

| Home Health Certification and Plan of Care                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | Order ID: 1150/13919                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                 |
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| 1. Patient s HI claim No.                                                                                                                                                                                                                                                                                                                          |  | 2. Start Of Care Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3. Certification Period         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4. Medical Record No.            | 5. Provider No. |
| 59259681                                                                                                                                                                                                                                                                                                                                           |  | 10/30/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | From: 10/30/2025 To: 12/27/2025 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 17677                            | 217058          |
| 6. Patient's Name and Address<br>Pamela Koehler<br>171 Federal Ann Court,<br>Westminster, MD 21157-<br>410-370-4163                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | 7. Provider's Name, Address and Telephone Number<br>HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |                 |
| 8. DOB 06/21/1959   9.Sex Female                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | 10. Medications: Dose/Frequency/Route (N)ew (C)hanged<br>Acetaminophen - Acetaminophen take 650 mg tablet by mouth every 6 hours<br>Atorvastatin - Atorvastatin Calcium take 40 mg tablet by mouth at bedtime<br>Gabapentin - Gabapentin take 300 mg capsule by mouth three times a day<br>Hydralazine - Hydralazine Hydrochloride take 50 mg tablet by mouth twice a day 50 mg, oral, BID with meals<br>Lidocaine - Lidocaine take 2 patch and apply topical once a day 2 patch, apply externally, Daily<br>losartan take 100 mg tablet by mouth once a day 100 mg, oral, Daily<br>lubiprostone take 8 mcg tablet by mouth twice a day 8 mcg, oral, BID with meals<br>Polyethylene Glycol - Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride take 17 g powder by mouth once a day 17 g, oral, Daily<br>sennosides-docusate sodium take 2 tablet by mouth twice a day 2 tablet, oral, BID<br>lubiprostone take 24 mcg capsule by mouth twice a day 24 mcg, oral, BID with meals |                                  |                 |
| 11. ICD<br>Z47.89                                                                                                                                                                                                                                                                                                                                  |  | Principal Diagnosis<br>Encounter for other orthopedic aftercare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | Date<br>10/30/25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                 |
| 13. ICD<br>I12.9                                                                                                                                                                                                                                                                                                                                   |  | Other Pertinent Diagnoses<br>Hypertensive chronic kidney disease w stg 1-4/unsp chr kdney                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | Date<br>10/30/25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                 |
| N18.31                                                                                                                                                                                                                                                                                                                                             |  | Chronic kidney disease stage 3a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | 10/30/25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |                 |
| M16.0                                                                                                                                                                                                                                                                                                                                              |  | Bilateral primary osteoarthritis of hip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 | 10/30/25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |                 |
| M06.9                                                                                                                                                                                                                                                                                                                                              |  | Rheumatoid arthritis unspecified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | 10/30/25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |                 |
| E78.5                                                                                                                                                                                                                                                                                                                                              |  | Hyperlipidemia unspecified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | 10/30/25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |                 |
| Z98.1                                                                                                                                                                                                                                                                                                                                              |  | Arthrodesis status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | 10/30/25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |                 |
| 14. DME and Supplies:<br>reacher, walker, wheelchair                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | 15. Safety Measures:<br>fall precautions, medication safety, bathroom safety, standard precautions, ambulates with device, ambulates with assistance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                 |
| 16. Nutrition:<br>regular                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | 17. Allergies:<br>no known allergies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                 |
| 18.A. Functional Limitations<br>None of the above                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | 18.B. Activities Permitted<br>Exercises Prescribed, Up As Tolerated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                 |
