Home Health Certification and Plan of Care

Order ID: 1150/13595

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7AJ3PX6FP87	11/04/2025	From: 11/04/2025 To: 01/02/2026	8016	217058

6. Patient's Name and Address

Dolores Spann
3710 Burmont Ave,
RANDALLSTOWN, MD 21133-
410-945-9008

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 03/10/1935 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
G40.901	Epilepsy unsp not intractable with status epilepticus	11/04/25

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	11/04/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	11/04/25
N18.32	Chronic kidney disease stage 3b	11/04/25
D63.1	Anemia in chronic kidney disease	11/04/25
E78.2	Mixed hyperlipidemia	11/04/25
D50.1	Sideropenic dysphagia	11/04/25
D50.0	Iron deficiency anemia secondary to blood loss (chronic)	11/04/25
J96.00	Acute respiratory failure unsp w hypoxia or hypercapnia	11/04/25
G93.2	Benign intracranial hypertension	11/04/25
F44.5	Conversion disorder with seizures or convulsions	11/04/25
I24.89	Other forms of acute ischemic heart disease	11/04/25
Z79.4	Long term (current) use of insulin	11/04/25
Z79.82	Long term (current) use of aspirin	11/04/25
Z87.440	Personal history of urinary (tract) infections	11/04/25
Z91.81	History of falling	11/04/25

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

Levetiracetam - Levetiracetam 500 mg 500 MG, Take 500mg tablet by mouth twice a day SEIZURES
Lacosamide - Lacosamide 50MG; 1 TAB by mouth twice a day SEIZURE
Asa 81 Mg - Aspirin 81MG; 1 TAB by mouth once a day
Metformin - Metformin Hydrochloride 500MG; 1 TAB by mouth twice a day DM
Atorvastatin - Atorvastatin Calcium 80MG; 1 TAB by mouth once a day CHOLESTEROL
Amlodipine - Amlodipine Besylate 5MG; 1 TAB by mouth once a day BLOOD PRESSURE

14. DME and Supplies:

wheelchair, diabetic supplies, cane

15. Safety Measures:

diabetic precautions, , , , smoke detectors , , ambulates with assistance, transfer with assist, supervision at all times, activity supervision

16. Nutrition:

cardiac diet, diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Wheelchair, Cane, Up As Tolerated, Exercises Prescribed

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: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required, 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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status:

Due to diagnosis of Epilepsy, Unspecified, Not Intractable, With Status Epilepticus, 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 90-year-old female recently discharged from an inpatient hospital stay following episodes of back-to-back seizures related to medication noncompliance, elevated blood glucose levels, uncontrolled hypertension, and a urinary tract infection. Her past medical history is significant for epilepsy (9 years), type 2 diabetes mellitus, hypertension, congestive heart failure, cerebrovascular accident (2024), dysphagia, anxiety, failure to thrive, and a history of recurrent urinary tract infections. She resides with her grandson, who serves as her primary caregiver, in a multilevel home with a first-floor setup to accommodate her mobility limitations. The grandson provides assistance with all activities of daily living (ADLs) and instrumental activities of daily living (IADLs) as needed. On assessment, the patient was alert and oriented to person and place but required reorientation to time; she exhibited occasional forgetfulness but was cooperative and pleasant. She denied pain and shortness of breath, and lung sounds were clear bilaterally. Appetite was reported as good, and her last bowel movement occurred earlier the same day. The patient demonstrated a slow gait with noted balance deficits, requiring support from furniture when attempting to rise from seated positions. She ambulated indoors using a rolling walker under close supervision after being instructed in its proper use. Observations included decreased cadence, shortened step length, and a mild posterior lean necessitating verbal cues for safe anterior weight shifting. Functional mobility assessment revealed that the patient performed sit-to-stand and toilet transfers with contact guard assistance and required verbal cueing for proper limb placement. Bilateral upper extremity strength was diminished, with manual muscle testing revealing 4-/5 strength bilaterally. Skilled nursing reviewed all current medications, including indications, dosages, frequencies, and potential side effects, ensuring understanding and compliance. Education was provided to both the patient and her grandson on seizure precautions, diabetes management, and blood pressure monitoring. The grandson demonstrated comprehension and receptiveness to all instructions. Physical therapy and occupational therapy evaluations were initiated to address deficits in strength, endurance, balance, and functional mobility, with a goal of promoting safety and independence in activities of daily living. The patient's home exercise program, including seated and supine therapeutic exercises and ambulation practice, was reviewed, and family participation in assisting with mobility was encouraged. The plan of care includes skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> for medication and disease management, monitoring of neurological status, and continued patient and caregiver education. Physical and occupational therapy services will continue as indicated to improve functional mobility, safety, and overall independence, with the goal of returning the patient as closely as possible to her prior level of function. <span style="font-size:

