

Home Health Certification and Plan of Care				Order ID: 1150/14195	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
2CP0H87WY10		11/22/2025		From: 11/22/2025 To: 01/20/2026 16777	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Sonia Izaguirre 805 Regis Court, HALETHORPE, MD 21227- 240-590-9315				HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239	
8. DOB 07/25/1942 9.Sex Female				10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
11. ICD		Principal Diagnosis		Date	
C79.31		Secondary malignant neoplasm of brain		11/22/25	
13. ICD		Other Pertinent Diagnoses		Date	
C34.90		Malignant neoplasm of unsp part of unsp bronchus or lung		11/22/25	
C79.51		Secondary malignant neoplasm of bone		11/22/25	
I11.0		Hypertensive heart disease with heart failure		11/22/25	
I50.32		Chronic diastolic (congestive) heart failure		11/22/25	
I49.5		Sick sinus syndrome		11/22/25	
I48.0		Paroxysmal atrial fibrillation		11/22/25	
J45.909		Unspecified asthma uncomplicated		11/22/25	
K21.9		Gastro-esophageal reflux disease without esophagitis		11/22/25	
E78.5		Hyperlipidemia unspecified		11/22/25	
H25.11		Age-related nuclear cataract right eye		11/22/25	
Z95.0		Presence of cardiac pacemaker		11/22/25	
Z79.01		Long term (current) use of anticoagulants		11/22/25	
14. DME and Supplies:				15. Safety Measures:	
oxygen supplies, wound care supplies, hooyer lift, commode, hospital bed				medication safety, bleeding precautions, infectious material management, standard precautions, fall precautions, ambulates with assistance	
16. Nutrition:				17. Allergies:	
Z. NO PHYSICIAN-ORDERED DIET				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
Dyspnea With Minimal Exertion, Ambulation, Endurance, Bowel/Bladder Incontinence				Up As Tolerated	
19. Mental & COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations Psychosocial Status: only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: fair					
22. A Rehabilitation Potential:				22.B.Discharge Plans	
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.				family/caregiver will be responsible for managing treatment	
Homebound status: Due to diagnosis of Secondary malignant neoplasm of brain, 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 alert and oriented 83-year-old female residing in a multilevel home with her daughter and extended family, who provide continuous support. She was referred to home health services following hospitalization for lung cancer with metastasis to the brain requiring surgical intervention. Her past medical history includes hypertension, atrial fibrillation, asthma, a pacemaker, and GERD. She uses an oxygen concentrator at 2 L/min as needed. Her scalp incision is healed. A Stage 3 sacral pressure ulcer was noted, with an intact sacral bordered foam dressing; however, no wound care orders were present at the start of care, and additional dressings are needed. The patient currently stays in a bedroom on the top floor and sleeps in a hospital bed. She has a Hoyer lift for transfers and has been unable to ambulate since her surgery one month ago. She uses a bedside commode with caregiver assistance and no recent falls have been reported. Her grandson served as translator during the assessment, as the patient does not speak English. Prior to her surgery, she was an independent ambulator without assistive devices and could navigate stairs independently. She is now totally dependent for transfers and mobility. The patient presents with sacral pain, decreased bilateral lower extremity strength, impaired functional mobility, inability to negotiate steps, unsteady gait, decreased balance, and poor safety awareness, placing her at high risk for falls and further functional decline. She remains highly motivated and was able to sit and stand for one minute with minimal assistance. Skilled physical therapy is recommended to improve strength, mobility, transfers, gait safety, stair negotiation, balance, and overall functional independence. PT/OT evaluations have been ordered, with PT frequency planned as 2x/week for three weeks followed by 1x/week for five weeks beginning 11/24/25. Skilled nursing visits are recommended at 1 visit the first week and 2 visits weekly for four weeks, with the next SN visit scheduled for Tuesday. The family is in agreement with the plan of care.<o:p></o:p></p> <p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">11/22/2025 <o:p></o:p></p> <p class="MsoNoSpacing">Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 10/28/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat, OT eval and treat HHA-adls MSW dx: Secondary malignant neoplasm of brain 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: OT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Xu , Risheng</p>			
SN Careplans				SN Goals	
SN WK1: 1 (11/22/25-11/22/25) ,WK2: 1 (11/23/25-11/29/25) ,WK3: 2 (11/30/25-12/06/25) ,WK4: 2 (12/07/25-12/13/25) ,WK5: 2 (12/14/25-12/20/25) ,WK6: 1 (12/21/25-12/27/25) ,WK7: 1 (12/28/25-01/03/26) ,WK8: 1 (01/04/26-01/10/26) ,WK9: 1 (01/11/26-01/17/26)				PATIENT-STATED GOAL: I want to be more independent	
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				GOALS	
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance				patient/caregiver recalls	
				* how to optimize mental status with cognition therapy	
				* home safety	
				* optimize mobility with active and passive range of motion therapeutic exercises	
				* diet and fluids to optimize peripheral circulation	
				* recalls related medication(s) purpose, schedule	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 11/22/2025					
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.	