| 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: good                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |                 |
| 22. A Rehabilitation Potential:<br>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<br>patient will be responsible for managing treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |                 |
| Homebound status: Due to diagnosis of Encounter for other orthopedic aftercare, 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:                                                                                                                                                                                                                                                                                                             |  | <p class="MsoNoSpacing">The patient is a 66-year-old female, six weeks post L2-L5 laminectomy, living with her husband in a multi-level home. She reports persistent right foot drop and right knee buckling, expressing the goal of safely navigating stairs to sleep in her bedroom. She demonstrates decreased right lower extremity control, compensatory hip hike during gait, and limited endurance. Stair negotiation is challenging due to weakness and instability. She requires moderate assistance for transfers and ambulates with a walker, often anticipating right knee instability and adjusting her gait accordingly. On assessment, the patient exhibits right knee weakness, impaired balance, gait deviations, and bilateral upper extremity strength of 4-/5 MMT, resulting in reduced functional mobility and safety. She requires contact guard assistance for sit-to-stand and toilet transfers, contact guard for upper body dressing, and minimal assistance for lower body dressing. Skilled physical therapy is indicated to address lower and upper extremity strength, balance, gait deviations, and stair training to improve independence and reduce fall risk.</o:p></o:p></p> <p class="MsoNoSpacing"><o:p>&nbsp;</o:p></p> <p class="MsoNoSpacing">Date of Order</o:p></o:p></p> <p class="MsoNoSpacing">10/30/2025<o:p></o:p></p> <p class="MsoNoSpacing">Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 10/20/2025<br> Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat ot-eval & treat DX: Encounter for other orthopedic aftercare<br> 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></p> <p class="MsoNoSpacing"><br> 1 - SOC - PT Notes: <br> OT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Dicocco, Eva</p> |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |                 |
| SN Careplans                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | SN Goals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |                 |
| PT Careplans                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | PT Goals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |                 |
| 23. Signature and Date of Verbal SOC Where Applicable:<br>Electronically Signed by Messick, Charles RN on 10/30/2025                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 25. Date HHA Received Signed POT |                 |
| 24. Physician's Name and Address<br>Eva Dicocco<br>7141 Security Blvd<br>Woodlawn, MD 21244<br>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.<br>F2F date : 10/20/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |                 |
| 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.<br><br>PAGE 1 of 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |                 |

| Home Health Certification and Plan of Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Order ID: 1150/13919 |
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| 1. Patient s HI claim No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2. Start Of Care Date | 3. Certification Period         | 4. Medical Record No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5. Provider No.      |
| 59259681                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 10/30/2025            | From: 10/30/2025 To: 12/27/2025 | 17677                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 217058               |
| 6. Patient's Name and Address<br>Pamela Koehler<br>171 Federal Ann Court,<br>Westminster, MD 21157-<br>410-370-4163                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                 | 7. Provider's Name, Address and Telephone Number<br>HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |
| <p>PT WK1: 1 (10/30/25-11/01/25) ,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) ,WK6: 1 (11/30/25-12/06/25) ,WK7: 1 (12/07/25-12/13/25)</p> <p>PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature &lt; 95 &gt; 100.5, heart rate &lt; 50 &gt; 110, respiratory rate &lt; 8 &gt; 22, blood pressure systolic &lt; 90 &gt; 169, blood pressure diastolic &lt; 60 &gt; 90, O2 saturation &lt; 88 &gt; 100, pain &lt; 0 &gt; 5</p> <p>CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance</p> <p>HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications</p> <p>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<br/>Advance Directive:Living Will</p> <p>PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170P1 - Picking Up Object, 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, M2020 - Oral Med Management, M1400 - Dyspnea, muscle weakness (MS), limited strength (MS), limited endurance (MS), balance deficit (NR)</p> <p>PROCEDURES: HEP: Home Exercise Program (HEP): Ankle Dorsiflexion with Strap - Use strap or towel to assist lifting foot up, 10 reps, 2x/day. Quad Sets - Tighten thigh muscle, hold 5 sec, relax. 10-15 reps, 2-3x/day. Glute Sets - Squeeze buttocks, hold 5 sec, relax. 10 reps, 2x/day. Seated Long Arc Quads - Straighten knee, hold 3-5 sec, 10 reps, 2x/day. Heel Raises (supported) - Hold counter, lift heels, 10 reps, 2x/day. Marching in Standing (with support) - 10 reps each leg, focus on posture and control., Medication Review - : Medications reviewed with patient/caregiver. , B LE strengthening, gait training on uneven surfaces, gait training/stair training, transfers training</p> <p>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, patient self-administers medications as prescribed, 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</p> |                       |                                 | <p>PATIENT-STATED GOAL: To be able to traverse stairway safely</p> <p>GOALS<br/>Chair to Bed to Chair - 06. Independent</p> <p>Toilet Transfer - 06. Independent</p> <p>Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance</p> <p>1 - Step (curb) - 05. Setup or clean-up assistance</p> <p>Sit to Stand - 06. Independent</p> <p>Car Transfer - 06. Independent</p> <p>Walk 10 Feet - 05. Setup or clean-up assistance</p> <p>Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance</p> <p>Walk 150 Feet - 05. Setup or clean-up assistance</p> <p>4 Steps - 05. Setup or clean-up assistance</p> <p>12 Steps - 05. Setup or clean-up assistance</p> <p>patient/caregiver recalls<br/>* lifestyle modifications to manage respiratory condition including<br/>* diet changes and regular exercise<br/>* strategies to control shortness of breath<br/>* home remedies to keep lungs healthy<br/>* recalls related medication(s) purpose, schedule</p> <p>patient self-administers medications as prescribed<br/>* recalls related medication(s) purpose, schedule</p> <p>Picking Up Object - 05. Setup or clean-up assistance</p> |                      |