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 11/04/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Eva Dicocco
7141 Security Blvd
Woodlawn, MD 21244
PHONE: 443-663-6000 FAX: 14436636215 NPI: 1598990624

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 : 10/10/2025

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.

Home Health Certification and Plan of Care

Order ID: 1150/13595

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7AJ3PX6FP87	11/04/2025	From: 11/04/2025 To: 01/02/2026	8016	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Dolores Spann 3710 Burmont Ave, RANDALLSTOWN, MD 21133- 410-945-9008	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

14px;">
 Date of Order 11/04/2025 Orders Physician Face-to-Face Date: 10/10/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Epilepsy, unspecified, not intractable, with status epilepticus 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 Dicocco, Eva

SN Careplans

SN WK1: 2 (11/04/25-11/08/25) ,WK2: 1 (11/09/25-11/15/25) ,WK3: 1 (11/16/25-11/22/25) ,WK4: 1 (11/23/25-11/29/25) ,WK6: 1 (12/07/25-12/13/25)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, limited strength, limited endurance, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises

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 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 manage seizure triggers implement lifestyle changes including getting enough sleep avoiding alcohol, related medication(s) purpose, schedule, * 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 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, * 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, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: TO GET STRONGER

GOALS
patient/caregiver recalls
* how to manage seizure triggers
* implement lifestyle changes including getting enough sleep
* avoiding alcohol
* 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/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
* 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
* 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
* 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
* 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

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (11/04/25-11/08/25) ,WK2: 1 (11/09/25-11/15/25) ,WK3: 1 (11/16/25-11/22/25) ,WK4: 1 (11/23/25-11/29/25) ,WK5: 1 (11/30/25-12/06/25) ,WK6: 1 (12/07/25-12/13/25) ,WK7: 1 (12/14/25-12/20/25) ,WK8: 1 (12/21/25-12/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, 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

PT Goals

PATIENT-STATED GOAL: To improve balance and endurance

GOALS
Chair to Bed to Chair - 06. Independent

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

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

patient/caregiver recalls

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/04/2025

Home Health Certification and Plan of Care

Order ID: 1150/13595

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7AJ3PX6FP87	11/04/2025	From: 11/04/2025 To: 01/02/2026	8016	217058

6. Patient's Name and Address
Dolores Spann
3710 Burmont Ave,
RANDALLSTOWN, MD 21133-
410-945-9008

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

PROCEDURES: Therapeutic exercise , Dynamic standing balance , Medication Review- Medications reviewed with patient/caregiver., 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 06. Independent, 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, Medication Review- Patient/caregiver, related purpose and schedule of medications.

* 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

Sit to Stand - 06. Independent

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 06. Independent

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

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

Medication Review- Patient/caregiver recalls related purpose and schedule of medications.

OT Careplans

OT WK1: 1 (11/04/25-11/08/25) ,WK2: 1 (11/09/25-11/15/25) ,WK3: 1 (11/16/25-11/22/25) ,WK4: 1 (11/23/25-11/29/25) ,WK5: 1 (11/30/25-12/06/25) ,WK6: 1 (12/07/25-12/13/25)

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

PROCEDURES: ADLs , Patient/caregiver recalls related purpose and schedule of medications: Medication review , cough/deep breathing exercises, transfers training, therapeutic exercises

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 - 06. Independent, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Patient will demonstrate improved bilateral upper extremity muscle strength from 4-/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

OT Goals

PATIENT-STATED GOAL: Patient wants to get stronger

GOALS
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 - 06. Independent

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

Shower/Bathe Self - 04. Supervision or touching assistance

Toileting Hygiene - 06. Independent

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

Eating - 06. Independent

Patient will demonstrate improved bilateral upper extremity muscle strength from 4-/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

HHA Careplans

HHA 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) ,WK6: 1 (12/07/25-12/13/25)

HHA Goals

Signature of Physician:

Date

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

Date
11/04/2025