Home Health Certification and Plan of Care

Order ID: 1150/13234

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
32766340	10/19/2025	From: 10/19/2025 To: 12/17/2025	18601	217058

6. Patient's Name and Address
Jane Spottheim
27 Old Forge Garth,
Baltimore, MD 21152-
410-908-4946

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 09/13/1941 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S82.891D	Oth fracture of r low leg subs for clos fx w routn heal	10/19/25

13. ICD	Other Pertinent Diagnoses	Date
E53.8	Deficiency of other specified B group vitamins	10/19/25
M62.89	Other specified disorders of muscle	10/19/25
F32.A	Depression unspecified	10/19/25
E78.5	Hyperlipidemia unspecified	10/19/25
R32.	Unspecified urinary incontinence	10/19/25
Z79.82	Long term (current) use of aspirin	10/19/25
Z91.81	History of falling	10/19/25

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

Acetaminophen - Acetaminophen 500 mg, take 2 tablet by mouth every 8 hours 2 tablets every 8 hours for post-op pain management. Do not exceed 3G in 24 hours.
Calcium Carbonate 500-5 mg-mcg, take 1 tablet by mouth once a day 500-5 mg-mcg, 1 tablet once a day for supplementation
Citalopram Hydrobromide - Citalopram Hydrobromide 20 mg, take 1 tablet by mouth once a day 20 mg, 1 tablet once a day for depression.
Magnesium - Simethicone 200 mg, take 1 tablet by mouth once a day 200 mg, 1 tablet once a day for supplementation.
Cyanocobalamin - Cyanocobalamin 1000 MCG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Supplement
Ascorbic Acid - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 100 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for supplement
Vitamin E - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000 UNIT,Give 1 capsule by mouth once a day Give 1 capsule by mouth one time a day for supplement

14. DME and Supplies:
bath bench, cane, walker

15. Safety Measures:
supervision at all times, , , bathroom safety, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Walker, Cane, 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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: good

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 Other Fracture Of Right Lower Leg, Subsequent Encounter For Closed Fracture With Routine Healing, 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 an 86-year-old female referred to home health care services following a closed right lower leg fracture that was treated with casting. She was recently discharged from Autumn Lake at Lutherville and returned home last Thursday. The patient is alert and oriented 3-4 and resides with her supportive husband, Chuck, who serves as her primary caregiver. Her past medical history is significant for vitamin D deficiency, depression, a muscle disorder with generalized weakness, hyperlipidemia, urinary incontinence, history of aspirin use, and prior falls. On assessment, the cast to the right lower leg was intact with no evidence of drainage, skin breakdown, or signs of infection. The patient is non-weight-bearing (NWB) on the right lower extremity and requires moderate assistance with bed mobility, transfers, and ambulation using a walker. She uses a sitting technique for stair negotiation, moving one step at a time, and demonstrates fair dynamic standing balance. The patient fatigues easily but remains motivated to participate in therapy. She denies pain at this time (0/10) and is not using narcotic analgesics, managing discomfort as needed with acetaminophen (Tylenol). The patient's appetite is improving, although she reports historically being a light eater. She consumes large amounts of milk and was counseled to maintain a balanced diet rich in fiber and fluids to prevent constipation. Her last bowel movement was on Thursday. No stool softeners were administered, and education was reinforced regarding adequate hydration and dietary fiber to promote regular bowel function. She was further instructed on infection prevention strategies and the importance of maintaining hydration to support healing. The patient's current medication regimen includes citalopram 20 mg daily for depression, along with supplemental vitamins (Vitamin E, Vitamin B12, Magnesium, Calcium Carbonate, and Vitamin C). She reports adherence to her prescribed medications and denies any abnormal bleeding or gastrointestinal symptoms. Physical and occupational therapy evaluations have been ordered to address impaired strength, balance, and functional mobility. The patient requires assistive device use for safety and fall prevention and remains homebound due to the taxing effort required to leave home. Skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> will focus on monitoring the integrity of the cast, assessing for complications, reinforcing fall prevention and infection control measures, and ensuring adherence to prescribed therapies. The patient is scheduled for orthopedic follow-up on October 20 at 2:00 p.m. to evaluate fracture healing and mobility status. Continued physical therapy is recommended to improve endurance, balance, and safe ambulation within non-weight-bearing restrictions.
 Date of Order 10/19/2025 Orders Physician Face-to-Face Date: 10/07/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Other Fracture Of Right Lower Leg, Subsequent Encounter For Closed Fracture With Routine Healing 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:

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 10/19/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Gregory Small
1 Texas Station Court
Lutherville Timonium, MD 21093
PHONE: 4106833380 FAX: 14106833121 NPI: 1629237789

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 : 10/07/2025

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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soc PT Eval Notes: Physician Small, Gregory

SN Careplans

SN WK1: 1 (10/19/2025 - 10/25/2025), WK2: 1 (10/26/2025 - 11/01/2025), WK3: 1 (11/02/2025 - 11/08/2025), WK4: 1 (11/09/2025 - 11/13/2025)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, meal preparation, M2020 - Oral Med Management, Financial, M1033 - Exhaustion, M1400 - Dyspnea, weak pulses in feet, muscle weakness, limited range of motion, limited strength, limited endurance, Pain Effect on Sleep, pain radiating to arms/legs, balance deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, loss of appetite, red/tender pressure points, #1 - Non-Observable Surgical Wound - Anterior Right Below Knee - Covered with a cast

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, monitor intake & output, coordinate/arrange preparation of missing meals, coordinate/arrange access to medicine/medical supplies considering patient inability to pay

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, * 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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, related medication(s) purpose, schedule, * pain control therapeutic exercises for muscle strengthening and flexibility diet and fluids to optimize and prevent constipation, related medication(s) purpose, schedule, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, 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 has access to medicine/medical supplies considering inability to pay, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: Walk without cast with right foot like before incident

GOALS
patient/caregiver recalls
* pain control
* therapeutic exercises to optimize range of motion of affected area
* diet and fluids to promote healing
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* dietary guidelines for managing nutritional deficit
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* pain control
* therapeutic exercises for muscle strengthening and flexibility
* diet and fluids to optimize and prevent constipation
* 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/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
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient has access to medicine/medical supplies considering inability to pay

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (10/19/2025 - 10/25/2025), WK2: 2 (10/26/2025 - 11/01/2025), WK3: 2 (11/02/2025 - 11/08/2025), WK4: 1 (11/09/2025 - 11/13/2025)

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: B LE strengthening, Standig balance Training, gait training on uneven surfaces, 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

PT Goals

PATIENT-STATED GOAL: To have a successful post op procedure

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

Signature of Physician:	Date
	PAGE 2 of 3

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/19/2025

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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 - 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

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