Home Health Certification and Plan of Care

Order ID: 1150/13443

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
49214889	10/24/2025	From: 10/24/2025 To: 12/22/2025	18755	217058

6. Patient's Name and Address
Janice Hyatt
7700 Oakleigh Rd,
Parkville, MD 21234-
443-740-0567

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 09/29/1949 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
C92.00	Acute myeloblastic leukemia not having achieved remission	10/24/25

13. ICD	Other Pertinent Diagnoses	Date
D61.810	Antineoplastic chemotherapy induced pancytopenia	10/24/25
R53.0	Neoplastic (malignant) related fatigue	10/24/25
I11.0	Hypertensive heart disease with heart failure	10/24/25
I50.32	Chronic diastolic (congestive) heart failure	10/24/25
I48.0	Paroxysmal atrial fibrillation	10/24/25
E11.9	Type 2 diabetes mellitus without complications	10/24/25
I69.320	Aphasia following cerebral infarction	10/24/25
E78.2	Mixed hyperlipidemia	10/24/25
F17.210	Nicotine dependence cigarettes uncomplicated	10/24/25
Z79.4	Long term (current) use of insulin	10/24/25
Z89.411	Acquired absence of right great toe	10/24/25
Z86.718	Personal history of other venous thrombosis and embolism	10/24/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	10/24/25

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

Zovirax - Acyclovir Sodium 200 mg capsule ,Take 2 capsules by mouth twice a day Patient not taking: Reported on 10/7/2025
Norvasc - Amlodipine Besylate 10 MG tablet,Take 10 mg by mouth once a day
Levaquin - Levofloxacin 750 MG tablet ,Take 1 tablet by mouth once a day
Glucophage Xr - Metformin Hydrochloride Take 500 MG tablet by mouth in the evening extended release 24 HR
Metoprolol Tartrate - Metoprolol Tartrate 25 MG tablet,Take 0.5 tablets by mouth twice a day
Miralax - Polyethylene Glycol 3350 17 g packet,Take 1 packet by mouth once a day as needed for
Constipation. Stir and dissolve 1 packet in any 4-8
ounces of non-carbonated beverage
Noxafil - Posaconazole 100 MG ,Take 3 tablets by mouth once a day every 24 hours for 120
days
Crestor - Rosuvastatin Calcium 5 MG tablet,Take 1 tablet by mouth once a day
Senokot - Senna 8.6 MG TABS,Take 2 tablets by mouth at bedtime
Tafamidis Take 61 MG CAPS by mouth once a day
Venclexta - Venetoclax 100 MG tablet ,Take 1 tablet by mouth once a day
Acetaminophen - Acetaminophen 650 mg tablet by mouth as necessary
Glucagon - Glucagon Hydrochloride 1 mg injection intravenous as necessary

14. DME and Supplies:
hospital bed, rolling walker, diabetic supplies, walker, grab bars

15. Safety Measures:
bathroom safety, , diabetic precautions, emergency phone number prominently displayed, ambulates with assistance, activity supervision

16. Nutrition:
regular

17. Allergies:
lactose penicillin

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Up As Tolerated

19. Mental & Pyschosocial 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: No

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Acute Myeloblastic Leukemia Not Having Achieved Remission, 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 76-year-old female referred to home health physical therapy following a two-month hospitalization for the treatment of acute myeloid leukemia (AML) managed with Azacitidine and Venetoclax chemotherapy. Her past medical history is significant for transthyretin (TTR) amyloidosis, hypertension, atrial fibrillation, congestive heart failure with preserved ejection fraction (HFpEF), type 2 diabetes mellitus, and a previous cerebrovascular accident resulting in mild right-sided weakness and cognitive deficits. Prior to hospitalization, the patient resided at A Caring Place Assisted Living Facility, where she ambulated independently and participated fully in daily activities without assistance. Since discharge, she reports a substantial decline in overall strength, endurance, and balance. She now requires a walker for all mobility and expresses concern regarding her stability and safety during ambulation. On physical therapy evaluation, the patient demonstrates generalized weakness with bilateral lower extremity strength graded at 3+/5. Dynamic standing balance is assessed as fair-minus (F-), and she requires moderate assistance for safe transfers and ambulation. The patient ambulated approximately 100 feet using a walker with moderate assistance, exhibiting unsteady gait, decreased speed, and limited endurance. Postural control is impaired, and she displays reduced confidence in mobility secondary to deconditioning and cancer-related fatigue. The patient was educated on energy conservation techniques, fall prevention strategies, and the importance of gradual activity progression to rebuild strength and endurance safely. She verbalized understanding and demonstrated willingness to participate in therapy. Continued skilled physical therapy is recommended to address her generalized weakness, deconditioning, and balance deficits. The treatment plan will focus on progressive lower extremity strengthening, gait and balance retraining, endurance building, and functional mobility training to enhance safety and promote independence within her assisted living environment. The patient is considered homebound due to marked fatigue and impaired ambulation associated with chemotherapy and deconditioning. Leaving the home requires considerable effort and occurs only for essential medical care. Ongoing coordination with the interdisciplinary team will support her recovery and optimize functional outcomes.
 Date of Order 10/24/2025 Orders Physician Face-to-Face Date: 10/21/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and treat due to Acute Myeloblastic Leukemia Not Having Achieved Remission 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 Nettles, Tamischer

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 10/24/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Tamischer Nettles
3400 Box Hill Corporate Center Dr
Abingdon, MD 21009
PHONE: 410-515-5440 FAX: 14105155581 NPI: 1285778225

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 : 10/21/2025

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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Janice Hyatt 7700 Oakleigh Rd, Parkville, MD 21234- 443-740-0567	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

PT Careplans

PT WK1: 1 (10/24/25-10/25/25) ,WK2: 2 (10/26/25-11/01/25) ,WK3: 2 (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)

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

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170E1 - Chair to Bed to Chair, 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, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, limited strength, muscle weakness, balance deficit, lethargy

PROCEDURES: HEP: Seated Marching: While seated, lift one knee at a time as if marching in place. Perform 10-15 repetitions each leg. Focus on upright posture and controlled movement. Seated Long Arc Quads: Sit tall, straighten one leg at a time, tightening the thigh muscle. Hold for 3 seconds, then slowly lower. Perform 10 repetitions per leg. Ankle Pumps: While seated or lying down, point toes forward and then pull them back toward you. Repeat 20 times to promote circulation. Sit-to-Stand Practice: From a sturdy chair, stand up using your arms only as needed, then sit back slowly. Perform 5-10 repetitions, rest as needed. Standing Weight Shifts (with walker or countertop): Stand holding support, gently shift weight side to side. Perform 10 repetitions. Focus on balance and even weight distribution., Medication Review- : Medications reviewed with patient/caregiver. , B LE strengthening, Standing 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 home remedies to keep lungs healthy, related medication(s) purpose, schedule, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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, * 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, 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

PT Goals

PATIENT-STATED GOAL: not to go back to hospital

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

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

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* 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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/24/2025