

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	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		
11. ICD G35.	Principal Diagnosis Multiple sclerosis		Date 10/07/25			
13. ICD R21. D18.01 L89.891 I10. I89.0 I82.532 M24.549 K21.9 F33.1 E66.9 Z68.41 Z79.01	Other Pertinent Diagnoses Rash and other nonspecific skin eruption Hemangioma of skin and subcutaneous tissue Pressure ulcer of other site stage 1 Essential (primary) hypertension Lymphedema not elsewhere classified Chronic embolism and thrombosis of left popliteal vein Contracture unspecified hand Gastro-esophageal reflux disease without esophagitis Major depressive disorder recurrent moderate Obesity unspecified Body mass index [BMI] 40.0-44.9 adult Long term (current) use of anticoagulants		Date 10/07/25 10/07/25 10/07/25 10/07/25 10/07/25 10/07/25 10/07/25 10/07/25 10/07/25 10/07/25 10/07/25			
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 & Psychosocial 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 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 10/14/2025 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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PT Careplans			PT Goals			
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)			PATIENT-STATED GOAL: I want to be able to stand in my standing table			
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			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			
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			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			
HOSPITALIZATION RISKS: 1. Rarely or not at all			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			
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			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			
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			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			
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			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			
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			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			
			PAGE 2 of 3			
Optional Name/Signature of Nurse/Therapist:			Date			
Electronically Signed by Messick, Charles RN			10/07/2025			

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PASADENA, MD 21122-			Owings Mills, MD 21117-8284		
973-979-6832			410-321-8448		
			1487113239		
OT WK1: 1 (10/02/25-10/04/25)			PATIENT-STATED GOAL: Pt wants to improve hand functions, straight left ring and little finger, strengthen UE and get better at ADLs		
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			patient/caregiver recalls		
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			* 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
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