

Home Health Certification and Plan of Care				Order ID: 1150/13210	
1. Patient's HI claim No.		2. Start Of Care Date		3. Certification Period	
AA00009071		10/18/2025		From: 10/18/2025 To: 12/15/2025	
				4. Medical Record No.	
				18558	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Dolores Speed 6006 Eunice Ave, BALTIMORE, MD 21214- 443-802-0047			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB 10/02/1950			9. Sex Female		
10. Medications: Dose/Frequency/Route (N)ew (C)hanged					
11. ICD Principal Diagnosis			Date		
S62.111D Disp fx of triquetrum bone r wrs subs for fx w routn heal			10/18/25		
13. ICD Other Pertinent Diagnoses			Date		
M54.12 Radiculopathy cervical region			10/18/25		
I13.0 Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny			10/18/25		
I50.32 Chronic diastolic (congestive) heart failure			10/18/25		
E11.22 Type 2 diabetes mellitus w diabetic chronic kidney disease			10/18/25		
N18.4 Chronic kidney disease stage 4 (severe)			10/18/25		
D63.1 Anemia in chronic kidney disease			10/18/25		
E87.5 Hyperkalemia			10/18/25		
I48.0 Paroxysmal atrial fibrillation			10/18/25		
E26.01 Conn's syndrome			10/18/25		
M47.899 Other spondylosis site unspecified			10/18/25		
E04.2 Nontoxic multinodular goiter			10/18/25		
E78.5 Hyperlipidemia unspecified			10/18/25		
D50.9 Iron deficiency anemia unspecified			10/18/25		
K59.01 Slow transit constipation			10/18/25		
M81.0 Age-related osteoporosis w/o current pathological fracture			10/18/25		
N28.1 Cyst of kidney acquired			10/18/25		
E04.9 Nontoxic goiter unspecified			10/18/25		
K21.9 Gastro-esophageal reflux disease without esophagitis			10/18/25		
Z79.01 Long term (current) use of anticoagulants			10/18/25		
Z87.440 Personal history of urinary (tract) infections			10/18/25		
Z91.81 History of falling			10/18/25		
14. DME and Supplies:			15. Safety Measures:		
grab bars, commode, cane, walker			walker precautions, transfer with assist, , , , emergency phone # clearly displayed, , diabetic precautions, cardiac precautions, bathroom safety, ambulates with device, ambulates with assistance		
16. Nutrition:			17. Allergies:		
low sodium, , ,			hydrochlorothiazide nitro pravastatin avelox iodinate contrast media fish nuts		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Endurance, Bowel/Bladder Incontinence			Walker, Up As Tolerated		
19. Mental & Psychosocial Status:			COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No		
20. Prognosis:			fair		
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.			patient will be responsible for managing treatment family/caregiver will be responsible for managing treatment		
Homebound status:			Due to diagnosis of Displaced Fracture Of Triquetrum Bone, Right Wrist, Subsequent Encounter For Fracture With Routine Healing, 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:			<div>The patient is a 75-year-old woman who was recently hospitalized following a fall that resulted in a right wrist fracture. No surgical intervention was required, and she was subsequently discharged from subacute rehabilitation on October 17, 2025, following admission to Sinai Hospital on August 3, 2024. Her past medical history is significant for chronic kidney disease (CKD), congestive heart failure (CHF), diabetes mellitus (DM), anemia, atrial fibrillation (AFib), hyperlipidemia (HLD), spondylosis, osteoporosis, gastroesophageal reflux disease (GERD), hypertension (HTN), hyperkalemia, and a history of recurrent falls. The patient resides in a single-level home with four steps to enter and is currently living with her adult granddaughter and grandson, who assist as needed. She is alert, oriented, and cooperative during assessment. Functional mobility evaluation revealed that she ambulates indoors approximately 30 feet with a rolling walker under supervision, moving slowly and cautiously. Bed mobility requires moderate assistance at the legs, and she performs sit-to-stand transfers from bed, toilet, or chair with standby assistance. The therapist did not assess stair or car transfers at this time. The patient is homebound due to significant exertion required to leave her home, as evidenced by a Tinetti Balance and Gait Assessment score of 12/28, indicating a high fall risk. The patient is independent with upper and lower body dressing and requires setup assistance for bathing using a shower chair. She performs toilet transfers independently with a commode over the toilet. Manual muscle testing demonstrated 5/5 strength in bilateral upper extremities. Skin assessment revealed intact skin with mild bilateral lower extremity edema. Home health care services were initiated to support recovery and prevent complications. Skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> were recommended at a frequency of once weekly for four weeks (1w4) to monitor cardiovascular status, edema, medication adherence, and safety. Physical and occupational therapy evaluations were ordered, with OT determining that further		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles RN on 10/18/2025					
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.		
David Stewart 29 S Paca St Baltimore, MD 21201 PHONE: 16672141800 FAX: 14106851973 NPI: 1184716722			F2F date : 10/12/2025		
27. Attending Physician's Signature and Date Signed 10/24/2025 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.		
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skilled OT services are not currently required. Continued physical therapy is recommended to address deficits in strength, balance, functional ambulation, and transfer safety. Education was provided to the patient and family regarding fall prevention, safe mobility techniques, adherence to prescribed therapy, and home safety modifications. The next skilled nursing visit is scheduled for Tuesday.

