Home Health Certification and Plan of Care

Order ID: 1150/13579

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9313641	10/31/2025	From: 10/31/2025 To: 12/29/2025	18904	217058

6. Patient's Name and Address

Nathalie Mullinix
951 Firestone Rd,
WESTMINSTER, MD 21158-
808-778-6578

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 12/16/1961 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z48.3	Aftercare following surgery for neoplasm	10/31/25

13. ICD	Other Pertinent Diagnoses	Date
C56.9	Malignant neoplasm of unspecified ovary	10/31/25
C78.6	Secondary malignant neoplasm of retroperiton and peritoneum	10/31/25
I48.0	Paroxysmal atrial fibrillation	10/31/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	10/31/25
J45.20	Mild intermittent asthma uncomplicated	10/31/25
E43.	Unspecified severe protein-calorie malnutrition	10/31/25
K21.9	Gastro-esophageal reflux disease without esophagitis	10/31/25
F41.1	Generalized anxiety disorder	10/31/25
Z90.710	Acquired absence of both cervix and uterus	10/31/25
Z90.722	Acquired absence of ovaries bilateral	10/31/25
Z85.828	Personal history of other malignant neoplasm of skin	10/31/25

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

Klor-Con - Potassium Chloride 20 MEQ TBCR, Take 1 tablet by mouth once a day mouth daily.
(Patient taking differently: Take 20 mEq by mouth daily. Will hold DOS)
Cardizem - Diltiazem Hydrochloride 120 mg 120 MG TABS, Take 120 mg by mouth every other day Taking for Afib
Xanax - Alprazolam 0.25 MG tablet, Take 0.25 mg by mouth at bedtime Take 0.25 mg by mouth nightly as needed for Anxiety.
Docusate Sodium - Docusate Sodium 100mg by mouth twice a day Stool softner
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg by mouth every 4 hours As needed for pain
Ibuprofen - Ibuprofen 800 mg 800mg by mouth as necessary As needed for pain
Zofran - Ondansetron Hydrochloride eq 4 mg base 8 MG tablet, Take 1 tablet by mouth every 8 hours Take 1 tablet by mouth every 8 hours as needed for Nausea.
Enoxaparin Sodium - Enoxaparin Sodium 40mg/ 0.4ml subcutaneous once a day Blood thinner

14. DME and Supplies:

bath bench, commode, wheelchair, hospital bed, walker

15. Safety Measures:

sharps precautions, , , , bathroom safety, bedrails up while in bed, walker precautions, , ambulates with device, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Up As Tolerated, Walker

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: 1. Rarely, 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: After undergoing Extensive Gynecologic Oncology Surgery, 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 64-year-old female, alert and oriented to person, place, and time, who resides alone in a single-family home with friends providing periodic check-ins. Her medical history is significant for generalized anxiety disorder, gastroesophageal reflux disease (GERD), prior chemotherapy, hypokalemia, mild intermittent asthma, obesity, obstructive sleep apnea, paroxysmal atrial fibrillation, peritoneal carcinomatosis, left retinal hemorrhage, resolved small bowel obstruction, and a history of squamous cell carcinoma of the skin. The patient was recently discharged home following extensive gynecologic oncology surgery and was evaluated for wound status, mobility, safety, and overall recovery needs. On assessment, the patient presented with a surgical wound to the lower abdomen, currently open to air, with no specific wound care orders provided by the attending physician. She rated her pain at 3/10 and reported adequate pain relief with prescribed oxycodone and ibuprofen. She noted no bowel movement in the past two days but denied nausea or vomiting. Appetite is gradually improving, and she is tolerating small, frequent meals. Physical examination revealed a stable condition with no acute distress. The patient demonstrated good balance, adequate strength, and full independence in ambulation, transfers, toileting, and basic meal preparation without the use of an assistive device. Her gait was steady, and the home environment was noted to be safe and free of tripping hazards. Education was provided regarding gradual activity progression, pacing, and safety awareness during daily activities to support optimal recovery. The patient verbalized understanding and demonstrated the ability to apply education in practice. No further skilled physical therapy interventions are indicated at this time, as she exhibits sufficient functional mobility for independent living. Skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> are to continue as needed, primarily for postoperative monitoring and coordination of care. Physical and occupational therapy evaluations have been completed, and no ongoing skilled therapy is required. The patient is scheduled for a postoperative follow-up with Dr. Roque in two weeks. She remains in good spirits, expresses motivation and optimism regarding her recovery, and was advised to maintain self-directed exercises and contact her physician if any new symptoms or mobility concerns arise.
 Date of Order 10/31/2025 Orders Physician Face-to-Face Date: 10/26/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Extensive Gynecologic Oncology Surgery 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: soc PT Eval Notes: Physician Watts, Charlotte

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 10/31/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Charlotte Watts
2391 Greenspring Dr
Timonium, MD 21093
PHONE: 4103395500 FAX: 14103395960 NPI: 1336481951

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 : 10/26/2025

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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SN Careplans

SN WK1: 8 (10/31/25-11/01/25)

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: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance

HOSPITALIZATION RISKS: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, nausea/vomiting, constipation, limited endurance, limited strength, muscle weakness, lethargy, balance deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, #1 - Observable Surgical Wound - Anterior Midline -

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: Abdominal surgical wound open to air, no specific physician wound care orders, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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, * strategies to increase caloric intake, 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, * dietary guidelines for managing nutritional deficit, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: "To get better and stronger and return to a normal life"

GOALS
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
* 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/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* 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 increase caloric intake
* recalls related medication(s) purpose, schedule

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

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 10 (10/31/25-11/01/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: gait training on uneven surfaces, gait training/stair training, transfers training

PT Goals

PATIENT-STATED GOAL:

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/31/2025

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TEACH PATIENT/CAREGIVER: 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

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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