Home Health Certification and Plan of Care

Order ID: 1150/14054

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
59332537	11/15/2025	From: 11/15/2025 To: 01/13/2026	19429	217058

6. Patient's Name and Address
Bonita Bulluck
35 S. Washington Street,
BALTIMORE, MD 21231-
443-522-3508

7. Provider's Name, Address and Telephone Number
HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
410-321-8448
1487113239

8. DOB 11/02/1956 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E11.9	Type 2 diabetes mellitus without complications	11/15/25

13. ICD	Other Pertinent Diagnoses	Date
M05.70	Rheu arthritis w rheu factor of unsp site w/o org/sys involv	11/15/25
I10.	Essential (primary) hypertension	11/15/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	11/15/25
E78.5	Hyperlipidemia unspecified	11/15/25
J45.909	Unspecified asthma uncomplicated	11/15/25
G47.00	Insomnia unspecified	11/15/25
E66.01	Morbid (severe) obesity due to excess calories	11/15/25
Z68.34	Body mass index [BMI] 34.0-34.9 adult	11/15/25
Z79.82	Long term (current) use of aspirin	11/15/25
Z79.631	Long term (current) use of antimetabolite agent	11/15/25

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

Cymbalta - Duloxetine Hydrochloride 30 mg) 30 mg Oral CPDR SR Cap, Take 1 capsule by mouth once a day depression
Mobic - Meloxicam 15 mg 15 mg Oral Tab,Take 1 tablet by mouth once a day RA
Proventil-Hfa - Albuterol Sulfate 90 mcg/actuation Inhl HFAA,Inhale 2 Puffs by mouth every 4 hours as needed (rescue inhaler)
Crestor - Rosuvastatin Calcium 40 mg 40 mg Oral Tab,Take 1 tablet by mouth once a day for cholesterol
Cozaar - Losartan Potassium 100 mg 100 mg Oral Tab ,Take 1 tablet by mouth once a day for heart and blood pressure
Norvasc - Amlodipine Besylate eq 10 mg base 10 mg Oral Tab,Take 1 tablet by mouth once a day for blood pressure
Aspirin - Aspirin 81 mg Oral TBEC DR Tab,Take 1 tablet by mouth once a day PROPHYLACTIC
Methotrexate - Methotrexate Sodium 2.5 mg Oral Tab,Take 6 tablets by mouth once a week EVERY MONDAY RA
Diclofenac Sodium (VOLTAREN ARTHRITIS PAIN) 1 % Top Gel ,Apply 4 Grams topical four times a day PAIN
Folic Acid - Folic Acid 1 mg Oral Tab,Take 1 tablet by mouth once a day SUPPLEMENT
Proventil - Albuterol) 2.5 mg /3 mL (0.083 %) Inhl Neb Soln Use 3 mL via nebulizer inhalant every 4 hours as needed (1 vial = 3 mL)

14. DME and Supplies:
walker, cane

15. Safety Measures:
standard precautions, anticoagulant precautions, , , fall precautions, ambulates with device, walker precautions, medication safety, ambulates with assistance, activity supervision

16. Nutrition:
diabetic,

17. Allergies:
clopidogrel lisinopril

18.A. Functional Limitations
Ambulation, Endurance

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

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: fair

22. A Rehabilitation Potential:
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status:
Due to diagnosis of Type 2 diabetes mellitus without complications, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.

Clinical Condition Requiring Homecare:
The patient is a 69-year-old woman recently evaluated by her primary care provider and diagnosed earlier this year with rheumatoid arthritis. She reports generalized joint pain in her shoulders, wrists, elbows, ankles, and feet, rated at 8/10. Her medical history includes rheumatoid arthritis, hypertension, type 2 diabetes, coronary artery disease, hyperlipidemia, obesity, insomnia, and asthma. She is currently taking weekly methotrexate and daily meloxicam. During assessment, the patient was alert and oriented 3, denied shortness of breath, demonstrated clear lung sounds, reported good appetite, and had a bowel movement on the day of the visit. She uses a walker in the home, and her grandson assists with ADLs and IADLs as needed. All medications, dosages, frequencies, and potential side effects were reviewed, and safety precautions for transfers and ambulation were reinforced; the patient was receptive to all education provided. Following a recent hospitalization for an acute rheumatoid arthritis flare affecting her hands and knees, the patient is now receiving skilled occupational therapy services. She previously lived in a three-story home with her grandchildren and required supervision for self-care, transfers, and mobility, while her grandchildren assisted with IADLs. She currently exhibits decreased standing balance and tolerance, reduced bilateral upper-extremity strength, and diminished overall activity tolerance, leading to limitations in self-care, functional transfers, and ambulatory tasks. Skilled OT services are recommended to address these deficits and support the patient in regaining functional independence.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 11/15/2025<o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 11/10/2025
 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat HHA: AdL MSW dx: Type 2 diabetes mellitus without complications
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/15/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Sherell Mason
815 E. Pratt Street
Baltimore, MD 21202
PHONE: 410-637-5700 FAX: 14106375661 NPI: 1750375481

26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.
F2F date : 11/10/2025

27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face

28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

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home<o:p></o:p>
 1 - SOC - SN Notes: <o:p></o:p> OT Eval Notes:<o:p></o:p> Physician: Mason, Sherell

SN Careplans

SN WK1: 1 (11/15/25-11/15/25) ,WK2: 1 (11/16/25-11/22/25) ,WK3: 2 (11/23/25-11/29/25) ,WK4: 2 (11/30/25-12/06/25) ,WK5: 1 (12/07/25-12/13/25) ,WK6: 1 (12/14/25-12/20/25)

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, 9. Other risk(s) not listed in 1- 8

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, limited range of motion, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit

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

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, * 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 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: I WANT MY PAIN TO GET BETTER

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

patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

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

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 10 (11/15/25- 11/15/2025)

PROCEDURES: gait training on uneven surfaces, gait training/stair training, transfers training

PT Goals

GOALS

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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/15/2025

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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

OT Careplans

OT WK2: 1 (11/16/25-11/22/25) ,WK3: 1 (11/23/25-11/29/25) ,WK4: 1 (11/30/25-12/06/25) ,WK5: 1 (12/07/25-12/13/25) ,WK6: 1 (12/14/25-12/20/25) ,WK7: 1 (12/21/25-12/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: work simplification/energy conservation, assist with bathing, assist with lower body dressing, assist with upper body dressing, 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 - 06. Independent, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: I want to be able to walk and clean my house

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 - 05. Setup or clean-up assistance

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

11/15/2025