Home Health Certification and Plan of Care

Order ID: 1150/13609

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
41001576000	11/02/2025	From: 11/02/2025 To: 12/31/2025	19033	217058

6. Patient's Name and Address

Emily Powers
1607 A Freeland Rd,
FREELAND, MD 21053-
410-357-9120

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 09/15/1968 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I48.20	Chronic atrial fibrillation unspecified	11/02/25

13. ICD	Other Pertinent Diagnoses	Date
I42.9	Cardiomyopathy unspecified	11/02/25
I10.	Essential (primary) hypertension	11/02/25
I27.20	Pulmonary hypertension unspecified	11/02/25
J45.909	Unspecified asthma uncomplicated	11/02/25
E11.9	Type 2 diabetes mellitus without complications	11/02/25
M84.461D	Pathological fracture right tibia subs for fx w routn heal	11/02/25
F20.9	Schizophrenia unspecified	11/02/25
E78.5	Hyperlipidemia unspecified	11/02/25
E03.9	Hypothyroidism unspecified	11/02/25
E55.9	Vitamin D deficiency unspecified	11/02/25
L40.0	Psoriasis vulgaris	11/02/25
K64.9	Unspecified hemorrhoids	11/02/25
F32.A	Depression unspecified	11/02/25
I99.8	Other disorder of circulatory system	11/02/25
Q90.9	Down syndrome unspecified	11/02/25
F63.9	Impulse disorder unspecified	11/02/25
N32.81	Overactive bladder	11/02/25
E66.9	Obesity unspecified	11/02/25
Z79.01	Long term (current) use of anticoagulants	11/02/25
Z60.2	Problems related to living alone	11/02/25
Z86.19	Personal history of other infectious and parasitic diseases	11/02/25

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

Buspirone Hcl - Buspirone Hydrochloride 5 MG, Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for IMPULSE DISORDER, UNSPECIFIED (F63.9)
Clobetasol Propionate Extemal Solution (Clobetasol Proplonate) Apply to scalp topically topical every 12 hours as needed for dry skin Clobetascs 0.05% extemal solution
Doxycycline - Doxycycline Hyclate 50 MG Capaule, Give 1 tablet by mouth once a day
Ellquls Oral Tablet 2.5 MG (Apbusban) Give 2.5 mg Tablet by mouth twice a day for Blood thinner
Fiber - Benefiber 625 MG , Give 1 tablet by mouth once a day
Ketoconazole - Ketoconazole 2% (Ketoconazole (Topical)) Apply to scalp topical as necessary Ketoconazole Extermal Shampoo 2% (Ketoconazole (Topical)) Apply to scalp, skin topically one time a day every Mon, Fri for skin condition known as NIZORAL apply to damp skin, lather on 5 minutes, and rinse
Levothyroxine Sodium - Levothyroxine Sodium 50 MCG, Give 1 tablet by mouth once a day
Melatonin - Melatonin 5 MG, Give 1 tablet by mouth at bedtime
Metronidazole - Metronidazole Gel 1%, Apply to face topically topical once a day Apply to face topically one time a day for ROSACEA/SEBORRHEIC DERMATITIS
Neosporin - Neomycin Sulfate: Polymyxin B Sulfate Apply to right leg incision topically topical twice a day Neosporin Original External Ointment (Neomycin-Bacitracin-Polymyxin) Apply to right leg incision topically two times a day for wound care Apply before wrapping with ACE bandage.
Biscodyl - Bisacodyl: Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride Give 17 gram Powder by mouth once a day
Psyllium - Psyllium Give 2.5 gram, Oral Wafer by mouth once a day Psyllium Oral Wafer (Psyllium) Give 2.5 gram by mouth one time a day for constipation Phyllium husk (with sugar) 25 gram, 1 wafor oral daily
Sertraline - Sertraline Hydrochloride 50 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for DEPRESSION, UNSPECIFIED (F32.A)
Trazodone - Trazodone Hydrochloride 50 MG, Give 1 tablet by mouth at bedtime
White Petrolatum External Ointment Apply to both hands and feet topicaily topical once a day White Petrolatum External Ointment (White

Petrolatum) Apply to both hands and feet topicaily every 24 hours as needed for rash
Amantadine Hydrochloride - Amantadine Hydrochloride 100 mg 100mg by mouth every 12 hours 8a and 8p for EPS
Triderm - Triamcinolone Acetonide 0.1 perc 0.1% topical twice a day dermatitis
Ear Drops 5 drops drops two times per week Sunday and Thursday
SF 1% 1% - twice a day to toothbrush for cavities

14. DME and Supplies:

wheelchair, walker

15. Safety Measures:

walker precautions, wheelchair precautions, , supervision at all times, bathroom safety, activity supervision, ambulates with assistance, ambulates with device

16. Nutrition:

regular

17. Allergies:

depakote latex natural rubber

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Wheelchair, Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time., ANXIETY: 4. Constantly, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 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: good

22. A Rehabilitation Potential:

SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans

patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment
another facility/provider will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 11/02/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Andrew Buscemi
3346 Paper Mill Rd
Phoenix, MD 21131
PHONE: 4106664060 FAX: 14106664068 NPI: 1285998419

