Home Health Certification and Plan of Care

Order ID: 1150/13860

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
021070882	11/07/2025	From: 11/07/2025 To: 01/05/2026	19267	217058

6. Patient's Name and Address

Claire Zeleny
3824 SCHROEDER AVENUE,
PERRY HALL, MD 21128-
410-256-5890

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 01/09/1931 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
U07.1	COVID-19	11/07/25

13. ICD	Other Pertinent Diagnoses	Date
J12.82	Pneumonia due to coronavirus disease 2019	11/07/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	11/07/25
J44.89	Other specified chronic obstructive pulmonary disease	11/07/25
E78.5	Hyperlipidemia unspecified	11/07/25
M19.90	Unspecified osteoarthritis unspecified site	11/07/25
R91.8	Other nonspecific abnormal finding of lung field	11/07/25

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

Dextromethorphan Hydrobromide And Guaifenesin - Dextromethorphan Hydrobromide: Guaifenesin 0-600 MG Tb12 Take 1 tablet by mouth every 12 hours Take 1 tablet by mouth every 12 hours as needed (Cough and congestion) for up to 7 days.
Simvastatin - Simvastatin 40 MG tablet Take 60 mg by mouth once a day Cholesterol
Budesonide - Budesonide 160-4.5 mcg/inh Aero inhaler Take 2 puffs inhalant twice a day COPD
Montelukast Sodium - Montelukast Sodium 10 MG tablet Take 10 mg by mouth at bedtime ASTHMA
Albuterol - Albuterol 108 (90 BASE) mcg/act, Take 2 puffs inhalant every 6 hours COPD
Albuterol - Albuterol 0.5-2.5 (3) mg/3mL nebulizer solution Take 3 mLs inhalant every 6 hours Take 3 mLs by nebulization every 6 hours as needed. FOR WHEEZING
Biotin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 MCG (1000 UT) tablet Take 1,000 Units by mouth once a day SUPPLEMENT
Dexamethasone - Dexamethasone 6 MG tablet, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily for 7 days.

14. DME and Supplies:

nebulizer, bath bench, grab bars

15. Safety Measures:

, , , bathroom safety

16. Nutrition:

regular

17. Allergies:

no known allergies

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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Covid-19, 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 94-year-old woman with a significant past medical history of pneumonia, asthma, chronic obstructive pulmonary disease (COPD), and osteoarthritis. She reported feeling weak and experiencing shortness of breath prior to presenting to the emergency department, where a chest X-ray confirmed pneumonia and a nasal swab resulted positive for COVID-19. She received intravenous antibiotics for pneumonia and remdesivir 100 mg for COVID-19 during her hospitalization. The patient completed the prescribed inpatient treatments and was discharged with dexamethasone (Decadron) for a 7-day course, of which she has two days remaining. A message was left with her primary care provider to determine appropriate timing for repeat COVID-19 testing. The patient reported that her husband, son, daughter, and son-in-law-who were present during her acute illness-have since tested positive for COVID-19 and are currently receiving treatment. At today's <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient is alert and oriented 4, with vital signs within normal limits. She reports generalized weakness and a productive cough with clear sputum. Labored breathing was observed on exertion, though her oxygen saturation remains 98%. She denies pain, headache, nausea, or vomiting. Skin is warm and intact. The patient resides with her elderly spouse; her daughter and son live nearby and are actively involved in her care. She ambulates slowly without the use of an assistive device but demonstrates fatigue and dyspnea with minimal activity. She currently requires assistance and supervision with all activities due to post-COVID-19 and post-pneumonia deconditioning. Education was provided regarding proper hand hygiene, mask use, medication adherence, disease process, deep-breathing exercises, incentive spirometer use, and maintaining adequate hydration. The patient verbalized understanding. Continued monitoring, reinforcement of teaching, and follow-up with her primary care provider for COVID-19 re<mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> remain part of the ongoing plan of care.
 Date of Order 11/07/2025 Orders Physician Face-to-Face Date: 11/02/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Covid-19 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 Sanico, Barbara

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 11/07/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Barbara Sanico
4920 Campbell Blvd
Baltimore, MD 21236
PHONE: 410-933-7600 FAX: NPI: 1164454716

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 : 11/02/2025

27. Attending Physician's Signature and Date Signed **11/17/2025**: 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: 1150/13860

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
021070882	11/07/2025	From: 11/07/2025 To: 01/05/2026	19267	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Claire Zeleny 3824 SCHROEDER AVENUE, PERRY HALL, MD 21128- 410-256-5890	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

SN WK1: 1 (11/07/25-11/08/25)

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, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

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: M2020 - Oral Med Management, M2102c - Med Admin, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, daytime fatigue,: Pneumonia due to Streptococcus pneumoniae (J13.), Chr obstructive pulmon disease with (acute) lower resp infct (J44.0)
Unspecified asthma, uncomplicated (J45.909), Gastro-esophageal reflux disease without esophagitis (K21.9), Personal history of COVID-19 (Z86.16)

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, teach/coordinate/arrange medication packaging and/or administration

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 help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, 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, caregiver administers and/or packages medications appropriately

PATIENT-STATED GOAL: To breathe better and get back to my baseline.

GOALS
patient/caregiver recalls
* how to help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* 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

caregiver administers and/or packages medications appropriately

PT Careplans

PT WK2: 1 (11/09/25-11/15/25)

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, Long arc , marching , mini squats and heel raises --10x2 reps , 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 - 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 move better and get back to my baseline;To get stronger and get back to prior functional status

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 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
* 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

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

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/07/2025