Home Health Certification and Plan of Care

Order ID: 1150/13854

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36809177	11/08/2025	From: 11/08/2025 To: 01/06/2026	19189	217058

6. Patient's Name and Address
Jane Gunning
101 Woodholme Avenue,
Pikesville, MD 21208-
443-691-1381

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 03/05/1947 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M62.84	Sarcopenia	11/08/25

13. ICD	Other Pertinent Diagnoses	Date
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	11/08/25
I10.	Essential (primary) hypertension	11/08/25
E78.5	Hyperlipidemia unspecified	11/08/25
M51.26	Other intervertebral disc displacement lumbar region	11/08/25
G50.0	Trigeminal neuralgia	11/08/25
F41.9	Anxiety disorder unspecified	11/08/25
F32.A	Depression unspecified	11/08/25
R41.3	Other amnesia	11/08/25
Z85.3	Personal history of malignant neoplasm of breast	11/08/25
Z91.81	History of falling	11/08/25

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

Spiriva Handihaler - Tiotropium Bromide Monohydrate 18 MCG Inhalation Capsule, Take 1 capsule by mouth once a day for Asthma
Amlodipine Besylate - Amlodipine Besylate eq 10 mg base 10 MG Oral Tablet,Take 1 tablet by mouth once a day for HTN
Atorvastatin Calcium - Atorvastatin Calcium 40 MG Oral Tablet, Take 1 tablet by mouth once a day for HLP
Levetiracetam - Levetiracetam 500 mg 500 MG Oral Tablet, Take 1 tablet by mouth twice a day for Tremors
Sertraline Hcl - Sertraline Hydrochloride 50 MG Oral Tablet by mouth once a day for Depression/Anxiety
Trazodone Hydrochloride - Trazodone Hydrochloride 50 mg 50 MG Oral Tablet, Take 1 tablet by mouth at bedtime for Anxiety
Sennosides - Senna 8.6 MG Tablet, Take 2 tablet by mouth once a day for bowel regimen
Alprazolam - Alprazolam 0.5 mg 0.5 MG Oral Tablet, Take 1 tablet by mouth in the morning for anxiety for 14 Days
Alprazolam - Alprazolam 1 mg 1 MG Oral Tablet. Take 1 tablet by mouth at bedtime for anxiety for 14 Days
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50000 UNIT Tablet , Take 1 tablet by mouth once a day every 6 day(s) for supplement for 40 Days

14. DME and Supplies:
bath bench

15. Safety Measures:
transfer with assist, supervision at all times, activity supervision

16. Nutrition:
diabetic,

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Up As Tolerated, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, 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!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: 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
another facility/provider will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status:
Due to diagnosis of Sarcopenia, 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 78-year-old female residing in an assisted living facility (ALF) who was recently hospitalized following multiple falls and the onset of right-sided weakness. Her past medical history is notable for unspecified dementia, Alzheimer's disease, type 2 diabetes mellitus, hyperlipidemia, anxiety, depression, amnesia, tremors, trigeminal neuralgia, lumbar spine disease, sarcopenia, vitamin D deficiency, difficulty walking, muscle weakness, and a history of breast cancer. ALF staff provide full assistance with all activities of daily living (ADLs) and instrumental activities of daily living (IADLs). On assessment, the patient was alert and oriented to person and place, able to reorient easily, and denied pain or shortness of breath; lung sounds were clear bilaterally. She reported a good appetite and had her last bowel movement earlier that day. Physical findings included bruising on the left hand, visible tremors, slow unsteady gait, and the absence of any assistive device despite instability. Functional assessment revealed bilateral upper extremity weakness (4-/5 MMT) and bilateral lower extremity strength at approximately 3-/5 MMT. She required contact guard assistance for sit-to-stand transitions and toilet transfers, needing verbal cues for proper limb placement. She ambulated short household distances without an assistive device but relied on furniture and hand support for balance and safety. Stair negotiation was possible with the use of a handrail and close supervision. Cognition limited her independence with bathing, dressing, and other ADLs. Skilled nursing reviewed all medications with attention to dose, frequency, and potential side effects; the ALF staff continue to manage medication administration. No acute complaints were noted during the visit. Physical therapy evaluation determined that the patient would benefit from skilled PT to address decreased strength, impaired balance, and functional mobility deficits with the goal of reducing fall risk and progressing her toward her prior level of function. Occupational therapy evaluation was also ordered to assess ADL performance and identify additional support needs. The plan of care includes skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> for monitoring, safety assessment, medication oversight, and continued patient and caregiver education. Skilled PT and OT services will focus on strengthening, balance training, transfer safety, gait training, and compensatory strategies to maximize independence and decrease fall risk. The ALF staff will continue to assist with ADLs and ensure environmental safety while therapy services work toward improving the patient's functional capacity.
 Date of Order 11/08/2025 Orders Physician Face-to-Face Date: 10/31/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT eval and treat, OT eval and treat due to Sarcopenia Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <span style="font-size:

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/08/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Mary Spencer
8061 Springfield Rd
Glenn Dale, MD 20769
PHONE: 4343909561 FAX: 18339082239 NPI: 1073966735

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 : 10/31/2025

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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14px;">
 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes: Physician Spencer, Mary

SN Careplans

SN WK1: 1 (11/08/2025 - 11/08/2025), WK2: 1 (11/09/2025 - 11/15/2025), WK3: 1 (11/16/2025 - 11/22/2025), WK4: 1 (11/23/2025 - 11/29/2025)

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), 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, M1720 - Anxiety, M1745 - Behavioral Issues, D0160 - Depression, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, limited strength, limited endurance, Pain Interference with ADLs, balance deficit, bruising/discoloration

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing 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, * 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, * 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, * 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 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 identification of activities that bring pleasure preventive care, 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 promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent constipation, related medication(s) purpose, schedule, * pain control therapeutic exercises for muscle strengthening and flexibility diet and fluids to optimize and prevent constipation, 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

SN Goals

PATIENT-STATED GOAL: TO STOP FALLING

GOALS
patient/caregiver recalls
* pain control
* therapeutic exercises for muscle strengthening and flexibility
* diet and fluids to optimize and prevent constipation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to promote optimized mobility with strength
* balance
* dexterity
* range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing
* prevent constipation
* recalls related medication(s) purpose, schedule

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
* 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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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/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
* 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
* 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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/08/2025

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meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (11/08/2025 - 11/08/2025), WK3: 1 (11/16/2025 - 11/22/2025), WK4: 1 (11/23/2025 - 11/29/2025), WK5: 1 (11/30/2025 - 12/05/2025)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, 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 : - medications reviewed with patient/caregiver, cough/deep breathing exercises, gait training on uneven surfaces, gait training/stair training, transfers training, therapeutic exercises

TEACH PATIENT/CAREGIVER: Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Medication Review- , Medication Review-

PT Goals

PATIENT-STATED GOAL: To be able to walk without fear of falling

GOALS
Sit to Stand - 04. Supervision or touching assistance

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

Car Transfer - 04. Supervision or touching assistance

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Medication Review

OT Careplans

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

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

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 - 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 - 04. Supervision or touching assistance, Toileting Hygiene - 05. Setup or clean-up assistance, 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 - 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 - 04. Supervision or touching assistance

Toileting Hygiene - 05. Setup or clean-up assistance

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

Signature of Physician:

Date

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

Date
11/08/2025