Home Health Certification and Plan of Care

Order ID: 1150/14379

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
371288341	11/26/2025	From: 11/26/2025 To: 01/24/2026	19855	217058

6. Patient's Name and Address
Sonja Hauptfeld
10552 Rivulet Row,
Columbia, MD 21044-
410-227-0853

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 07/28/1935 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
M80.0AXD	Age-rel osteopor with current path fx other site 7thD	11/26/25

13. ICD	Other Pertinent Diagnoses	Date
M80.08XD	Age-rel osteopor w crnt path fx verteb 7thD	11/26/25
S00.03XD	Contusion of scalp subsequent encounter	11/26/25
I10.	Essential (primary) hypertension	11/26/25
I26.99	Other pulmonary embolism without acute cor pulmonale	11/26/25
E78.5	Hyperlipidemia unspecified	11/26/25
K57.90	Dvrtclos of intest part unsp w/o perf or abscess w/o bleed	11/26/25
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	11/26/25
Z91.81	History of falling	11/26/25

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

Tenormin - Atenolol 50 mg, Take 2 tablets by mouth once a day
Desyrel - Trazodone Hydrochloride 50 mg, Take 2 tablets by mouth at bedtime Take 2 tablets by mouth at bedtime as needed for sleep
Cozaar - Losartan Potassium 100 mg , Take 1 tablet by mouth once a day
Colace - Docusate Sodium 100 mg , Take 1 capsule by mouth twice a day
Take 1 capsule by mouth 2 times a day as needed for constipation
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 200 mg-3.125 mcg (125 unit) Oral Tab, Take 1 tablet by mouth once a day
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 mcg (1,000 unit) Oral Tab, Take 1 tablet by mouth once a day
Centrum Silver - Ascorbic Acid: Biotin: Cyanocobalamin: Ergocalciferol: Folic Acid: Niacinamide: Pantothenic Acid: Phytonadione: Pyridoxine: Ribo 0.4 mg300 mcg- 250 mcg Oral Tab, Take 1 tablet by mouth once a day
Melatonin - Melatonin 5 mg, Take Tablet by mouth at bedtime Take by mouth at bedtime as needed

14. DME and Supplies:
hospital bed, commode, rolling walker, walker

15. Safety Measures:
transfer with assist, no straining, no lifting, ambulates with assistance

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
lisinopril morphine

18.A. Functional Limitations
Ambulation

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

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 2. On awakening or at night only, SOCIAL ISOLATION: 0. Never, 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: No

20. Prognosis: good

22. A Rehabilitation Potential:
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.

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status:
Due to diagnosis of Age-Related Osteoporosis With Current Pathological Fracture, Other Site, 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 90-year-old female with a past medical history notable for hypertension, hyperlipidemia, dementia, prior pelvic fracture, and recent traumatic facial fractures with cervical spine injury after a fall. She was intubated at an outside facility for airway protection and received a rhino-rocket for nasal bleeding and a course of ceftriaxone for a presumed urinary tract infection prior to transfer. She currently wears a cervical collar 24/7 and demonstrates cognitive limitations from dementia, requiring intermittent cueing to participate in therapy. On evaluation she required minimal assistance for bed mobility, transfers, and ambulation with a walker but needs caregiver support for all indoor ambulation to ensure safe transitions; she demonstrates bilateral lower-extremity weakness, tires easily, and is high risk for falls. Her home environment is well maintained with no identified hazards; however, she requires specialized transportation for community mobility. Interventions provided and planned include gait training with a walker, caregiver-assisted transfer training, dynamic balance and lower-extremity strengthening as tolerated, activity simplification, and fall-prevention strategies. Education was provided to the patient and caregiver on the admission packet, home exercise program (HEP), post-injury precautions (including cervical collar use), signs and symptoms to report (infection, increasing pain, neurological change), safe mobility techniques, pain management, and medication management. The interdisciplinary plan is to initiate skilled therapy focused on progressive strengthening and safe mobility, continue close nursing surveillance for respiratory and infection concerns given recent intubation and ceftriaxone treatment, coordinate caregiver training and DME needs, arrange specialized transport as required, and re-evaluate functional status and safety regularly to promote the highest possible level of independence while minimizing fall and medical risk. <span style="white-space: pre;

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/26/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Jacqueline Shepard-Lewis
7070 Samuel Morse Dr
Columbia, MD 21046
PHONE: FAX: NPI: 1518025477

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 : 11/20/2025

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.

Home Health Certification and Plan of Care

Order ID: 1150/14379

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
371288341	11/26/2025	From: 11/26/2025 To: 01/24/2026	19855	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Sonja Hauptfeld 10552 Rivulet Row, Columbia, MD 21044- 410-227-0853	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

font-size: 14px; white-space: normal;">
 Date of Order 11/26/2025 Orders Physician Face-to-Face Date: 11/20/2025 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat ot-eval & treat due to Age-Related Osteoporosis With Current Pathological Fracture, Other Site, Subsequent Encounter For 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
 1 - SOC - PT Notes: soc Physician Shepard-Lewis, Jacqueline

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (11/26/25-11/29/25) ,WK2: 1 (11/30/25-12/06/25) ,WK3: 1 (12/07/25-12/13/25) ,WK4: 1 (12/14/25-12/20/25)

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: 1. Non-agency caregiver(s) currently 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: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, M1700 - Cognition, M1745 - Behavioral Issues, M2020 - Oral Med Management, M1400 - Dyspnea, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs

PROCEDURES: Medication Review, Medication Review- : Medications reviewed with patient/caregiver. , B LE strengthening, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, home exercise program, gait training on uneven surfaces, transfers training

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, * how to keep home safe for patient with dementia coping strategies for the caregiver, 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 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 self-administers medications as prescribed, 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, 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 have the fractures heal good and my mom not to get deconditioned

GOALS
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 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 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
* 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
* 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 - 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

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/26/2025

Home Health Certification and Plan of Care

Order ID: 1150/14379

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
371288341	11/26/2025	From: 11/26/2025 To: 01/24/2026	19855	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Sonja Hauptfeld 10552 Rivulet Row, Columbia, MD 21044- 410-227-0853	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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	11/26/2025