Risheng Xu 1800 Orleans St Baltimore, MD 21287 PHONE: 410-502-4559 FAX: NPI: 1144616269				F2F date : 10/28/2025	
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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HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 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; 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: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, M1620 - Bowel Incontinence, M1610 - Urinary Incontinence, poor muscle tone, muscle weakness, limited endurance, limited strength, open sores/lesions, #1 - 3 - Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscles not exposed. - Other - Sacrum - No wound care orders at SOC, #2 - 1 - Intact skin with non-blanchable redness of a localized area usually over a bony prominence. - Posterior Sacrum - PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, physician-ordered wound care: Stg 3 sacral ulcer no wound care orders at SOC, venipuncture: CBC w/diff and platelet, Magnesium and CMP. Labs to be drawn week of 11/24/25. Fax results to Dr. Saira Ahmed 667-234-3501. ICD 10 codes are: C34.90, C79.51 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 optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, 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			patient/caregiver recalls * how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting * diarrhea * appetite loss * hair loss * fatigue * insomnia * 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 * 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 * bowel incontinence management including dietary changes * bowel training * skin care * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to achieve wound healing including cleaning and dressing wound * position changes * skin care * diet modification * record wound measurements * 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 * 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 Goals			
PT WK2: 2 (11/23/25-11/29/25) ,WK3: 2 (11/30/25-12/06/25) ,WK4: 2 (12/07/25-12/13/25) ,WK5: 1 (12/14/25-12/20/25) ,WK6: 1 (12/21/25-12/27/25) ,WK7: 1 (12/28/25-01/03/26) ,WK8: 1 (01/04/26-01/10/26) ,WK9: 1 (01/11/26-01/17/26) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, M1400 Dyspnea, GG0170F1 - Toilet Transfer, 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 PROCEDURES: train caregiver(s) to perform medical/rehabilitation treatments: HEP, wheelchair training, 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., static standing balance exercises, dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., gait training on uneven surfaces, gait training/stair training, transfers training, assist with mobility, assist with fall prevention 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)			PATIENT-STATED GOAL: To be able to walk again 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 Sit to Stand - 04. Supervision or touching assistance Chair to Bed to Chair - 04. Supervision or touching assistance Toilet Transfer - 04. Supervision or touching assistance Car Transfer - 04. Supervision or touching assistance			
Signature of Physician:			Date			
			PAGE 2 of 3			
Optional Name/Signature of Nurse/Therapist:			Date			
Electronically Signed by Messick, Charles RN			11/22/2025			

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purpose, schedule, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 04. Supervision or touching assistance, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 03. Partial/moderate assistance, Walk 50 ft with 2 Turns - 03. Partial/moderate assistance, Walk 150 Feet - 03. Partial/moderate assistance, 1 - Step (curb) - 03. Partial/moderate assistance, 4 Steps - 03. Partial/moderate assistance, 12 Steps - 03. Partial/moderate assistance, Picking Up Object - 03. Partial/moderate assistance		Walk 10 Feet - 03. Partial/moderate assistance Walk 50 ft with 2 Turns - 03. Partial/moderate assistance Walk 150 Feet - 03. Partial/moderate assistance 1 - Step (curb) - 03. Partial/moderate assistance 4 Steps - 03. Partial/moderate assistance 12 Steps - 03. Partial/moderate assistance Picking Up Object - 03. Partial/moderate assistance		
OT Careplans OT 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) ,WK7: 1 (12/28/25-01/03/26) ,WK8: 1 (01/04/26-01/10/26) ,WK9: 1 (01/11/26-01/17/26) 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 - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance		OT Goals PATIENT-STATED GOAL: To be able to perform her BADLs 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 - 05. Setup or clean-up assistance Upper Body Dressing - 05. Setup or clean-up assistance Lower Body Dressing - 03. Partial/moderate assistance Shower/Bathe Self - 03. Partial/moderate 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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