Home Health Certification and Plan of Care

Order ID: 1150/13716

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
681076233	10/29/2025	From: 10/29/2025 To: 12/27/2025	18917	217058

6. Patient's Name and Address
Joan Pierorazio
804 Myrth Ave,
ESSEX, MD 21221-
443-845-1567

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 08/27/1940 **9.Sex** Female

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

Pravachol - Pravastatin Sodium Take 20 mg by mouth once a day Cholesterol
Hydrochlorothiazide - Hydrochlorothiazide Take 25 mg by mouth once a day Fluid pill
Cardizem Cd - Diltiazem Hydrochloride Take 120 mg by mouth once a day HTN
Apresoline - Hydralazine Hydrochloride 100 mg Take 100 mg, Take 1tablet by mouth three times a day HTN
O2 - Oxygen 3L nasal cannula continuous SOB
Vasotec - Enalapril Maleate Take 40 mg by mouth once a day HTN

11. ICD	Principal Diagnosis	Date
J18.9	Pneumonia unspecified organism	10/29/25

13. ICD	Other Pertinent Diagnoses	Date
J44.0	Chr obstructive pulmon disease with (acute) lower resp infct	10/29/25
S81.801A	Unspecified open wound right lower leg initial encounter	10/29/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	10/29/25
N18.9	Chronic kidney disease u	10/29/25
D63.1	Anemia in chronic kidney disease	10/29/25
E78.5	Hyperlipidemia unspecified	10/29/25
Z99.81	Dependence on supplemental oxygen	10/29/25
Z85.3	Personal history of malignant neoplasm of breast	10/29/25
Z85.118	Personal history of malignant neoplasm of bronchus and lung	10/29/25
Z90.2	Acquired absence of lung [part of]	10/29/25

14. DME and Supplies:
bath bench, walker, oxygen supplies, wound care supplies

15. Safety Measures:
medication safety, standard precautions, fall precautions, walker precautions, O2 precautions, bathroom safety, cardiac precautions

16. Nutrition:
cardiac diet

17. Allergies:
amoxicillin cipro flagyl penicillin zocor

18.A. Functional Limitations
Dyspnea With Minimal Exertion

18.B. Activities Permitted
No Restrictions

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: fair

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 Pneumonia unspecified organism, 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 85-year-old female with a past medical history of COPD, chronic kidney disease, hypertension, hyperlipidemia, chronic pain, and prior right breast and right lung cancers (status post lobectomy in November 2023). She was hospitalized on 10/20/25 for pneumonia following one week of worsening shortness of breath, wheezing, and cough, accompanied by fever and chills. She was treated with antibiotics and discharged home with a one-day course of oral Bactrim DS to complete today. On assessment, the patient appeared well, alert, and in no acute distress, denying cough but reporting minimal shortness of breath on exertion. She is currently on 3 L/min of oxygen via nasal cannula with an oxygen saturation of 96%. She ambulates slowly, using furniture for support and occasionally using a walker. She lives alone in a single-story home, with a child living nearby, and has a follow-up appointment with her primary care provider next Wednesday to evaluate for oxygen weaning. A right lateral lower leg wound was noted; it was cleansed with normal saline, treated with hydrogel, and covered with a foam dressing per wound care orders. Measurements and photos were obtained, and supplies will be ordered. Vital signs were within normal limits. The patient presents with general weakness and mild shortness of breath but is functioning near her baseline in activities of daily living, transfers, and mobility with the use of a rolling walker. She was educated on energy conservation, oxygen tubing management, and the use of her assistive device. The patient demonstrated a home exercise program including straight leg raises, long arc quads, marching, lower extremity abduction/adduction, and heel raises (10 repetitions 2 sets). She remains independent with self-care and basic mobility tasks and may benefit from skilled physical therapy to improve endurance, strength, and safe ambulation. No additional occupational therapy services are indicated at this time.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 10/29/2025
 Order<o:p></o:p> 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 hha-adls DX: Pneumonia unspecified organism
 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:
 PT Eval Notes:
 OT Eval Notes:<o:p></o:p> Physician: Hans, Jasmin

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 10/29/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Jasmin Hans
1701 Twin Springs Rd
Halethorpe, MD 21227
PHONE: 410-933-79616 FAX: 14109337666 NPI: 1497805147

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 WK1: 2 (10/29/25-11/01/25) ,WK2: 2 (11/02/25-11/08/25) ,WK3: 1 (11/09/25-11/15/25)

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: meal preparation, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, limited strength, balance deficit, open sores/lesions, #1 - Laceration - Anterior Right Foot -

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: Right lateral lower leg: Clean with NSS, apply silver hydrogel, and cover with foam dressing. Change dressing daily.

TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, 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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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, meal preparation is available to patient for all meals

PATIENT-STATED GOAL: To get back to her baseline without using oxygen.

GOALS
patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* 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

meal preparation is available to patient for all meals

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 self-administers medications as prescribed
* 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

PT Careplans

PT WK1: 1 (10/29/25-11/01/25) ,WK2: 2 (11/02/25-11/08/25) ,WK3: 2 (11/09/25-11/15/25) ,WK4: 1 (11/16/25-11/22/25) ,WK5: 1 (11/23/25-11/29/25)

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

PROCEDURES: Medication review: The medication was reviewed with the patient , Home exercises : SLR, LE ABD/ADD, LONG ARC , MARCHING , MINI SQUATS AND HEEL RAISES , cough/deep breathing exercises, incentive spirometer, 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 - 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: To get stronger and walk again

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 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 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

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

OT Careplans

OT Goals

Signature of Physician:

Date

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

Date
10/29/2025

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OT WK1: 6 (10/29/25-11/01/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, 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 - 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

PATIENT-STATED GOAL: Evaluation 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 - 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	10/29/2025