# Home Health Certification and Plan of Care

**Order ID: 1150/13372**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 10006755 | 10/07/2025 | From: 10/07/2025 To: 12/04/2025 | 17078 | 217058 |

**6. Patient's Name and Address**
Marie Hawes
101 N. Beechwood Avenue,
CATONSVILLE, MD 21228-
443-463-3490

**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** 08/04/1924 **9.Sex** Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| M80.052D | Age-rel osteopor w crnt path fx l femr 7thD | 10/07/25 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| I10. | Essential (primary) hypertension | 10/07/25 |
| J44.9 | Chronic obstructive pulmonary disease unspecified | 10/07/25 |
| I25.9 | Chronic ischemic heart disease unspecified | 10/07/25 |
| I44.7 | Left bundle-branch block unspecified | 10/07/25 |
| D64.9 | Anemia unspecified | 10/07/25 |
| D69.6 | Thrombocytopenia unspecified | 10/07/25 |
| R54. | Age-related physical debility | 10/07/25 |
| Z79.82 | Long term (current) use of aspirin | 10/07/25 |
| Z96.642 | Presence of left artificial hip joint | 10/07/25 |
| Z99.3 | Dependence on wheelchair | 10/07/25 |
| Z86.73 | Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits | 10/07/25 |
| Z91.81 | History of falling | 10/07/25 |

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

Vitamin D - Ergocalciferol 25 MCG , Take 1 tablet by mouth once a day Take 1 tablet by mouth every day For supplement.
Amlodipine Besylate - Amlodipine Besylate 5 MG , take 1 tablet by mouth once a day Take 1 tablet by mouth daily for hypertension (htn).
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 17 GM/SCOOP , Take 1 scoop Powder by mouth once a day Take 1 scoop by mouth daily mixed with 8 ounces of fluid for constipation.
Senna - Senna 8.6 Mg, Take 2 tablets by mouth once a day Take 2 tablets by mouth daily for constipation.
Aspirin 81Mg - Aspirin 81 MG , Chewable tablet, take 1 tablet by mouth once a day Chew and swallow 1 tablet by mouth daily for CVA (stroke) prevention.
Tums - Simethicone 500 MG , Chew and swallow 1 tablet by mouth twice a day Chew and swallow 1 tablet by mouth 2 times per day as needed for reflux.
Lidocaine - Lidocaine 4% External Patch , Apply 1 patch topical once a day Apply 1 patch topically to intact skin daily, 12 hours on and 12 hours off, for pain.
Methocarbamol - Methocarbamol 750 MG , Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times every day for pain/spasm.
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg 2.5mg 1/5 tablet by mouth every 4 hours Every 4 hours PRN pain
Mineral Oil - Mineral Oil Enema rectal as necessary As needed for constipation

**14. DME and Supplies:**
rolling walker, wheelchair

**15. Safety Measures:**
bathroom safety, activity supervision

**16. Nutrition:**
Z. NO PHYSICIAN-ORDERED DIET

**17. Allergies:**
no known allergies

**18.A. Functional Limitations**
Ambulation, Endurance

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

**19. Mental & Psychosocial 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
another facility/provider will be responsible for managing treatment

