

Home Health Certification and Plan of Care				Order ID: 1150/14067	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
36209811		11/15/2025		From: 11/15/2025 To: 01/13/2026	
				4. Medical Record No.	
				15272	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Mildred Hawkins				HomeCentris Healthcare LLC	
4810 Frederick Ave,				10 Crossroads Drive, Suite 102	
BALTIMORE, MD 21229-				Owings Mills, MD 21117-8284	
443-248-2609				410-321-8448	
				1487113239	
8. DOB				9. Sex	
06/26/1945				Female	
11. ICD		Principal Diagnosis		Date	
J44.1		Chronic obstructive pulmonary disease w (acute) exacerbation		11/15/25	
13. ICD		Other Pertinent Diagnoses		Date	
J96.21		Acute and chronic respiratory failure with hypoxia		11/15/25	
J96.22		Acute and chronic respiratory failure with hypercapnia		11/15/25	
D72.10		Eosinophilia unspecified		11/15/25	
I10.		Essential (primary) hypertension		11/15/25	
E78.5		Hyperlipidemia unspecified		11/15/25	
G30.9		Alzheimer's disease unspecified		11/15/25	
F02.818		Dem in oth dis classd elswhr unsp sev with oth beh distrb		11/15/25	
F05.		Delirium due to known physiological condition		11/15/25	
I25.2		Old myocardial infarction		11/15/25	
G47.33		Obstructive sleep apnea (adult) (pediatric)		11/15/25	
F01.50		Vascular dementia unsp severity without beh/psych/mood/anx		11/15/25	
Z51.5		Encounter for palliative care		11/15/25	
14. DME and Supplies:				15. Safety Measures:	
urinary/catheter supplies, wheelchair, hand held shower, bath bench, nebulizer, grab bars				wheelchair precautions, standard precautions, hand rails, fall precautions, medication safety, supervision at all times, activity supervision	
16. Nutrition:				17. Allergies:	
pureed				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
Ambulation, Bowel/Bladder Incontinence, Endurance				Wheelchair, Exercises Prescribed, Transfer bed/Chair, Up As Tolerated	
19. Mental & Pyschosocial Status:		COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 8. Patient unable to respond, 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: No			
20. Prognosis:		fair			
22. A Rehabilitation Potential:		22.B.Discharge Plans			
SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.		another facility/provider will be responsible for managing treatment			
Homebound status:		Due to diagnosis of Chronic obstructive pulmonary disease w (acute) exacerbation, 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 an 80-year-old female recently admitted to the MICU on 10/26 for a COPD exacerbation with hypercapnic respiratory failure, delirium, and hypertensive urgency. Her past medical history includes COPD, hypertension, hyperlipidemia, Alzheimer's disease, vascular dementia, and peripheral eosinophilia. She resides in an assisted living facility (ALF) and has a MOLST indicating Option A-2 with DNI status. During assessment, she was alert only to name, confused most of the time, denied pain or shortness of breath, and demonstrated good appetite. She is diapered, wheelchair-bound, and requires maximal assistance for transfers, unable to bear weight. Left-hand contractures are present. Oxygen saturation and temperature could not be obtained due to technical limitations. Skilled nursing reviewed all medications, dosages, and indications, and reinforced MD/RN alert criteria; ALF staff verbalized understanding. Therapy evaluations reveal a significant functional decline from her prior level of functioning. Previously, the patient ambulated independently within her former ALF, both indoors and outdoors without an assistive device. She has since transferred to a new ALF following hospitalization for pneumonia and now presents with decreased strength, severe cognitive impairment, and an inability or unwillingness to bear weight during transfer attempts. Caregivers currently physically lift her to access the stair lift, creating a safety hazard. PT recommended wheelchair use for all mobility and identified a need for skilled PT services to promote safe handling and reduce caregiver burden. Due to her dependence with most ADLs, decreased ability to follow directions, and episodes of combative behavior, a trial of skilled OT (1w1, 0w1, 1w2) is recommended for ADL training, range of motion, and caregiver education.</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">11/15/2025<o:p></o:p></p> <p class="MsoNoSpacing">Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 11/06/2025
 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat HHA Adl's DX: Chronic obstructive pulmonary disease w (acute) exacerbation
 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: <o:p></o:p></p> <p class="MsoNoSpacing">PT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">OT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Modjo Kenmogne, Leopoldine</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 11/15/2025					
