Home Health Certification and Plan of Care

Order ID: 1150/14124

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
35670912	11/20/2025	From: 11/20/2025 To: 01/18/2026	19619	217058

6. Patient's Name and Address

Andrea Nordeck
5005 Gateway Terrace,
Baltimore, MD 21227-
410-247-0918

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 06/07/1958 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
K52.9	Noninfective gastroenteritis and colitis unspecified	11/20/25

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	11/20/25
E11.9	Type 2 diabetes mellitus without complications	11/20/25
E03.9	Hypothyroidism unspecified	11/20/25
K21.9	Gastro-esophageal reflux disease without esophagitis	11/20/25
G43.909	Migraine unsp not intractable without status migrainosus	11/20/25
N83.209	Unspecified ovarian cyst unspecified side	11/20/25
F41.0	Panic disorder [episodic paroxysmal anxiety]	11/20/25
F32.A	Depression unspecified	11/20/25
F41.9	Anxiety disorder unspecified	11/20/25
R91.8	Other nonspecific abnormal finding of lung field	11/20/25
Z79.82	Long term (current) use of aspirin	11/20/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	11/20/25
Z90.49	Acquired absence of other specified parts of digestive tract	11/20/25
Z87.891	Personal history of nicotine dependence	11/20/25
Z91.81	History of falling	11/20/25

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

Ferrous Sulfate - Ferrous Sulfate: Folic Acid Ferrous Sulfate 325 Mg (65 Mg Iron) Tablet by mouth once a day
Levothroxine - Levothyroxine Sodium 25 Mcg Tablet by mouth in the morning
Centrum Silver - Ascorbic Acid: Biotin: Cyanocobalamin: Ergocalciferol: Folic Acid: Niacinamide: Pantothenic Acid: Phytonadione: Pyridoxine: Ribo 8 Mg Iron-400 Mcg-50 Mcg-300 Mcg Tablet, Take 1 tablet by mouth once a day
Aspirin - Aspirin 81 Mg Tablet.dr by mouth once a day
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 Mcg (1000 Unit) Table, Take 1 tablet by mouth once a day
Bupropion HCl 300 Mg Tab.er.24h by mouth once a day
Gabapentin - Gabapentin 300 Mg Capsule by mouth twice a day
Lisinopril - Lisinopril 10 Mg Tablet by mouth once a day
Omeprazole - Omeprazole 40 Mg Capsule, take 1 tab by mouth once a day
Atorvastatin Calcium - Atorvastatin Calcium 80 Mg Tablet by mouth once a day
Metformin Hcl - Metformin Hydrochloride 500 Mg Tablet , take 1 tablet by mouth every 2 hours
Trazodone Hydrochloride - Trazodone Hydrochloride 100 Mg Tablet by mouth at bedtime
Trulicity - Dulaglutide 3 mg/0.5 subcutaneous once a week

14. DME and Supplies:

hand held shower, diabetic supplies, bath bench, commode, cane, 4 wheeled walker

15. Safety Measures:

transfer with assist, sharps precautions, hand rails, fall precautions, diabetic precautions, bleeding precautions, avoid temperature extremes, ambulates with device, standard precautions, ambulates with assistance, walker precautions, smoke detectors , medication safety, bathroom safety, activity supervision

16. Nutrition:

diabetic

17. Allergies:

pencillin levofloxacin meperidine morphine

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Cane, Up As Tolerated, Exercises Prescribed, Walker, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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 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:

A physical therapy start-of-care evaluation was completed, and all required consents were obtained. The patient is a 67-year-old female recently hospitalized at St. Agnes Hospital for ulcerative colitis and discharged home on 11/14/25. She resides in a two-story home with her spouse, who assists her but has his own health issues. The patient reports a significant history of falls-three in the past two months and more than forty in the past year-and a left humerus fracture in July 2025. She demonstrates decreased endurance, lower-extremity weakness, impaired functional mobility, unsteady gait, difficulty negotiating stairs, reduced safety awareness, and a high risk for falls. She currently sleeps on the first-floor sofa, uses a bedside commode, and ambulates by "cruising" along walls or furniture, occasionally with a cane; she owns a four-wheeled walker but does not use it. Medication reconciliation, a home safety assessment, patient handbook education, and development of the PT plan of care were completed. The patient was instructed in fall-prevention strategies, home safety measures, safe transfer techniques using a walker, and a home exercise program including seated hip flexion, long-arc quads, hip abduction, and pillow squeezes. Tinetti and TUG assessments were performed. The patient was advised to ambulate with a walker at all times, begin a structured walking program, and use ice for bilateral shoulder discomfort with appropriate safety precautions. Pain is currently well controlled, and education was provided on safe pain-medication use, potential side effects, and indications for seeking emergency care. The patient was advised to take pain medication one hour prior to PT sessions. The PT plan of care was reviewed with the patient and caregiver, who both agreed, and home PT will begin on 11/20/25 with a frequency of 1w1, 2w1, and 1w4. The patient will follow up with Dr. Radolfo Fernandez on 11/25/25, and the physician has been notified of the completed admission.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 11/20/2025 <o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 11/12/2025
 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and 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>
 1 - SOC - PT Notes:<o:p></o:p> Physician: Fernandez, Rodolfo

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 11/20/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Rodolfo Fernandez
724 Maiden Choice Ln
Catonsville, MD 21228
PHONE: 410-747-6080 FAX: 14435756553 NPI: 1487661237

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 : 11/12/2025

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 WK1: 1 (11/20/25-11/22/25)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 50 > 90, O2 saturation < 88 > 100, pain < 0 > 5

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

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, 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

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: GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, Home Safety, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, M1033 - Unintentional Weight Loss, diarrhea, M1620 - Bowel Incontinence, M1600 - UTI, muscle weakness, pain radiating to arms/legs, extremity burn/tingle/numb, balance deficit, Pain Interference with ADLs, obesity

11/26/2025: GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments: Assist with HEP, home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., therapeutic modalities: Apply heat to low back, ice to bilateral shoulders x 20 minutes with necessary barrier and skin assessments q 5 minutes., gait training on uneven surfaces, gait training/stair training, transfers training, assist with fall prevention, coordinate/arrange for maintenance of clean/uncluttered living area

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, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, related medication(s)

PT Goals

PATIENT-STATED GOAL: I want to get as close to normal as possible

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
* lifestyle modifications
* low-residue dietary guidelines
* alternative medicine options for ulcerative colitis
* 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 increase caloric intake
* 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
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* 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

patient's living environment is clean/uncluttered

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Signature of Physician:

Date

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

Date
11/20/2025

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purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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, patient's living environment is clean/uncluttered, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, 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

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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/20/2025