ,WK6: 1 (11/16/25-11/22/25)				PATIENT-STATED GOAL: To feel better and get stronger	
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				GOALS	
CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance				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	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles SN RN on 10/17/2025					
24. Physician's Name and Address				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.	
Sambandam Baskaran				F2F date : 10/08/2025	
3455 Wilkens Ave					
Baltimore, MD 21229					
PHONE: 410-644-4444 FAX: 410-644-4484 NPI: 1073584991					
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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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			* recalls related medication(s) purpose, schedule		
PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M2102d - Caregiver Performs Treatment, A1250 - Lack of Necessary Transportation, M2102f - Patient Supervision, M2102c - Med Admin, meal preparation, M2020 - Oral Med Management, D0700 - Social Isolation, M1400 - Dyspnea, abnormal blood pressure, M1620 - Bowel Incontinence, muscle weakness, limited range of motion, limited strength, limited endurance, Pain Interference with ADLs, weak hand grips, balance deficit, B1000 - Vision Deficit, Pain Interference with Therapy activities, Pain Effect on Sleep, loss of appetite			patient/caregiver recalls		
PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision			* how to take the patient's blood pressure		
TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, 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, * 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			* record the reading		
			* recalls related medication(s) purpose, schedule		
			patient/caregiver recalls		
			* how to manage gout flare-ups including non-medical pain relief		
			* dietary modifications		
			* 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		
			* 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		
			* 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		
			* bowel incontinence management including dietary changes		
			* bowel training		
			* skin care		
			* 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 self-administers medications as prescribed		
			* recalls related medication(s) purpose, schedule		
			patient/caregiver recalls		
			* strategies to increase socialization		
			* recalls related medication(s) purpose, schedule		
			patient's transportation needs are met		
			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		
PT Careplans			PT Goals		
PT WK2: 2 (10/19/25-10/25/25) ,WK3: 1 (10/26/25-11/01/25) ,WK4: 1 (11/02/25-11/08/25) ,WK5: 1 (11/09/25-11/15/25) ,WK6: 1 (11/16/25-11/22/25) ,WK7: 1 (11/23/25-11/29/25) ,WK8: 1 (11/30/25-12/06/25)			PATIENT-STATED GOAL: To get around my house with less pain		
PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, 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 Objects			GOALS		
PROCEDURES: Home exercise program : Supine hip flexion , short arc quads, quad sets, hip abduction, bridging. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, Bed mobility training , gait training on uneven surfaces, gait training/stair training, transfers training			Chair to Bed to Chair - 06. Independent		
TEACH PATIENT/CAREGIVER: * 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			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 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:			Date		
Electronically Signed by Messick, Charles SN RN			10/17/2025		

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diversional activities, related medication(s) purpose, schedule, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, 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			Sit to Stand - 06. Independent		
			Car Transfer - 06. Independent		
			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		
			10/23/2025		
			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		
OT Careplans			OT Goals		
OT WK2: 1 (10/19/25-10/25/25) ,WK3: 1 (10/26/25-11/01/25) ,WK4: 1 (11/02/25-11/08/25) ,WK5: 1 (11/09/25-11/15/25) ,WK6: 1 (11/16/25-11/22/25) ,WK7: 1 (11/23/25-11/29/25) ,WK8: 1 (11/30/25-12/06/25)			PATIENT-STATED GOAL: able to tie, button her clothes Independently		
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			GOALS		
PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation			Shower/Bathe Self - 05. Setup or clean-up assistance		
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 - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 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		
			Oral Hygiene - 06. Independent		
			Lower Body Dressing - 06. Independent		
			Toileting Hygiene - 06. Independent		
			Don/Doff Footwear - 06. Independent		
			Eating - 06. Independent		
HHA Careplans			HHA Goals		
HHA WK1: 1 (10/17/25-10/18/25)					
PROCEDURES: assist with bathing: Assist with transfers, assist with toilet transferring, assist with transferring, assist with mobility, assist with fall prevention, assist with assistive devices prn, assist with lower body dressing, assist with upper body dressing					

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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