Home Health Certification and Plan of Care

Order ID: 1150/14610

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
21296647	12/03/2025	From: 12/03/2025 To: 01/31/2026	20128	217058

6. Patient's Name and Address

Theresa Voland
501 Dolphin St Apt 312,
BALTIMORE, MD 21217-
410-387-6037

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 07/10/1957 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S52.124D	Nondisp fx of head of r rad subs for clos fx w routn heal	12/03/25

13. ICD	Other Pertinent Diagnoses	Date
S82.832D	Oth fx upr & low end l fibula subs for clos fx w routn heal	12/03/25
I11.0	Hypertensive heart disease with heart failure	12/03/25
I50.9	Heart failure unspecified	12/03/25
I48.0	Paroxysmal atrial fibrillation	12/03/25
J44.9	Chronic obstructive pulmonary disease unspecified	12/03/25
K74.60	Unspecified cirrhosis of liver	12/03/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	12/03/25
E11.69	Type 2 diabetes mellitus with other specified complication	12/03/25
E78.5	Hyperlipidemia unspecified	12/03/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	12/03/25
D64.9	Anemia unspecified	12/03/25
K20.90	Esophagitis unspecified without bleeding	12/03/25
F17.210	Nicotine dependence cigarettes uncomplicated	12/03/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	12/03/25
Z79.01	Long term (current) use of anticoagulants	12/03/25
Z91.81	History of falling	12/03/25

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

Pletal - Cilostazol 50 mg, Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times a day
Protonix - Pantoprazole Sodium 40 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily 30 to 60 minutes prior to a meal
Norvasc - Amlodipine Besylate 10 mg, Take 1 tablet by mouth once a day
Catapres-Tts-1 - Clonidine 0.1 mg/24 hr TD Weekly Patch, Apply 1 Patch topical once a week Apply 1 Patch to affected area(s) every 7 days
Amaryl - Glimepiride 1 mg , Take 1 tablet by mouth in the morning Take 1 tablet by mouth every morning with a meal
Lipitor - Atorvastatin Calcium 10 mg, Take half tablet by mouth once a day Take half tablet by mouth daily For cholesterol and heart protection. Reduced dose due to CIRRHOSIS
Neurontin - Gabapentin 100 mg , Take 2 capsules by mouth three times a day Take 2 capsules by mouth 3 times a day (Patient not taking: Reported on 9/25/2025)
Dabigatran Etexilate - Dabigatran Etexilate 150 mg by mouth twice a day
Prinivil - Lisinopril 10 mg 5 mg , Take 1 tablet by mouth once a day
Cardizem Cd - Diltiazem Hydrochloride 120 mg, Take 1 capsule by mouth once a day Take 1 capsule by mouth daily
Glipizide - Glipizide 5 mg 1/2 tab by mouth before meal
Albuterol Inhaler - Albuterol 2 puffs q 4 hours 90 mcg by mouth every 4-6 hours Prn shortness of breath
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5 mg by mouth every 4 hours Prn pain

14. DME and Supplies:

cane, sling, Needs Wheelchair

15. Safety Measures:

smoke detectors , non-weight bearing LLE, , emergency phone number prominently displayed, , electrical safety measures, diabetic precautions, bathroom safety, , ambulates with assistance, activity supervision, Non weight bearing right upper extremity

16. Nutrition:

regular

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance, Non weight bearing left leg and right arm

18.B. Activities Permitted

Cane, 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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

22. A Rehabilitation Potential:

22.B.Discharge Plans

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/03/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Marc Wilson
815 E Pratt St
Baltimore, MD 21202
PHONE: 410-637-5700 FAX: 1-410-637-5701 NPI: 1275565251

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.