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.			
Leopoldine Modjo Kenmogne		F2F date : 11/06/2025			
3001 Hospital Dr					
Cheverly, MD 20785					
PHONE: 410-737-5000 FAX: 14107375401 NPI: 1114312444					
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 (11/15/25-11/15/25) ,WK2: 2 (11/16/25-11/22/25) ,WK3: 2 (11/23/25-11/29/25) ,WK4: 1 (11/30/25-12/06/25) ,WK5: 1 (12/07/25-12/13/25) PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, M1745 - Behavioral Issues, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, M1620 - Bowel Incontinence, M1610 - Urinary Incontinence, limited range of motion, limited strength, limited endurance, Pain Interference with ADLs, weak hand grips PROCEDURES: cough/deep breathing 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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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 keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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		PATIENT-STATED GOAL: CG GOAL IS FOR PATIENT TO GAIN MORE FUNCTIONAL MOBILITY 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 * lifestyle modification to manage blood condition including dietary changes * bleeding precautions * recalls related medication(s) purpose, schedule patient/caregiver recalls * bowel incontinence management including dietary changes * bowel training * skin care * 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 * 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 meal preparation is available to patient for all meals 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 * management of mental health condition including joining a peer group * maintaining regular contact with mental health professional * avoiding known stressors * controlling impulses * 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		
PT Careplans PT WK2: 1 (11/16/25-11/22/25) ,WK4: 1 (11/30/25-12/06/25) ,WK6: 1 (12/14/25-12/20/25) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet PROCEDURES: Medication Review- : medications reviewed with patient/caregiver, wheelchair training, transfers training, therapeutic exercises 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, Sit to Stand - 03. Partial/moderate assistance, Chair to Bed to Chair - 03. Partial/moderate assistance, Toilet Transfer - 03. Partial/moderate assistance, Car Transfer - 03. Partial/moderate assistance, Medication Review-		PT Goals PATIENT-STATED GOAL: To be able to transfer safely GOALS 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 Sit to Stand - 03. Partial/moderate assistance Chair to Bed to Chair - 03. Partial/moderate assistance Toilet Transfer - 03. Partial/moderate assistance Car Transfer - 03. Partial/moderate assistance Medication Review-		
OT Careplans		OT Goals		
Signature of Physician:		Date PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist: Electronically Signed by Messick, Charles RN		Date 11/15/2025		

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OT WK1: 6 (11/15/25-11/15/25) 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: 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, 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; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed. Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day. Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions. Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake. Provide education content at patient's level of health literacy. Assess/Instruct Pt/Pcg: Safety measures to prevent injury. Assess: Musculoskeletal status. Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage. Pt/Pcg educated in pain management techniques including positioning and relaxation techniques Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,. Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing. ; 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: 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: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation, 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, Oral Hygiene - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Shower/Bathe Self - 02 Substantial/maximal assistance, Toileting Hygiene - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance		PATIENT-STATED GOAL: pt is unable to state, staff wants to see improved functional/ transfers 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 Oral Hygiene - 03. Partial/moderate assistance Upper Body Dressing - 03. Partial/moderate assistance Lower Body Dressing - 03. Partial/moderate assistance Shower/Bathe Self - 02. Substantial/maximal assistance Toileting Hygiene - 03. Partial/moderate assistance Don/Doff Footwear - 03. Partial/moderate assistance Eating - 05. Setup or clean-up assistance		

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