Home Health Certification and Plan of Care

Order ID: 1150/14113

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4E72G80QR19	11/17/2025	From: 11/17/2025 To: 01/15/2026	19384	217058

6. Patient's Name and Address

Roberta Weiss
7240 PARK HEIGHTS AVE Unit 202,
PIKESVILLE, MD 21208-
410-358-8781

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 02/21/1935 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
N39.0	Urinary tract infection site not specified	11/17/25

13. ICD	Other Pertinent Diagnoses	Date
E11.9	Type 2 diabetes mellitus without complications	11/17/25
G50.0	Trigeminal neuralgia	11/17/25
I10.	Essential (primary) hypertension	11/17/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	11/17/25
K21.9	Gastro-esophageal reflux disease without esophagitis	11/17/25
E78.5	Hyperlipidemia unspecified	11/17/25
E03.9	Hypothyroidism unspecified	11/17/25
M81.0	Age-related osteoporosis w/o current pathological fracture	11/17/25
F41.9	Anxiety disorder unspecified	11/17/25
Z79.4	Long term (current) use of insulin	11/17/25
Z79.82	Long term (current) use of aspirin	11/17/25
Z85.038	Personal history of malignant neoplasm of large intestine	11/17/25
Z86.0100	Personal history of colonic polyps	11/17/25
Z87.891	Personal history of nicotine dependence	11/17/25

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

Forteo - Teriparatide Recombinant Human 20 mcg intramuscular once a day Osteoporosis
Levothyroxine - Levothyroxine Sodium tablet 75 mcg ,1 Tablet by mouth once a day Thyroid
Aspirin 81Mg - Aspirin 81 mg , 1 Tablet by mouth once a day Blood thinner
Repaglinide - Repaglinide 0.5 mg 0.5 mg tablet by mouth twice a day With breakfast and dinner only, don't take if not eating. For DM
Metformin Er - Metformin Hydrochloride 500 mg, 2 tablets by mouth twice a day Dm
Crestor - Rosuvastatin Calcium 10 mg 1 tablet by mouth once a day Cholesterol
Gabapentin - Gabapentin 300 mg 3 capsules by mouth twice a day Neuropathy
Cinnamon - Cinnamon 500 mg, 2 capsules by mouth once a day Supplement
Black elderberry 2000 mg capsules by mouth once a day Supplement
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000 iu(25mcg) by mouth once a day Supplement
Bilberry fruit extract 1000mg softgel by mouth once a day Supplement
Multi Vitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 gummy by mouth once a day Supplement
Omega 3 Fish Oil - Cod Liver Oil 1000mg by mouth once a day Supplement
Hair, skin and nails gummies 1 gummy by mouth once a day Supplement

14. DME and Supplies:

grab bars, bath bench, cane

15. Safety Measures:

remove environmental barriers, medical alert/lifeline, , emergency phone number prominently displayed, , diabetic precautions, bathroom safety, ambulates with device, ambulates with assistance

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

sulfa drugs, shellfish, demerol

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Exercises Prescribed, Up As Tolerated

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: good

22. A Rehabilitation Potential:

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.

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Urinary Tract Infection Site Not Specified , 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 90-year-old female with a significant past medical history of diabetes mellitus, coronary artery disease, hypertension, hyperlipidemia, gastroesophageal reflux disease, hypothyroidism, osteoporosis, and trigeminal neuralgia, who was recently hospitalized for a urinary tract infection. She resides alone in a second-floor apartment and was functioning independently prior to hospitalization, ambulating without an assistive device indoors and using a single-point cane outdoors. Upon <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> following discharge, the patient presents with decreased lower-extremity strength, demonstrated by 3+/5 manual muscle testing bilaterally, and a score of 9 repetitions on the modified 30-second chair rise test using one upper-extremity support, indicating impaired endurance and functional strength. She currently requires supervision for transfers and short-distance ambulation without an assistive device in the home, and continues to use her single-point cane for community ambulation. Occupational therapy evaluation indicates the patient remains independent with upper- and lower-body dressing and is modified independent for bathing in the shower. She safely performed sit-to-stand transitions and completed toilet and shower transfers without physical assistance, demonstrating normal upper-extremity muscle strength at 5/5. Based on functional performance and safety, no further occupational therapy services are required at this time. Given observed declines in lower-extremity strength, balance, and endurance following her recent hospitalization, the patient would benefit from skilled physical therapy services to improve strength, enhance balance, increase safety and independence with functional mobility, and facilitate return to her prior level of functioning. The plan of care includes progressive therapeutic exercise, gait and transfer training, balance retraining, fall-prevention education, and reinforcement of safe use of assistive devices to optimize mobility and reduce risk of future decline.
 Date of Order 11/17/2025 Orders Physician Face-to-Face Date: 11/07/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat due to Urinary Tract Infection Site Not Specified Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - PT Notes: soc OT Eval Notes:
 Physician Goldberg, Aaron

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

Aaron Goldberg
2835 Smith Ave
Baltimore, MD 21209
PHONE: 4103584243 FAX: 14103581016 NPI: 1104836345

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 : 11/07/2025

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) ,WK3: 1 (11/30/25-12/06/25) ,WK4: 1 (12/07/25-12/13/25) ,WK5: 1 (12/14/25-12/20/25) ,WK6: 1 (12/21/25-12/27/25)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications

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: 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, GG0170F1 - Toilet Transfer, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, constipation, frequent urination, M1600 - UTI, limited strength, Pain Interference with ADLs, Pain Interference with Therapy activities, balance deficit, Pain Effect on Sleep

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , dynamic standing balance exercises, gait training on uneven surfaces, gait training/stair training, transfers training, therapeutic exercises, teach/coordinate/arrange medication packaging and/or administration

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, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, related medication(s) purpose, schedule, patient self-administers medications as prescribed, 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 - 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, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: To get stronger

GOALS
Chair to Bed to Chair - 06. Independent

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

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
* 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 - 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

Walk 150 Feet - 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

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

OT Careplans

OT WK1: 1 (11/12/25-11/15/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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.

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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
11/17/2025

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Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

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
	PAGE 3 of 3
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