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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.

patient will be responsible for managing treatment

Homebound status:

Due to diagnosis of Nondisplaced Fracture Of Head Of Right Radius, Subsequent Encounter For Closed 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 68-year-old female with a significant past medical history of congestive heart failure, hypertension, liver cirrhosis, chest pain, chronic obstructive pulmonary disease, diabetes mellitus, alcohol abuse, and other substance abuse, who recently sustained a mechanical fall resulting in a left distal fibular fracture and a right radial head fracture. She was hospitalized and subsequently discharged from a subacute facility to home; at the time of discharge she was ordered to be non-weight bearing on the left lower extremity and the right upper extremity, with the right arm supported in a sling. The patient lives alone in an elevator-accessible apartment. Despite non-weight-bearing precautions, the therapist encountered the patient in the building lobby after she had ambulated independently to a nearby neighborhood store wearing a left CAM boot, demonstrating a moderate antalgic and limping gait with decreased weight bearing through the left lower extremity. Inside the home, the patient ambulated approximately 50 feet with supervision, placing reduced weight through the left leg. She is currently able to perform sit-to-stand transfers from a chair or sofa with supervision while attempting to limit use of the right upper extremity, and bed mobility is completed with supervision. Car transfers, stair negotiation, and outdoor mobility were not formally assessed for safety reasons. The patient is homebound due to the significant effort required to leave the home, as evidenced by a Tinetti score of 7/28. Although a wheelchair is present in the home, it is oversized and not functional for her use; she is unable to safely maintain non-weight-bearing status on the left lower extremity without an appropriately fitted wheelchair. A notification regarding the urgent need for a properly sized wheelchair was placed in the Kaiser portal. From an occupational therapy perspective, the patient requires contact guard assistance for bathing, dressing, sit-to-stand, and toilet transfers, with frequent verbal cues required for proper limb placement to maintain precautions. She demonstrates limited range of motion of the right upper extremity secondary to fracture and generalized weakness of the left upper extremity, further impacting functional independence. The patient has difficulty adhering consistently to non-weight-bearing precautions, placing her at high risk for re-injury and further falls. Based on her current functional limitations, impaired mobility, inadequate durable medical equipment, and high fall risk, the patient would benefit from continued skilled home health therapy services to improve strength, reinforce safety and non-weight-bearing compliance, optimize functional mobility, and support a safe return toward independence once medically appropriate.
 Date of Order 12/03/2025 Orders Physician Face-to-Face Date: 11/26/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat due to Nondisplaced Fracture Of Head Of Right Radius, Subsequent Encounter For Closed 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 OT Eval Notes: Physician Wilson, Marc

SN Careplans

SN Goals

PT Careplans

PT WK1: 2 (12/03/25-12/06/25) ,WK2: 1 (12/07/25-12/13/25) ,WK3: 2 (12/14/25-12/20/25) ,WK4: 1 (12/21/25-12/27/25) ,WK5: 1 (12/28/25-01/03/26) ,WK6: 1 (01/04/26-01/10/26) ,WK7: 1 (01/11/26-01/17/26) ,WK8: 1 (01/18/26-01/24/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 7

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), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 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, 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

PT Goals

PATIENT-STATED GOAL: Be able to walk by myself without pain

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

patient/caregiver recalls
* pain control
* therapeutic exercises to optimize range of motion of affected area
* diet and fluids to promote healing
* 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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

12/03/2025

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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: 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, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170F1 - Toilet Transfer, GG0170K1 - Walk 150 Feet, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, limited endurance, limited range of motion, limited strength, balance deficit, Pain Interference with ADLs, Pain Effect on Sleep, rough/scaly/cracked skin

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Sitting knee extension, ankle pumps, gait training on uneven surfaces, gait training/stair training, transfers training, teach/coordinate/arrange medication packaging and/or administration

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 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, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, 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

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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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

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

Sit to Stand - 06. Independent

OT Careplans

OT WK1: 1 (12/03/25-12/06/25) ,WK2: 1 (12/07/25-12/13/25) ,WK3: 1 (12/14/25-12/20/25) ,WK5: 1 (12/28/25-01/03/26) ,WK6: 1 (01/04/26-01/10/26) ,WK7: 1 (01/11/26-01/17/26) ,WK8: 1 (01/18/26-01/24/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, 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: ADLs , Patient/caregiver recalls related purpose and schedule of medications: Medication Review , work simplification/energy conservation, transfers training, 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, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: Patient wants to get better

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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/03/2025