

Home Health Certification and Plan of Care				Order ID: 1150/13228	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
2RQ5RM0DE64		10/20/2025		From: 10/20/2025 To: 12/17/2025	
4. Medical Record No.				5. Provider No.	
18602				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Edna Gaither 3714 Yosemite Avenue, Baltimore, MD 21215- 410-664-2679				HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239	
8. DOB 11/01/1924 9.Sex Female				10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
11. ICD 10.		Principal Diagnosis		Date	
E10.1		Essential (primary) hypertension		10/20/25	
13. ICD		Other Pertinent Diagnoses		Date	
M17.0		Bilateral primary osteoarthritis of knee		10/20/25	
F01.53		Vascular dementia unspecified severity with mood disturb		10/20/25	
F32.A		Depression unspecified		10/20/25	
E78.2		Mixed hyperlipidemia		10/20/25	
E03.9		Hypothyroidism unspecified		10/20/25	
D64.9		Anemia unspecified		10/20/25	
H40.9		Unspecified glaucoma		10/20/25	
R32.		Unspecified urinary incontinence		10/20/25	
K59.04		Chronic idiopathic constipation		10/20/25	
14. DME and Supplies:				15. Safety Measures:	
hospital bed, wheelchair, sliding board, rolling walker, bath bench				transfer with assist, standard precautions, medication safety, emergency phone number prominently displayed, fall precautions, , electrical safety measures, bathroom safety, , activity supervision,	
16. Nutrition:				17. Allergies:	
Z. NO PHYSICIAN-ORDERED DIET				sulfa	
18.A. Functional Limitations				18.B. Activities Permitted	
Endurance, Ambulation, ,				Transfer bed/Chair, Exercises Prescribed, , Up As Tolerated	
19. Mental & Pyschosocial Status:		COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: Yes			
20. Prognosis:		fair			
22. A Rehabilitation Potential:				22.B.Discharge Plans	
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.				family/caregiver will be responsible for managing treatment	
Homebound status:		Due to diagnosis of Essential (primary) hypertension, 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="MsoNormal">The start of care (SOC) evaluation was completed for a 100-year-old female with a past medical history significant for anemia, depression, glaucoma, hyperlipidemia, osteoarthritis, and vascular dementia. The patient was referred to home physical therapy services due to progressive functional decline over the past two years, resulting in dependence on a wheelchair and use of a sliding board for transfers. Approximately six months ago, she developed arthritic pain in her left shoulder, further limiting her ability to transfer and complete self-care activities such as showering. On evaluation, the patient demonstrated decreased bilateral lower extremity strength (3-/5 MMT) and required moderate to maximum assistance for transfers. Bed mobility was performed with supervision. The patient resides with her daughter in a multi-level home with a first-floor setup. She currently uses a wheelchair for mobility and requires maximal assistance for sit-to-stand transfers, as well as help with upper and lower body dressing due to generalized weakness and limited range of motion in the left knee and right upper extremity. The physical therapist initiated a home exercise program focused on core and trunk strengthening while sitting at the edge of the bed, and both the patient and caregiver demonstrated understanding. Continued skilled physical therapy is recommended to improve strength, balance, and functional mobility, with the goal of enhancing safety and reducing dependence on caregivers.</p><p class="MsoNoSpacing"><o:p>&nbsp;</o:p></p><p class="MsoNoSpacing">Date of Order<o:p></o:p></p><p class="MsoNoSpacing">10/20/2025
 Order<o:p></o:p></p><p class="MsoNoSpacing">Physician Face-to-Face Date: 10/15/2025
 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat DX: Essential (primary) hypertension
 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">
 1 - SOC - PT Notes:
 OT Eval Notes:<o:p></o:p></p><p class="MsoNoSpacing">Physician: Kingan, Michael</p>			
SN Careplans				SN Goals	
PT Careplans				PT Goals	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 10/20/2025					
24. Physician's Name and Address				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.	
Michael Kingan 5210 Eastern Avenue Baltimore, MD 21224 PHONE: 4438493184 FAX: 14438493182 NPI: 1861871881				F2F date : 10/15/2025	
27. Attending Physician's Signature and Date Signed 10/28/2025 Date of physician last face-to-face				28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.	
				PAGE 1 of 3	

