Home Health Certification and Plan of Care

Order ID: 1150/14475

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
54311406	12/02/2025	From: 12/02/2025 To: 01/30/2026	7556	217058

6. Patient's Name and Address

Linda Ropka
303 N Rolling Rd,
CATONSVILLE, MD 21228-
443-668-1949

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 01/23/1949 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I35.0	Nonrheumatic aortic (valve) stenosis	12/02/25

13. ICD	Other Pertinent Diagnoses	Date
Z79.02	Long term (current) use of antithrombotics/antiplatelets	12/02/25
Z79.899	Other long term (current) drug therapy	12/02/25
Z91.81	History of falling	12/02/25

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

Calcium Carbonate-Vit D3 (CALCIUM 600 + D) 600 mg-10 mcg (400 unit) , TAKE 1 TABLET by mouth once a day
Lipitor - Atorvastatin Calcium eq 40 mg base 40 mg, Take 1 tablet by mouth once a day for cholesterol and heart protection
Tylenol - Acetaminophen Take 500 mg capsule by mouth every 6 hours as needed for pain
Plavix - Clopidogrel Bisulfate eq 75 mg base 75 mg, Take 1 tablet by mouth once a day
Zyrtec - Cetirizine Hydrochloride 10 mg, Take 1 tablet by mouth once a day as needed
Arimidex - Anastrozole 1 mg 1 mg, Take 1 tablet by mouth once a day
Stiolto Respimat - Olodaterol Hydrochloride: Tiotropium Bromide 2.5-2.5 mcg/act, Inhale 2 puffs by mouth once a day (Controller inhaler)
Prozac - Fluoxetine Hydrochloride eq 40 mg base 40 mg, Take 1 capsule by mouth in the morning
Amilodipine - Amlodipine Besylate 5 mg; 1 tab by mouth once a day
Alvesco - Ciclesonide 0.08 mg/inh 80 mcg/act, Inhale 1 puff by mouth twice a day (controller inhaler)
Trazadone - Trazodone Hydrochloride 150 mg tablet by mouth once a day For sleep
Buspar - Buspirone Hydrochloride 15 mg 15 mg, take 1 tablet by mouth three times a day Depression
Levalbuterol Hydrochloride - Levalbuterol Hydrochloride eq 0.042 perc base 2 puffs inhalant four times a day for shortness of breath
Primidone - Primidone 50 mg 1 tablet by mouth twice a day For sleep
Melatonin - Melatonin 10mg tablet by mouth at bedtime For sleep
Mirtazapine - Mirtazapine 15 mg 1/2 tablet by mouth at bedtime Depression

14. DME and Supplies:

grab bars, rolling walker, bath bench, 4 wheeled walker

15. Safety Measures:

smoke detectors , , medication safety, fall precautions, emergency phone number prominently displayed, electrical safety measures, bathroom safety, ambulates with device, activity supervision, ambulates with assistance

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

azithromycin, Seafood, Albuterol, Erythromycin, Lisinopril

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial 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: 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

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Nonrheumatic aortic (valve) stenosis, 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 76-year-old female with a medical history significant for hypertension, COPD, hyperlipidemia, anxiety, and right breast cancer, referred for home physical therapy following recent falls. Previously, she ambulated independently with a rollator while residing in an assisted living facility. She now presents with decreased lower-extremity strength, demonstrated by 3/5 MMT bilaterally, and requires minimal assistance for transfers and short-distance ambulation with a rolling walker, with activity tolerance limited by fatigue. The patient will benefit from skilled physical therapy to improve strength, enhance balance, and increase safety and independence in functional mobility in order to return to her prior level of function.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 12/02/2025<o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 11/26/2025
 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat DX: Nonrheumatic aortic (valve) stenosis
 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 - SN Notes: <o:p></o:p> Physician: Nong Libend, Christelle

SN Careplans

SN Goals

PT Careplans

PT Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/02/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Christelle Nong Libend
1701 Twin Springs Road
Halethorpe, MD 21227
PHONE: FAX: NPI: 1780096446

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 : 11/26/2025

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: 1150/14475

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
54311406	12/02/2025	From: 12/02/2025 To: 01/30/2026	7556	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Linda Ropka 303 N Rolling Rd, CATONSVILLE, MD 21228- 443-668-1949	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

PT WK1: 2 (12/02/25-12/06/25) ,WK2: 2 (12/07/25-12/13/25) ,WK3: 2 (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: 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), 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: GG0130B1 - Oral Hygiene, 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, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating, GG0170E1 - Chair to Bed to Chair, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, M1610 - Urinary Incontinence, limited endurance, limited strength, Pain Interference with ADLs, balance deficit, Pain Interference with Therapy activities

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, work simplification/energy conservation, dynamic standing balance exercises, gait training on uneven surfaces, gait training/stair training, transfers training, assist with bathing, therapeutic exercises

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, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Oral Hygiene - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, 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 - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, Picking Up Object - 04. Supervision or touching assistance, Medication Review

PATIENT-STATED GOAL: To be able to walk further distances

GOALS
caregiver performs medical/rehabilitation treatments with adequate competence

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching

Picking Up Object - 04. Supervision or touching 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 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

caregiver administers and/or packages medications appropriately

Oral Hygiene - 05. Setup or clean-up assistance

Sit to Stand - 04. Supervision or touching assistance

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

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

Medication Review

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/02/2025