Home Health Certification and Plan of Care

Order ID: 1150/14321

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7UA9QF6WM30	11/24/2025	From: 11/24/2025 To: 01/22/2026	19348	217058

6. Patient's Name and Address
Marcelle Knight
1012 Knights Lane,
JOPPA, MD 21085-
443-862-7840

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 01/23/1939 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
A41.9	Sepsis unspecified organism	11/24/25

13. ICD	Other Pertinent Diagnoses	Date
J17.	Pneumonia in diseases classified elsewhere	11/24/25
G30.9	Alzheimer's disease unspecified	11/24/25
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	11/24/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	11/24/25
N18.31	Chronic kidney disease stage 3a	11/24/25
D63.1	Anemia in chronic kidney disease	11/24/25
I48.19	Other persistent atrial fibrillation	11/24/25
J96.01	Acute respiratory failure with hypoxia	11/24/25
S50.811D	Abrasion of right forearm subsequent encounter	11/24/25
I27.89	Other specified pulmonary heart diseases	11/24/25
I27.20	Pulmonary hypertension unspecified	11/24/25
J01.20	Acute ethmoidal sinusitis unspecified	11/24/25
J01.30	Acute sphenoidal sinusitis unspecified	11/24/25
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	11/24/25
E78.5	Hyperlipidemia unspecified	11/24/25
E87.5	Hyperkalemia	11/24/25
E03.8	Other specified hypothyroidism	11/24/25
F51.02	Adjustment insomnia	11/24/25
K59.01	Slow transit constipation	11/24/25
G89.29	Other chronic pain	11/24/25
F33.2	Major depressv disorder recurrent severe w/o psych features	11/24/25
Z79.01	Long term (current) use of anticoagulants	11/24/25
Z95.0	Presence of cardiac pacemaker	11/24/25

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

Acetaminophen - Acetaminophen 500 MG, Give 1 tablet by mouth every 6 hours Give 1 tablet by mouth every 6 hours as needed for PAIN

Atorvastatin - Atorvastatin Calcium 20 MG Tablet Give 1 tablet by mouth in the evening Give 1 tablet by mouth in the evening for Cholesterol

Cefpodoxime Proxetil - Cefpodoxime Proxetil 200 MG, Give 2 tablet by mouth twice a day Give 2 tablet by mouth two times a day for ABX for 7 Days

Eliquis - Apixaban 2.5 MG, Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for BLOOD THINNER

Escitalopram Oxalate - Escitalopram Oxalate 5 MG , Give 5 mg Tablet by mouth once a day Give 5 mg by mouth one time a day for ANTI-DEPRESSANT

Furosemide - Furosemide 20 MG, Give 20 mg Tablet by mouth once a day Give 20 mg by mouth one time a day for HTN

Polyethylene Glycol 3350 - Polyethylene Glycol 3350 Give 17 gram by mouth by mouth once a day Give 17 gram by mouth one time a day for Bowel Regimen for 7 Days (In Liquid) STIR AND DISSOLVE IN 4-8OZ OF NON-CARB BEVERAGE

Levothyroxine Sodium - Levothyroxine Sodium 25 MCG, Give 1 tablet by mouth in the morning Give 1 tablet by mouth in the morning for THYROID DISORDER

Melatonin - Melatonin 10 MG , Give 10 mg Tablet by mouth at bedtime Give 10 mg by mouth at bedtime for INSOMNIA

Metoprolol Succinate - Metoprolol Succinate 25 MG, Give 25 mg Tablet by mouth once a day

Mirtazapine - Mirtazapine 15 MG , Give 0.5 tablet by mouth at bedtime DEPRESSION

Multiple Vitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Give 1 tablet by mouth once a day

Pantoprazole Sodium - Pantoprazole Sodium 20 MG, Give 1 tablet by mouth once a day

14. DME and Supplies:
rolling walker, cane

15. Safety Measures:
transfer with assist, activity supervision, ambulates with device, ambulates with assistance,

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
nickel strawberry extract sulfa antibiotics sulphamethoxydiazine

18.A. Functional Limitations
Ambulation, Endurance

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

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Sepsis Unspecified Organism , 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.

