

Home Health Certification and Plan of Care				Order ID: 1150/13984	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
571071903		11/13/2025		From: 11/13/2025 To: 01/11/2026	
				4. Medical Record No.	
				19428	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Patricia Schafer			HomeCentris Healthcare LLC		
9657 Belair Rd Unit 1180,			10 Crossroads Drive, Suite 102		
NOTTINGHAM, MD 21236-			Owings Mills, MD 21117-8284		
443-621-4434			410-321-8448		
			1487113239		
8. DOB			9. Sex		
04/20/1942			Female		
11. ICD		Principal Diagnosis		Date	
K52.9		Noninfective gastroenteritis and colitis unspecified		11/13/25	
13. ICD		Other Pertinent Diagnoses		Date	
I12.9		Hypertensive chronic kidney disease w stg 1-4/unsp chr kidney		11/13/25	
N18.9		Chronic kidney disease u		11/13/25	
E78.5		Hyperlipidemia unspecified		11/13/25	
K80.20		Calculus of gallbladder w/o cholecystitis w/o obstruction		11/13/25	
M06.9		Rheumatoid arthritis unspecified		11/13/25	
M47.819		Spondylosis without myelopathy or radiculopathy site unsp		11/13/25	
M81.0		Age-related osteoporosis w/o current pathological fracture		11/13/25	
N28.1		Cyst of kidney acquired		11/13/25	
F32.9		Major depressive disorder single episode unspecified		11/13/25	
F41.9		Anxiety disorder unspecified		11/13/25	
H26.9		Unspecified cataract		11/13/25	
K21.9		Gastro-esophageal reflux disease without esophagitis		11/13/25	
Z79.631		Long term (current) use of antimetabolite agent		11/13/25	
Z85.3		Personal history of malignant neoplasm of breast		11/13/25	
Z96.652		Presence of left artificial knee joint		11/13/25	
Z96.1		Presence of intraocular lens		11/13/25	
14. DME and Supplies:			15. Safety Measures:		
rolling walker, cane			standard precautions, fall precautions, ambulates with assistance		
16. Nutrition:			17. Allergies:		
2gm sodium, cardiac diet			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Dyspnea With Minimal Exertion, Endurance, Amputation			Walker, Cane, Up As Tolerated		
19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes					
20. Prognosis: fair					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
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.			family/caregiver will be responsible for managing treatment		
Homebound status: Due to diagnosis of Noninfective gastroenteritis and colitis unspecified, 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 was admitted to home health for nursing and therapy services following hospitalization for an infected colon. Her past medical history includes right breast cancer, left cataract with lens prosthesis, chronic kidney disease, depression, hypertension, GERD, and rheumatoid arthritis. She is status post toe amputation, left total knee replacement, and right hip surgery. The patient is alert and oriented and resides in Brightview Independent Living with intermittent support from nearby family members and facility staff. A head-to-toe assessment revealed clean, dry, and intact skin, and the patient denied any pain or discomfort. Vital signs were within normal limits. Admission documents were reviewed, and the patient provided informed consent. Medications were reconciled, and she demonstrated understanding of dosage and indications. Facility staff currently provides assistance as needed, and the patient appears to have a greater need for therapy than nursing at this time. The patient presents with generalized weakness following her recent hospitalization. Her medical history is significant for rheumatoid arthritis, depression, colitis, bilateral total knee replacements, total hip replacement, and right toe amputations. She is able to transfer and ambulate independently at home without an assistive device. The patient reported participating in group physical therapy sessions offered by her facility once or twice a week. Her home exercise program was reviewed, and she was able to demonstrate the exercises correctly. She will continue her prescribed home exercises and remain active in her community physical therapy program.</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">11/13/2025<o:p></o:p></p><p class="MsoNoSpacing">Order<o:p></o:p></p><p class="MsoNoSpacing">Physician Face-to-Face Date: 11/10/2025
Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Noninfective gastroenteritis and colitis unspecified
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 - SN Notes:
PT Eval Notes:<o:p></o:p></p><p class="MsoNoSpacing">Physician: Hans, Jasmin</p>			
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 11/13/2025					
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.		
Jasmin Hans			F2F date : 11/10/2025		
1701 Twin Springs Rd					
Halethorpe, MD 21227					
PHONE: 410-933-79616 FAX: 14109337666 NPI: 1497805147					
27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face			28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.		
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SN WK1: 1 (11/13/25-11/15/25) ,WK2: 1 (11/16/25-11/22/25) ,WK3: 1 (11/23/25-11/29/25) 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: 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:Durable power of attorney for health care/Medical power of attorney PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, meal preparation, M2020 - Oral Med Management, M1033 - Exhaustion, swelling in the arms/legs, dependent edema, M1400 - Dyspnea, heartburn/indigestion, frequent urination, M1610 - Urinary Incontinence, limited range of motion, limited endurance, limited strength, muscle weakness, weak hand grips, balance deficit, B0200 - Hearing Deficit, B1000 - Vision Deficit PROCEDURES: cough/deep breathing exercises, incentive spirometer, monitor intake & output, bladder training, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired, coordinate/arrange home modifications for hearing impaired, i.e. alarms 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * low-fat diet lifestyle modifications to manage esophageal condition, 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, * 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals	PATIENT-STATED GOAL: "I want to be able to walk with a cane not a walker" GOALS 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 * prevention exacerbation of anxiety condition including coping patterns * improved concentration * strategies to reduce anxiety * identification of anxiety precipitants, conflicts, and threats * recalls related medication(s) purpose, schedule patient/caregiver recalls * 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 * 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 * diet * weight-bearing exercises to promote bone healing and strengthening * fluids to prevent constipation * home safety * pain control * recalls related medication(s) purpose, schedule patient/caregiver recalls * depression-prevention strategies including avoidance of isolation * healthy eating * sleeping habits * identification of activities that bring pleasure * preventive care * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids patient/caregiver recalls * low-fat diet * lifestyle modifications to manage esophageal condition * 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 * urinary incontinence management including bladder training * Kegel exercises * skin care * recalls related medication(s) purpose, schedule patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/13/2025

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	* recalls related medication(s) purpose, schedule - patient/caregiver recalls * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms * recalls related medication(s) purpose, schedule - patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule - meal preparation is available to patient for all meals
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PT Careplans PT WK1: 1 (11/13/25-11/15/25) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object PROCEDURES: Medication Review: The medication was reviewed with the patient , cough/deep breathing exercises, incentive spirometer, gait training on uneven surfaces, gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 _ Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent	PT Goals PATIENT-STATED GOAL: The patient said she is back to her prior functional status GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent patient/caregiver recalls * lifestyle modifications to manage respiratory condition including diet changes and regular exercise * strategies to control shortness of breath * home remedies to keep lungs healthy * recalls related medication(s) purpose, schedule Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 06. Independent Walk 50 ft with 2 Turns - 06. Independent Walk 150 Feet - 06. Independent Walk 10 ft on Uneven Surface - 06. Independent 1 _ Step (curb) - 06. Independent 4 Steps - 06. Independent 12 Steps - 06. Independent Picking Up Object - 06. Independent
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