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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Homebound status: Due to diagnosis of Chronic Atrial Fibrillation Unspecified, 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 57-year-old female with a recent right tibial and lateral malleolus fracture, currently weight bearing as tolerated (WBAT) with an orthopedic boot in place for stabilization. Her past medical history is significant for Down syndrome, developmental delay, depression, hypothyroidism, rosacea, psoriasis, abnormal gait, and encephalopathy. She resides in a group home with 24-hour staffing for assistance and supervision. The patient was recently discharged from subacute rehabilitation following hospitalization for her lower extremity fracture. Prior to the injury, she was modified independent with activities of daily living (ADLs) and ambulatory without the use of an assistive device. At the time of assessment, the patient was seated in a wheelchair and demonstrated limited cooperation with evaluation and questioning due to cognitive impairment and behavioral agitation, characterized by verbal disruption and difficulty following directions. Despite redirection attempts, participation in functional assessment was minimal. Staff and the patient's mother, who serves as her medical power of attorney, were contacted for clarification and consent. The patient's mother was able to redirect and calm her effectively over the phone. Per the group home supervisor, the patient occasionally reports right leg pain that appears to be associated with fear or anxiety rather than acute pathology. She also complained of mild leg cramps during the visit. No open wounds were noted, and there are no current wound care orders. Staff reported the last bowel movement occurred earlier the same morning, and the patient tolerated breakfast well. The patient is dependent on staff for bathing, dressing, toileting, and transfers, and she currently uses a wheelchair for mobility. Although a rolling walker is available, she refuses to use it. She demonstrates bilateral upper extremity weakness, rated approximately 4-/5 on manual muscle testing, with limited endurance. Balance and safety awareness are impaired, increasing her fall risk and necessitating close supervision. Certified medication technicians administer all prescribed medications per protocol, including Eliquis, with no abnormal bleeding or medication issues reported. Patient and staff were educated on safe transfer techniques, fall prevention, and appropriate use of mobility aids. Given her limited participation, the occupational therapist performed an evaluation only, as the patient declined to engage in exercise or functional mobility activities. Caregiver was instructed to contact the home health office should the patient become more receptive to therapy participation in the future. Skilled therapy services are recommended if the patient's engagement improves, to address strength, balance, and safe functional mobility training within her cognitive and physical limitations.
 Date of Order 11/02/2025 Orders Physician Face-to-Face Date: 10/21/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Chronic Atrial Fibrillation Unspecified 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: OT Eval Notes: Physician Buscemi, Andrew

SN Careplans

SN WK1: 1 (11/02/25-11/08/25) ,WK2: 1 (11/09/25-11/15/25) ,WK3: 1 (11/16/25-11/22/25) ,WK4: 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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 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: M1745 - Behavioral Issues, M1700 - Cognition, D0160 - Depression, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, meal preparation, M2020 - Oral Med Management, M1400 - Dyspnea, abnormal thyroid <> 0.40 - 4.50 mIU/mL, abdominal pain, constipation, muscle weakness, limited range of motion, limited endurance, limited strength, balance deficit, B1000 - Vision Deficit, pain radiating to arms/legs, difficulty sleeping, withdrawal from conversations, itchy skin

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

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, * strict compliance with physician orders for anticoagulant administration avoiding activities that create unnecessary risk for injury monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits

SN Goals

PATIENT-STATED GOAL: to get PT

GOALS

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
* diet
* weight-bearing exercises to promote bone healing and strengthening
* fluids to prevent constipation
* home safety
* pain control
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prescribed dietary modifications
* monitoring intake and output
* monitoring weight loss or weight gain
* monitor changes in neurological status
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage skin condition including physician-prescribed treatment
* skin care
* bathing
* sun protection
* diet
* exercise
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation

Signature of Physician:

Date

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

Date
11/02/2025

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identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, * how to manage skin condition including physician-prescribed treatment skin care bathing sun protection diet exercise, related medication(s) purpose, schedule, * prescribed dietary modifications monitoring intake and output monitoring weight loss or weight gain monitor changes in neurological status, related medication(s) purpose, schedule, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing and prevent constipation

patient/caregiver recalls
* strict compliance with physician orders for anticoagulant administration
* avoiding activities that create unnecessary risk for injury
* monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising
* for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables

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 keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

patient is adequately supervised

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

caregiver administers and/or packages medications appropriately

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

caregiver performs medical/rehabilitation treatments with adequate competence

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (11/02/25-11/08/25) ,WK2: 2 (11/09/25-11/15/25) ,WK3: 2 (11/16/25-11/22/25) ,WK4: 1 (11/23/25-11/29/25) ,WK5: 1 (11/30/25-12/06/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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: B LE strengthening, gait training on uneven surfaces, gait training/stair training, transfers training

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, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: To have the fracture heal well

GOALS
Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

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

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 04. Supervision or touching assistance

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/02/2025

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Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

OT Careplans

OT WK1: 1 (11/02/25-11/08/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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

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

OT Goals

PATIENT-STATED GOAL: Eval only

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
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

Oral Hygiene - 05. Setup or clean-up assistance

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

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

Toileting Hygiene - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Signature of Physician:

Date

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

Date
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