Home Health Certification and Plan of Care

Order ID: 1150/14099

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
231282836	09/20/2025	From: 11/19/2025 To: 01/17/2026	16603	217058

6. Patient's Name and Address
Patricia Kearney
936 Wampler Rd,
MIDDLE RIVER, MD 21220-
410-440 1514

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 02/15/1957 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
L02.212	Cutaneous abscess of back [any part except buttock]	09/20/25

13. ICD	Other Pertinent Diagnoses	Date
G93.41	Metabolic encephalopathy	09/20/25
I10.	Essential (primary) hypertension	09/20/25
F03.93	Unsp dementia unspecified severity with mood disturb	09/20/25
F33.1	Major depressive disorder recurrent moderate	09/20/25
D64.9	Anemia unspecified	09/20/25
F43.20	Adjustment disorder unspecified	09/20/25
E78.5	Hyperlipidemia unspecified	09/20/25
E43.	Unspecified severe protein-calorie malnutrition	09/20/25
E53.8	Deficiency of other specified B group vitamins	09/20/25
E55.9	Vitamin D deficiency unspecified	09/20/25
K57.30	Dvrtclos of lg int w/o perforation or abscess w/o bleeding	09/20/25
R32.	Unspecified urinary incontinence	09/20/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	09/20/25
Z87.891	Personal history of nicotine dependence	09/20/25
Z87.440	Personal history of urinary (tract) infections	09/20/25

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

Acetaminophen - Acetaminophen 500 mG, Give 1 tablet by mouth every 12 hours
Atorvastatin Calcium - Atorvastatin Calcium 40 Mg, Give 1 tablet by mouth in the evening
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325(65 Fe) Mg, Give 325 mg tablet by mouth every 12 hours
Gabapentin - Gabapentin 100 Mg, Give 1 capsule by mouth twice a day
Sertraline Hcl - Sertraline Hydrochloride 25 Mg, Give 1 tablet by mouth once a day Give with 50 mg tab to equal 75 mg
Sertraline Hcl - Sertraline Hydrochloride 50 MG, Give 1 tablet by mouth once a day

14. DME and Supplies:
walker, wheelchair

15. Safety Measures:
ambulates with device, ambulates with assistance, fall precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
pcn sulfa antibiotics

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Up As Tolerated, Exercises Prescribed, Walker, Wheelchair, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 2. Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance)., ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: wfl, HISTORY OF DEPRESSION:

20. Prognosis: poor

22. A Rehabilitation Potential:
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.

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

Homebound status:
Due to diagnosis of Cutaneous abscess of back [any part except buttock], 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, with a past medical history of dementia and anxiety/depression, presents as weak and frail with generalized muscle atrophy. Recent therapy sessions show meaningful progress in bed mobility and sit-to-stand transitions. The patient was also able to ambulate approximately 20 feet with moderate assistance using a walker. Given this progress, the patient demonstrates potential for continued improvement in transfers and ambulation. However, additional support is needed, and a referral for Medical Social Worker (MSW) services is recommended to help address ongoing care needs and ensure optimal functional outcomes.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 11/17/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 09/17/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Cutaneous abscess of back [any part except buttock]
 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>
 4 - Recertification Notes: weakness from the back abscess<o:p></o:p> Physician: Hans, Jasmin

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/17/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Jasmin Hans
1701 Twin Springs Rd
Halethorpe, MD 21227
PHONE: 410-933-79616 FAX: 14109337666 NPI: 1497805147

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 : 09/17/2025

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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PT Careplans

PT WK2: 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: wfl

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 5. Decline in mental, emotional, or behavioral status in the past 3 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1033 - Unintentional Weight Loss, limited range of motion, balance deficit

PROCEDURES: Medication Review: The medication was reviewed with the patient , H E P: Passive stretching, slr and long arc 10x2, cough/deep breathing exercises, incentive spirometer, wheelchair 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, * 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, * strategies to increase caloric intake, related medication(s) purpose, schedule, Sit to Stand - 03. Partial/moderate assistance, Chair to Bed to Chair - 03. Partial/moderate assistance, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 03. Partial/moderate assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent

PT Goals

PATIENT-STATED GOAL: The caregiver wants the patient to be able to be independent in transfer and bed mobility

GOALS
Toilet Transfer - 05. Setup or clean-up assistance

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

patient/caregiver recalls
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

Sit to Stand - 03. Partial/moderate assistance

Chair to Bed to Chair - 03. Partial/moderate 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

Car Transfer - 03. Partial/moderate assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

11/17/2025