Order<div>Orders</div>Physician Face-to-Face Date: 10/12/2025</div>Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat due to Displaced Fracture Of Triquetrum Bone, Right Wrist, Subsequent Encounter For Fracture With Routine Healing</div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div>1 - SOC - SN Notes: soc</div>PT Eval Notes:</div>OT Eval Notes:</div>Physician</div>Stewart, David</div>

SN Careplans

SN WK1: 1 (10/18/25-10/18/25) ,WK2: 1 (10/19/25-10/25/25) ,WK3: 1 (10/26/25-11/01/25) ,WK4: 1 (11/02/25-11/08/25) ,WK5: 1 (11/09/25-11/15/25)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, abnormal BS < 70/140 > mg/dL, M1610 - Urinary Incontinence, limited endurance, muscle weakness, limited strength, hair loss

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, bladder training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * how to promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent constipation, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, related medication(s) purpose, schedule, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: I don't want anymore falls

GOALS

patient/caregiver recalls

- * pain control
- * therapeutic exercises to optimize range of motion of affected area
- * diet and fluids to promote healing
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * diabetic medication management
- * blood sugar testing
- * diabetic foot care
- * exercise
- * diabetic diet
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
- * exercise
- * monitoring of blood pressure
- * blood sugar
- * home
- * recalls related medication(s) purpose, schedule remedies

patient/caregiver recalls

- * lifestyle modification to manage blood condition including dietary changes
- * bleeding precautions
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

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

patient/caregiver recalls

- * lifestyle modifications to manage respiratory condition including diet changes and regular exercise
- * strategies to control shortness of breath
- * home remedies to keep lungs healthy
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * strategies to minimize fatigue and exhaustion including work simplification
- * energy conservation
- * lifestyle changes
- * diet
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * lifestyle modifications to manage cardiac condition including symptom management
- * diet changes
- * regular exercise
- * getting enough sleep
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * diet
- * weight-bearing exercises to promote bone healing and strengthening
- * fluids to prevent constipation
- * home safety
- * pain control
- * recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/18/2025

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		patient/caregiver recalls * urinary incontinence management including bladder training * Kegel exercises * skin care * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule		
PT Careplans PT WK2: 2 (10/19/25-10/25/25) ,WK3: 2 (10/26/25-11/01/25) ,WK4: 1 (11/02/25-11/08/25) ,WK5: 1 (11/09/25-11/15/25) ,WK6: 1 (11/16/25-11/22/25) ,WK7: 1 (11/23/25-11/29/25) ,WK8: 1 (11/30/25-12/06/25) ,WK9: 1 (12/07/25-12/13/25) PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object PROCEDURES: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, Bed mobility training , gait training on uneven surfaces, gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 06. Independent, Car Transfer - 04. Supervision or touching assistance, 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, Picking Up Object - 05. Setup or clean-up assistance		PT Goals PATIENT-STATED GOAL: To walk around my house by myself without the walker GOALS Toilet Transfer - 06. Independent Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 05. Setup or clean-up assistance Sit to Stand - 04. Supervision or touching assistance Chair to Bed to Chair - 04. Supervision or touching assistance Car Transfer - 04. Supervision or touching assistance Walk 10 Feet - 05. Setup or clean-up assistance Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance Walk 150 Feet - 05. Setup or clean-up assistance 4 Steps - 05. Setup or clean-up assistance Picking Up Object - 05. Setup or clean-up assistance		
OT Careplans OT WK1: 10 (10/18/25-10/18/25) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, 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 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 - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent		OT Goals PATIENT-STATED GOAL: Eval only GOALS Shower/Bathe Self - 05. Setup or clean-up assistance patient/caregiver recalls * lifestyle modifications to manage respiratory condition including * diet changes and regular exercise * strategies to control shortness of breath * home remedies to keep lungs healthy * recalls related medication(s) purpose, schedule 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 - 06. Independent Lower Body Dressing - 06. Independent Toileting Hygiene - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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