Home Health Certification and Plan of Care

Order ID: 1150/13365

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
651089581	10/23/2025	From: 10/23/2025 To: 12/20/2025	18664	217058

6. Patient's Name and Address
Patricia Sullivan
1757 Dunton Rd,
Annapolis, MD 21401-
443-994-7644

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 01/10/1944 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M17.0	Bilateral primary osteoarthritis of knee	10/23/25

13. ICD	Other Pertinent Diagnoses	Date
M19.011	Primary osteoarthritis right shoulder	10/23/25

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

Meloxicam - Meloxicam 7.5 mg by mouth once a day take 1 tablet by mouth daily with a meal
Lyrica - Pregabalin 75mg capsule by mouth twice a day take 2 capsules by mouth 2 times a day
Wellbutrin Xl - Bupropion Hydrochloride 150mg tablet by mouth once a day take 1 tablet by mouth daily
Levothroxine - Levothyroxine Sodium 100 mcg oral tablet by mouth in the morning take 1 tablet by mouth every morning 30 minutes before a meal
Trazadone - Trazodone Hydrochloride 50 mg oral tablet by mouth at bedtime take 1 tablet by mouth daily at bedtime
Protonix - Pantoprazole Sodium 40 mg oral tablet by mouth twice a day take 1 tablet by mouth 2 times a day
Prozac - Fluoxetine Hydrochloride 40 mg oral capsule by mouth once a day take 1 capsule by mouth daily

14. DME and Supplies:
wheelchair, rolling walker, hand held shower, bath bench, , , commode, 4 wheeled walker

15. Safety Measures:
transfer with assist, fall precautions, hand rails, avoid temperature extremes, ambulates with device, wheelchair precautions, standard precautions, emergency phone number prominently displayed, ambulates with assistance, walker precautions, smoke detectors , medication safety, activity supervision, cardiac precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Hearing

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

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: 0. Never, 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: 9. Not Applicable

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

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

Clinical Condition Requiring Homecare:

The patient, an 81-year-old female, was admitted to home physical therapy following cortisone injections in her knees and right shoulder in September 2025 for arthritis-related pain. She lives with her son, who reports that she has been non-ambulatory for approximately five years, though she has recently been able to walk short distances following the injections. The patient uses a wheelchair for mobility within the home and is assisted by her son to leave the home, traveling across grass in a wheelchair. She has a stair lift to access her second-floor bedroom and bathroom. No falls have been reported in the past year. A virtual appointment with Dr. DeCicco motivated the patient to resume walking, and a referral for home physical therapy was made. During the initial visit, medication reconciliation and a home safety assessment were completed, and the patient and caregiver were provided with and reviewed the patient handbook. The patient demonstrates decreased endurance, mobility, and strength in the bilateral lower extremities, along with unsteady gait, difficulty with transfers, decreased balance, and decreased safety awareness, all of which increase her fall risk. She requires assistance from another person and an assistive device to safely leave her home. Physical therapy interventions were reviewed and developed in collaboration with the patient and caregiver, focusing on improving strength, functional mobility, transfers, ambulation, balance, and safety awareness to restore independent function at home. Education was provided regarding edema management, pain control, safe transfers, fall prevention, ice application to knees, and recognition of concerning symptoms such as dizziness, shortness of breath, or unrelieved pain. The patient verbalized understanding of all instructions and is scheduled to begin home PT on 10/23/25, with Dr. Vincent DeCicco informed of the admission.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 10/23/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 10/17/2025
 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat 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>
 1 - SOC - PT Notes: <o:p></o:p> Physician: DeCicco , Vincent

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (10/23/25-10/25/25) ,WK2: 2 (10/26/25-11/01/25) ,WK3: 2 (11/02/25-11/08/25) ,WK4: 2 (11/09/25-11/15/25) ,WK5: 2 (11/16/25-11/22/25) ,WK6: 1 (11/23/25-11/29/25)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 50 > 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

PT Goals

PATIENT-STATED GOAL: I just want to be able to walk with a walker

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

patient/caregiver recalls
* how to manage inflammatory process

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

25. Date HHA Received Signed POT

24. Physician's Name and Address
Vincent DeCicco
695 Kinkaid Rd
Annapolis, MD 21402
PHONE: 443-270-8600 FAX: 14432708990 NPI: 1841262953

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 : 10/17/2025

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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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, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

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: GG0130B1 - Oral Hygiene, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating, GG0170E1 - Chair to Bed to Chair, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, dizziness/syncope, swelling in the arms/legs, M1033 - Exhaustion, limited strength, muscle weakness, Pain Interference with ADLs, pain radiating to arms/legs, balance deficit, Pain Effect on Sleep

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., therapeutic modalities: Apply ice to bilateral knees and R shoulder x 20 minutes with necessary barrier and skin assessments q 5 minutes., equipment training: w/c, walker, work simplification/energy conservation, gait training/stair training, transfers training, assist with fall prevention

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, * 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance

* 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
* 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
* 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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 04. Supervision or touching assistance

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

Walk 150 Feet - 04. Supervision or touching assistance

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

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

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/23/2025