Home Health Certification and Plan of Care

Order ID: 1150/14140

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
35138825	11/18/2025	From: 11/18/2025 To: 01/16/2026	19592	217058

6. Patient's Name and Address
Carmen Wiessner
419 Donegal Drive,
Towson, MD 21286-
443-991-5799

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 11/21/1926 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M54.31	Sciatica right side	11/18/25

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	11/18/25
N18.9	Chronic kidney disease u	11/18/25
D63.1	Anemia in chronic kidney disease	11/18/25
E78.5	Hyperlipidemia unspecified	11/18/25
M19.90	Unspecified osteoarthritis unspecified site	11/18/25
M10.9	Gout unspecified	11/18/25
N32.81	Overactive bladder	11/18/25
H91.90	Unspecified hearing loss unspecified ear	11/18/25
Z85.3	Personal history of malignant neoplasm of breast	11/18/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	11/18/25
Z79.01	Long term (current) use of anticoagulants	11/18/25

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

CENTRUM ORAL Take by mouth. 1 tablet a day by mouth at bedtime Vitamin Take by mouth. 1 tablet a day
Pravachol - Pravastatin Sodium 40 MG tablet, take 1 tablet by mouth once a day HTN
Amlodipine - Amlodipine Besylate 10 mg take 1 tablet by mouth once a day
Eliquis - Apixaban 2.5 mg take 1 tablet by mouth twice a day
Lopressor - Metoprolol Tartrate 100 mg 50 mg take 1.5 tablet by mouth twice a day Take 1 tablets (100 mg total) by mouth 1x a day.
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1,000 unit, take 1 tablet by mouth once a day
Furosemide - Furosemide 20 MG, take 1 tablet by mouth once a day Up to 3 tablets 60 mg total) by mouth
daily.
Aldactone - Spironolactone 25 MG, take 0.5 tablet by mouth once a day Take 0.5 tablets (12.5 mg total) by mouth daily
Miralax - Polyethylene Glycol 3350 Take 17 g by mouth by mouth once a day Take 17 g by mouth as needed
Entresto - Sacubitril: Valsartan 24-26 mg by mouth twice a day 1 tablet
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5mg by mouth as necessary As needed

14. DME and Supplies:
sock aid, cane, bath bench, grab bars, 4 wheeled walker

15. Safety Measures:
walker precautions, standard precautions, fall precautions, ambulates with device

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
bee venom poison ivy penicillin tolterodine

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Walker, Exercises Prescribed, Transfer bed/Chair, 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: 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 Sciatica right side, 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 99-year-old female with a medical history significant for anemia, arthritis, breast cancer, left foot drop, gout, hyperlipidemia, hypertension, overactive bladder, and prior cerebrovascular accident. She presents to home health following a recent hospital admission for severe right hip osteoarthritis. The patient resides in a single-level home with one step to enter the sunroom, where she spends most of her time; her son resides with her and provides daily assistance, while her daughter visits weekly to help with bathing. Assessment revealed limitations in standing balance, functional mobility, strength, and endurance, with right hip range of motion and strength restricted due to pain, particularly during transitional movements such as sit-to-stand. She is currently able to stand and transfer independently with or without a rollator, negotiate a single step with supervision, and ambulate indoors using a rollator with supervision. Outdoor ambulation and car transfers were not assessed. The TUG score was 56 seconds, indicating a high fall risk. The home exercise program, including supine, seated, and standing exercises, as well as ambulation for endurance, was reviewed. Recommendations were made for a second rollator in the sunroom, removal of shower doors with replacement by a curtain, and use of an appropriate tub transfer bench. The family is very supportive, and starting in January, the patient's insurance will cover a home health aide. The patient will benefit from skilled therapy to address deficits, promote independence, and support a safe return to her prior level of function.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 11/18/2025 <o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 11/04/2025
 Clinical Condition Requiring Home Care per Certifying Physician: PT evaluate and treat DX: Sciatica right side
 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 - PT Notes:<o:p></o:p> Physician: Ankrom, Michael

SN Careplans

SN Goals

PT Careplans

PT Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/18/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Michael Ankrom
6701 N Charles St
Baltimore, MD 21204
PHONE: 4438493184 FAX: 14438493182 NPI: 1750327441

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 : 11/04/2025

27. Attending Physician's Signature and Date Signed **11/26/2025**: 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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Carmen Wiessner 419 Donegal Drive, Towson, MD 21286- 443-991-5799	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

PT WK1: 1 (11/18/25-11/22/25), WK2: 3 (11/23/25-11/29/25)

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, 8. Currently reports exhaustion

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: GG0130G1 - Lower Body Dressing, 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, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0130H1 - Don/Doff Footwear, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, frequent urination, limited strength, limited endurance, muscle weakness, Pain Interference with ADLs

PROCEDURES: Therapeutic exercise , Dynamic standing balance , Medication Review-Medications reviewed with patient/caregiver., gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * 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, Oral Hygiene - 06. Independent, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, 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, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance

PATIENT-STATED GOAL: To walk independently with rollator, improve balance, decrease right hip pain;Medication Review- Patient/caregiver recalls related purpose and schedule of medications.

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

Oral Hygiene - 06. Independent

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

Toileting Hygiene - 06. Independent

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

Eating - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

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

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/18/2025