| OT Careplans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                 | OT Goals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |
| <p>OT WK2: 1 (11/02/25-11/08/25) ,WK3: 1 (11/09/25-11/15/25) ,WK4: 1 (11/16/25-11/22/25) ,WK5: 1 (11/23/25-11/29/25) ,WK6: 1 (11/30/25-12/06/25) ,WK7: 1 (12/07/25-12/13/25)</p> <p>PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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, #1 - Observable Surgical Wound - Posterior Midline - Has a scab</p> <p>PROCEDURES: ADLs , Functional ambulation , Patient/caregiver recalls related purpose and schedule of medications: Medication review , cough/deep breathing exercises, physician-ordered wound care, wound vacuum, transfers training, therapeutic exercises</p> <p>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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 06. Independent, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, 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</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                 | <p>PATIENT-STATED GOAL: Patient wants to walk better and go back to PLOF</p> <p>GOALS<br/>patient/caregiver recalls<br/>* how to achieve wound healing including cleaning and dressing wound<br/>* position changes<br/>* skin care<br/>* diet modification<br/>* record wound measurements<br/>* recalls related medication(s) purpose, schedule</p> <p>Lower Body Dressing - 06. Independent</p> <p>patient/caregiver recalls<br/>* 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<br/>* teach relaxation skills and diversional activities<br/>* recalls related medication(s) purpose, schedule</p> <p>Shower/Bathe Self - 06. Independent</p> <p>Toileting Hygiene - 06. Independent</p> <p>Don/Doff Footwear - 06. Independent</p> <p>Patient will demonstrate improved bilateral upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve ADL s and transfers within 6 wks</p>                                                                                           |                      |
| Signature of Physician:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                 | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |
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| Optional Name/Signature of Nurse/Therapist:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                                 | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |
| Electronically Signed by Messick, Charles RN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                 | 10/30/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |

| Home Health Certification and Plan of Care                                                                          |                       |                                                                                                                                                                                                                                                                                      |                       | Order ID: 1150/13919 |
|---------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------|
| 1. Patient s HI claim No.                                                                                           | 2. Start Of Care Date | 3. Certification Period                                                                                                                                                                                                                                                              | 4. Medical Record No. | 5. Provider No.      |
| 59259681                                                                                                            | 10/30/2025            | From: 10/30/2025 To: 12/27/2025                                                                                                                                                                                                                                                      | 17677                 | 217058               |
| 6. Patient's Name and Address<br>Pamela Koehler<br>171 Federal Ann Court,<br>Westminster, MD 21157-<br>410-370-4163 |                       | 7. Provider's Name, Address and Telephone Number<br>HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239                                                                                                        |                       |                      |
|                                                                                                                     |                       | limit to 30 min to improve ADLs and transfers within 6 hrs                                                                                                                                                                                                                           |                       |                      |
|                                                                                                                     |                       | Oral Hygiene - 06. Independent                                                                                                                                                                                                                                                       |                       |                      |
|                                                                                                                     |                       | patient/caregiver recalls<br>* lifestyle modifications to manage respiratory condition including<br>* diet changes and regular exercise<br>* strategies to control shortness of breath<br>* home remedies to keep lungs healthy<br>* recalls related medication(s) purpose, schedule |                       |                      |
|                                                                                                                     |                       | Eating - 06. Independent                                                                                                                                                                                                                                                             |                       |                      |

|                                              |             |
|----------------------------------------------|-------------|
| Signature of Physician:                      | Date        |
|                                              | PAGE 3 of 3 |
| Optional Name/Signature of Nurse/Therapist:  | Date        |
| Electronically Signed by Messick, Charles RN | 10/30/2025  |