Home Health Certification and Plan of Care				Order ID: 1150/13228
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2RQ5RM0DE64	10/20/2025	From: 10/20/2025 To: 12/17/2025	18602	217058
6. Patient's Name and Address Edna Gaither 3714 Yosemite Avenue, Baltimore, MD 21215- 410-664-2679			7. Provider's Name, Address and Telephone Number HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239	
PT WK1: 1 (10/20/25-10/25/25) ,WK2: 1 (10/26/25-11/01/25) ,WK3: 1 (11/02/25-11/08/25) ,WK4: 1 (11/09/25-11/15/25) ,WK5: 1 (11/16/25-11/22/25) ,WK6: 1 (11/23/25-11/29/25) ,WK7: 1 (11/30/25-12/06/25) ,WK8: 1 (12/07/25-12/13/25) PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5 CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds Advance Directive:Durable power of attorney for health care/Medical power of attorney PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, GG0170F1 - Toilet Transfer, D0160 - Depression, M1745 - Behavioral Issues, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M1400 - Dyspnea, M1620 - Bowel Incontinence, M1610 - Urinary Incontinence, limited range of motion, limited endurance, limited strength, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, wheelchair training, transfers training, therapeutic exercises, teach/coordinate/arrange medication packaging and/or administration TEACH PATIENT/CAREGIVER: * 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 keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 03. Partial/moderate assistance, Chair to Bed to Chair - 03. Partial/moderate assistance, Toilet Transfer - 01. Dependent			PATIENT-STATED GOAL: To be able to transfer without a sliding board GOALS patient/caregiver recalls * how to manage inflammatory process * optimize mobility with active and passive range of motion exercises * fluid and diet intake to promote healing * prevent constipation * home safety * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to keep home safe for patient with dementia * coping strategies for the caregiver * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain * teach relaxation skills and diversional activities * recalls related medication(s) purpose, schedule caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence Sit to Stand - 03. Partial/moderate assistance Chair to Bed to Chair - 03. Partial/moderate assistance Toilet Transfer - 01. Dependent	
OT Careplans			OT Goals	
OT WK1: 1 (10/20/25-10/25/25) ,WK2: 1 (10/26/25-11/01/25) ,WK3: 1 (11/02/25-11/08/25) ,WK4: 1 (11/09/25-11/15/25) ,WK5: 1 (11/16/25-11/22/25) ,WK6: 1 (11/23/25-11/29/25) ,WK7: 1 (11/30/25-12/06/25) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating PROCEDURES: ADLs , Patient/caregiver recalls related purpose and schedule of medications: Medication review , cough/deep breathing exercises, transfers training, therapeutic exercises TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * 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, Oral Hygiene - 03. Partial/moderate assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent			PATIENT-STATED GOAL: To get stronger and use core muscles more GOALS patient/caregiver recalls * lifestyle modifications to manage respiratory condition including * diet changes and regular exercise * strategies to control shortness of breath * home remedies to keep lungs healthy * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain * teach relaxation skills and diversional activities * recalls related medication(s) purpose, schedule Oral Hygiene - 03. Partial/moderate assistance Upper Body Dressing - 05. Setup or clean-up assistance Lower Body Dressing - 03. Partial/moderate assistance Shower/Bathe Self - 03. Partial/moderate assistance Toileting Hygiene - 03. Partial/moderate assistance Don/Doff Footwear - 03. Partial/moderate assistance Eating - 06. Independent	
Signature of Physician:			Date	
			PAGE 2 of 3	
Optional Name/Signature of Nurse/Therapist:			Date	
Electronically Signed by Messick, Charles RN			10/20/2025	

Home Health Certification and Plan of Care				Order ID: 1150/13228
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2RQ5RM0DE64	10/20/2025	From: 10/20/2025 To: 12/17/2025	18602	217058
6. Patient's Name and Address Edna Gaither 3714 Yosemite Avenue, Baltimore, MD 21215- 410-664-2679		7. Provider's Name, Address and Telephone Number HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/20/2025