Home Health Certification and Plan of Care

Order ID: 1150/13228

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2RQ5RM0DE64	10/20/2025	From: 10/20/2025 To: 12/17/2025	18602	217058

6. Patient's Name and Address
Edna Gaither
3714 Yosemite Avenue,
Baltimore, MD 21215-
410-664-2679

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 11/01/1924 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I10.	Essential (primary) hypertension	10/20/25

13. ICD	Other Pertinent Diagnoses	Date
M17.0	Bilateral primary osteoarthritis of knee	10/20/25
F01.53	Vascular dementia unspecified severity with mood disturb	10/20/25
F32.A	Depression unspecified	10/20/25
E78.2	Mixed hyperlipidemia	10/20/25
E03.9	Hypothyroidism unspecified	10/20/25
D64.9	Anemia unspecified	10/20/25
H40.9	Unspecified glaucoma	10/20/25
R32.	Unspecified urinary incontinence	10/20/25
K59.04	Chronic idiopathic constipation	10/20/25

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

Mycostatin - Nystatin 100,000 unit/gram powder(60 g) topical three times a day To diaper area to prevent rashes
menthol-zinc oxide (Calmoseptine) 0.44-20.6% ointment, Apply topically 339 g topical once a day Dry skin
Lotrisone - Betamethasone Dipropionate: Clotrimazole 1-0.05% cream, Apply topically 2 (two) 60 g topical twice a day Dry skin
Voltaren - Diclofenac Sodium 1% gel, topically 450 g, topical four times a day Knees and shoulder pain
levothyroxine (SYNTHROID, LEVOTHROID) 25 MCG tablet, Take 1 tablet by mouth in the morning Thyroid
Zocor - Simvastatin 10 MG tablet, Take 1 tablet by mouth once a day Cholesterol
Adalat Cc - Nifedipine 30 MG 24 hr tablet,Take 1 tablet by mouth once a day Blood pressure
Acetaminophen - Acetaminophen 325 mG, Take 2 tablet(650 Mg) by mouth every 6 hours As needed for pain
Milk Of Magnesia - Simethicone 1 capsule by mouth twice a day As needed for constipation

14. DME and Supplies:
hospital bed, wheelchair, sliding board, rolling walker, bath bench

15. Safety Measures:
transfer with assist, standard precautions, medication safety, emergency phone number prominently displayed, fall precautions, , electrical safety measures, bathroom safety, , activity supervision,

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
sulfa

18.A. Functional Limitations
Endurance, Ambulation, ,

18.B. Activities Permitted
Transfer bed/Chair, Exercises Prescribed, , Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: Yes

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: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Essential (primary) hypertension, 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 start of care (SOC) evaluation was completed for a 100-year-old female with a past medical history significant for anemia, depression, glaucoma, hyperlipidemia, osteoarthritis, and vascular dementia. The patient was referred to home physical therapy services due to progressive functional decline over the past two years, resulting in dependence on a wheelchair and use of a sliding board for transfers. Approximately six months ago, she developed arthritic pain in her left shoulder, further limiting her ability to transfer and complete self-care activities such as showering. On evaluation, the patient demonstrated decreased bilateral lower extremity strength (3-/5 MMT) and required moderate to maximum assistance for transfers. Bed mobility was performed with supervision. The patient resides with her daughter in a multi-level home with a first-floor setup. She currently uses a wheelchair for mobility and requires maximal assistance for sit-to-stand transfers, as well as help with upper and lower body dressing due to generalized weakness and limited range of motion in the left knee and right upper extremity. The physical therapist initiated a home exercise program focused on core and trunk strengthening while sitting at the edge of the bed, and both the patient and caregiver demonstrated understanding. Continued skilled physical therapy is recommended to improve strength, balance, and functional mobility, with the goal of enhancing safety and reducing dependence on caregivers.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 10/20/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 10/15/2025
 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat DX: Essential (primary) hypertension
 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>
 1 - SOC - PT Notes:
 OT Eval Notes:<o:p></o:p> Physician: Kingan, Michael

SN Careplans

SN Goals

PT Careplans

PT Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 10/20/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Michael Kingan
5210 Eastern Avenue
Baltimore, MD 21224
PHONE: 4438493184 FAX: 14438498367 NPI: 1861871881

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 : 10/15/2025

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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PT WK1: 1 (10/20/25-10/25/25) ,WK2: 1 (10/26/25-11/01/25) ,WK3: 1 (11/02/25-11/08/25) ,WK4: 1 (11/09/25-11/15/25) ,WK5: 1 (11/16/25-11/22/25) ,WK6: 1 (11/23/25-11/29/25) ,WK7: 1 (11/30/25-12/06/25) ,WK8: 1 (12/07/25-12/13/25)

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: 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, GG0170F1 - Toilet Transfer, D0160 - Depression, M1745 - Behavioral Issues, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M1400 - Dyspnea, M1620 - Bowel Incontinence, M1610 - Urinary Incontinence, limited range of motion, limited endurance, limited strength, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit

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

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 diversional activities, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver, 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, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 03. Partial/moderate assistance, Chair to Bed to Chair - 03. Partial/moderate assistance, Toilet Transfer - 01. Dependent

PATIENT-STATED GOAL: To be able to transfer without a sliding board

GOALS
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 patient with dementia
* coping strategies for the caregiver
* 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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Sit to Stand - 03. Partial/moderate assistance

Chair to Bed to Chair - 03. Partial/moderate assistance

Toilet Transfer - 01. Dependent

OT Careplans

OT WK1: 1 (10/20/25-10/25/25) ,WK2: 1 (10/26/25-11/01/25) ,WK3: 1 (11/02/25-11/08/25) ,WK4: 1 (11/09/25-11/15/25) ,WK5: 1 (11/16/25-11/22/25) ,WK6: 1 (11/23/25-11/29/25) ,WK7: 1 (11/30/25-12/06/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: ADLs , Patient/caregiver recalls related purpose and schedule of medications: Medication review , cough/deep breathing exercises, transfers training, therapeutic exercises

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, Oral Hygiene - 03. Partial/moderate assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: To get stronger and use core muscles more

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
* 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

Oral Hygiene - 03. Partial/moderate assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 03. Partial/moderate assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Toileting Hygiene - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
10/20/2025

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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/20/2025