**Homebound status:**
Due to diagnosis of Age-Related Osteoporosis With Current Pathological Fracture, Left Femur 7Thd, Subsequent Encounter For Fracture With Routine Healing, 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 101-year-old female with a significant past medical history of hypertension, dysphagia (oropharyngeal phase), left bundle branch block, cerebrovascular accident with residual weakness, muscle wasting and atrophy of bilateral upper arms, history of left total hip arthroplasty (performed 07/25) following a fall with left femoral neck fracture, syncope, noninfective gastroenteritis and colitis, reduced mobility, and cognitive communication deficit. The patient currently resides in an assisted living facility (ALF) with 24-hour caregiver supervision. She was recently discharged from a subacute rehabilitation facility and admitted to home health services for continued therapy following her left total hip replacement. Prior to her fall, she lived alone and was independent with ambulation and activities of daily living (ADLs) except for meal preparation, which her son assisted with in addition to meals on wheels.  The patient is alert and oriented 4, continent of bowel and bladder, and cooperative during the visit. She primarily uses a transport wheelchair for mobility within the ALF. Bed mobility is performed independently, sit-to-stand transfers require supervision to minimal assistance depending on surface height, and standing pivot transfers require minimal to moderate assistance. Her son reports that during her stay in the subacute facility, she had been ambulatory with assistance, but has not ambulated for approximately seven weeks, leading to further deconditioning and increased fear of falling. The patient was encouraged to spend more time out of bed to prevent further functional decline and improve overall endurance.  A home exercise program (HEP) was provided and reviewed in detail, focusing on supine and seated therapeutic exercises to improve lower extremity strength and mobility. The patient verbalized understanding of the HEP, and her son, Jim, who <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> mid-mornings on weekdays, agreed to assist with exercises as needed. The patient requires mashed foods due to dysphagia and is hard of hearing but communicates effectively when spoken to clearly.  The plan is to continue skilled physical therapy to address decreased strength, endurance, and mobility, reduce fall risk, and promote independence toward returning to prior functional levels. Ongoing coordination with ALF staff and family is recommended to ensure adherence to therapy, encourage safe activity participation, and support gradual improvement in functional mobility and confidence. <br> Date of Order 10/07/2025 Orders Physician Face-to-Face Date: 09/16/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval treat OT eval and treat due to Age-Related Osteoporosis With Current Pathological Fracture, Left Femur 7Thd, Subsequent Encounter For

**23. Signature and Date of Verbal SOC Where Applicable:**
Electronically Signed by Messick, Charles RN on 10/07/2025

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
Greg Tampus
1300 York Road Ste 190D
Lutherville-Timonium, MD 21236
PHONE: 443-288-5206 FAX: 14432885205 NPI: 1356679138

**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 : 09/16/2025

**27. Attending Physician's Signature and Date Signed** **10/30/2025** 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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Fracture With Routine Healing Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 1 - SOC - PT Notes: soc OT Eval Notes: Physician Tampus, Greg

## SN Careplans

## SN Goals

## PT Careplans

PT WK1: 1 (10/07/2025 - 10/11/2025), WK2: 1 (10/12/2025 - 10/18/2025), WK3: 1 (10/19/2025 - 10/25/2025), WK4: 1 (10/26/2025 - 11/01/2025), WK5: 1 (11/02/2025 - 11/08/2025), WK6: 1 (11/09/2025 - 11/15/2025), WK7: 1 (11/16/2025 - 11/22/2025)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 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: 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, M2020 - Oral Med Management, M1400 - Dyspnea, muscle weakness, limited endurance, limited strength, Pain Interference with ADLs

PROCEDURES: Therapeutic exercise , Dynamic standing balance , Medication Review- Medications reviewed with patient/caregiver., wheelchair training, transfers training

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 complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 04. Supervision or touching assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Medication Review- Patient/caregiver, related purpose and schedule of medications., Pt will ambulate 10 feet with use of RW on indoor level surface with modA demonstrating no loss of balance. , Pt will tolerate standing x3 minutes with bilateral UE support and CGA for safety., Pt will perform sit to stand independently with use of AD as needed promoting increased independence for ADLs

## PT Goals

PATIENT-STATED GOAL: To work on my strength and independence

GOALS
Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 04. Supervision or touching assistance

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Pt will tolerate standing x3 minutes with bilateral UE support and CGA for safety.

Pt will perform sit to stand independently with use of AD as needed promoting increased independence for ADLs

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 modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* 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/caregiver recalls
* how to manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing and prevent constipation

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

| Signature of Physician: | Date |
|---|---|
| | |



| Optional Name/Signature of Nurse/Therapist: | Date |
|---|---|
| Electronically Signed by Messick, Charles RN | 10/07/2025 |

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teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

Medication Review- Patient/caregiver recalls related purpose and schedule of medications.

Pt will ambulate 10 feet with use of RW on indoor level surface with modA demonstrating no loss of balance.

## OT Careplans

OT WK1: 1 (10/07/2025 - 10/11/2025), WK4: 1 (10/26/2025 - 11/01/2025), WK5: 1 (11/02/2025 - 11/08/2025), WK6: 1 (11/09/2025 - 11/15/2025), WK7: 1 (11/16/2025 - 11/22/2025)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation

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. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

## OT Goals

PATIENT-STATED GOAL: not to fall

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
* 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 - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 10/07/2025 |