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/24/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Reuben Abraham
3401 Box Hill Corporate Center Dr
Abingdon, MD 21009
PHONE: 4106710017 FAX: 14106717072 NPI: 1245522143

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 : 11/06/2025

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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Clinical Condition Requiring Homecare:

The patient is an 86-year-old woman with a history of dementia who was recently hospitalized for urinary tract infection, dehydration, pneumonia, and sepsis and has now been admitted to home health for continued post-acute care. On assessment she was pleasant but intermittently confused and occasionally agitated, and demonstrated moderate generalized weakness that limits her mobility and increases her fall risk. She lives in a single-family home with significant others; her daughter <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> daily and provides supervision and assistance with care. Because hospital records were limited at the time of the visit, I am assuming she received appropriate inpatient stabilization (IV fluids/antibiotics and monitoring) and was discharged with a medication plan - this needs verification on first home visit and reconciliation of current medications and discharge orders. Vital signs and current laboratory values were not available in the assessment provided and should be obtained by the nurse on first visit. Care provided/education given included counseling the daughter and caregivers on signs and symptoms of recurrent infection or clinical deterioration (fever, increased confusion, decreased oral intake, decreased urine output, worsening cough or shortness of breath), the importance of maintaining hydration and nutrition, safe transfer and fall-prevention strategies given the patient's weakness and cognitive impairment, and the need for strict medication adherence and monitoring. The plan of care is to initiate skilled nursing for medication reconciliation, monitoring of vitals and fluid status, and coordination with the primary care physician to confirm antibiotic regimen and follow-up orders; initiate physical therapy evaluation to address deconditioning and safe mobility as tolerated; implement fall-risk precautions and caregiver training for supervision and safe transfers; and arrange for close follow-up (RN <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> at least initially, with increased frequency as clinically indicated) to monitor cognition, respiratory status, and resolution of infection. If confusion or agitation worsen, or if there is any evidence of recurrent infection, hypoxia, poor intake, or hemodynamic instability, the family was instructed to contact the provider or seek emergency care immediately.
 Date of Order 11/24/2025 Orders Physician Face-to-Face Date: 11/06/2025 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat ot-eval & treat due to Sepsis Unspecified Organism 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 Physician Abraham, Reuben

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (11/24/25-11/29/25) ,WK2: 2 (11/30/25-12/06/25) ,WK3: 2 (12/07/25-12/13/25) ,WK4: 1 (12/14/25-12/20/25) ,WK5: 1 (12/21/25-12/27/25) ,WK6: 1 (12/28/25-01/03/26)

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), 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

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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, 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, GG0170F1 - Toilet Transfer, M1745 - Behavioral Issues, D0160 - Depression, M2020 - Oral Med Management, M1400 - Dyspnea, limited endurance, muscle weakness, balance deficit

PROCEDURES: Home exercises Program: SLR, LE ABD/ADD, ;LONG ARC , MARCHING , cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition

PT Goals

PATIENT-STATED GOAL: To safely walk in the community again

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

patient/caregiver recalls
* how to help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* 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 keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* 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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/24/2025

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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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, 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 - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 _ Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent	* recalls related medication(s) purpose, schedule patient/caregiver recalls * depression-prevention strategies including avoidance of isolation * healthy eating * sleeping habits * identification of activities that bring pleasure * preventive care * recalls related medication(s) purpose, schedule patient/caregiver recalls * management of mental health condition including joining a peer group * maintaining regular contact with mental health professional * avoiding known stressors * controlling impulses * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 06. Independent Walk 50 ft with 2 Turns - 06. Independent Walk 150 Feet - 06. Independent Walk 10 ft on Uneven Surface - 06. Independent 1 _ Step (curb) - 06. Independent 4 Steps - 06. Independent 12 Steps - 06. Independent Picking Up Object - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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