Home Health Certification and Plan of Care

Order ID: 1150/13512

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
34598664	10/23/2025	From: 10/23/2025 To: 12/20/2025	18660	217058

6. Patient's Name and Address
Ethel Henry
1624 Feldbrook Rd,
TOWSON, MD 21286-
410-960-2689

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 09/25/1936 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
G20.A1	Parkinson's dis w/o dyskinesia w/o mention of fluctuations	10/23/25

13. ICD	Other Pertinent Diagnoses	Date
E11.319	Type 2 diabetes w unsp diabetic rtnop w/o macular edema	10/23/25
I10.	Essential (primary) hypertension	10/23/25
E78.5	Hyperlipidemia unspecified	10/23/25
N32.81	Overactive bladder	10/23/25
M81.0	Age-related osteoporosis w/o current pathological fracture	10/23/25
E53.8	Deficiency of other specified B group vitamins	10/23/25
M19.90	Unspecified osteoarthritis unspecified site	10/23/25
K21.9	Gastro-esophageal reflux disease without esophagitis	10/23/25
R51.9	Headache unspecified	10/23/25
R42.	Dizziness and giddiness	10/23/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	10/23/25

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

Tylenol - Acetaminophen 500 mg tablet by mouth every 6 hours take 1 tablet (500mg total) by mouth every 6 hours as needed. do no exceed 300mg per day
Sinemet - Carbidopa: Levodopa 25-100 mg tablet by mouth twice a day take 1 tablet by mouth 2 times a day
Pepcid - Famotidine 40 mg tablet by mouth twice a day take 1 tablet(40mg total) by mouth 2 times a day. patient taking differently:take 1 tablet (40mg total)
Losartan Potassium - Losartan Potassium 25mg tablet by mouth once a day take 1 tablet by mouth daily
Glucophage Xr - Metformin Hydrochloride 750 mg tablet by mouth twice a day take 1 tablet by mouth 2 times a day
Ditropan - Oxybutynin Chloride 5 mg tablet by mouth twice a day take 1 tablet by mouth 2 times a day

14. DME and Supplies:
rolling walker, diabetic supplies

15. Safety Measures:
fall precautions, medication safety, bathroom safety, standard precautions

16. Nutrition:
cardiac diet!diabetic

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Exercises Prescribed, 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 Parkinson's disease without dyskinesia without mention of fluctuations, 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 89-year-old female recently discharged home from GBMC following hospitalization for sudden onset dizziness and decreased stability, during which she was treated for a B12 deficiency. She resides in a two-story home with 13 steps to access the upper level and is cared for by her daughter, who manages her medications and assists with daily activities. Prior to hospitalization, the patient was independent with all functional transfers, ambulated freely without an assistive device, and managed all ADLs and IADLs independently. Since discharge, she demonstrates a notable functional decline, requiring minimal assistance for sit-to-stand transfers, toileting, and bathing, and now ambulates with a front-wheeled walker. Gait is slow with reduced step length and forward-flexed posture, and she reports increased fatigue and weakness compared to baseline. Strength testing reveals lower extremity weakness (gross 3+/5 MMT) and bilateral upper extremity weakness (4-/5 MMT). Dynamic standing balance is assessed as Fair+, and a Tinetti balance score of 14/28 indicates a high fall risk. The patient expresses concern about falling and a strong desire to regain strength and independence. Given her decreased strength, impaired balance, high fall risk, and functional decline from baseline, the patient demonstrates a clear need for skilled physical therapy. Recommended interventions include lower extremity and core strengthening, gait and transfer training, stair negotiation, dynamic balance retraining, fall prevention education, and endurance progression. She has good rehabilitation potential due to her motivation, supportive caregiver, and previously high functional baseline. PT services are medically necessary to improve safety, restore functional independence, reduce fall risk, and prevent hospital readmission, with the goal of returning the patient to her prior level of function and enabling participation in activities such as household chores.<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: 10/18/2025
 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat dx: Parkinson's disease without dyskinesia without mention of fluctuations
 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: Ramirez, Jason

SN Careplans

SN Goals

PT Careplans

PT Goals

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

25. Date HHA Received Signed POT

24. Physician's Name and Address
Jason Ramirez
9 Schilling Road
Hunt Valley, MD 21031
PHONE: 4107719220 FAX: 14107719301 NPI: 1093706434

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 : 10/18/2025

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 (10/23/25-10/25/25) ,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 (11/16/25-11/19/25)

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: 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 endurance (MS), limited strength (MS), muscle weakness (MS), weak hand grips (NR), balance deficit (NR)

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , B LE strengthening, Standing balance Training, monitor intake & output, home exercise program: Do exercises in a safe area with walker nearby. Rest as needed. Stop if dizziness, shortness of breath, or pain occurs. Sit-to-Stand from Chair (Leg Strength) Sit in a sturdy chair with armrests. Scoot forward slightly. Push up using legs (hands OK if needed) to stand fully. Slowly sit back down with control. Do 5-10 repetitions, rest as needed. Goal: Improves strength for standing and walking. Seated Marching (Leg Warm-Up and Strength) Sit upright in chair. Lift one knee up like marching. Lower and switch legs. Do 10 repetitions each leg. Goal: Improves leg strength and circulation. Standing Heel Raises (Lower Leg Strength and Balance) Stand while holding countertop or walker. Lift heels up to stand on toes. Lower heels slowly. Do 10 repetitions. Goal: Strengthens calves to improve balance. Side Steps (Hip Strength and Stability) Stand holding onto a walker or counter. Step to the side a few inches. Bring feet together. Repeat 5 steps in each direction. Do 5 steps right and 5 steps left. Goal: Improves side-to-side balance and walking stability. Standing Weight Shifts (Balance Training) Hold onto counter or walker. Shift weight gently to the right leg. Then shift to the left leg. Do 10 repetitions total (5 each side). Goal: Improves standing balance and fall prevention. Seated Arm Raises (Posture and Endurance) Sit upright in chair. Raise both arms forward to shoulder level. Lower slowly. Do 10 repetitions. Goal: Improves posture and upper body endurance., 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, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * 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, 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

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 optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* 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/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

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

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

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

OT Careplans

OT WK1: 7 (10/23/25-10/25/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation

OT Goals

PATIENT-STATED GOAL: To get back to what I was, go up the stairs and walk without a walker

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

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise

Signature of Physician:	Date

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

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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 - 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

* 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 - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/23/2025