Home Health Certification and Plan of Care

Order ID: 1150/14598

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
99222588	12/03/2025	From: 12/03/2025 To: 01/31/2026	20090	217058

6. Patient's Name and Address
Karen Wingate
6213 Collingsway Rd,
CATONSVILLE, MD 21228-
443-743-7837

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 04/29/1962 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.89	Encounter for other orthopedic aftercare	12/03/25

13. ICD	Other Pertinent Diagnoses	Date
M54.12	Radiculopathy cervical region	12/03/25
G95.89	Other specified diseases of spinal cord	12/03/25
I10.	Essential (primary) hypertension	12/03/25
E11.9	Type 2 diabetes mellitus without complications	12/03/25
C50.912	Malignant neoplasm of unspecified site of left female breast	12/03/25
E78.5	Hyperlipidemia unspecified	12/03/25
M19.022	Primary osteoarthritis left elbow	12/03/25
R40.0	Somnolence	12/03/25
Z79.51	Long term (current) use of inhaled steroids	12/03/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	12/03/25
Z90.710	Acquired absence of both cervix and uterus	12/03/25
Z87.891	Personal history of nicotine dependence	12/03/25

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

Lipitor - Atorvastatin Calcium 20 mg Oral Tab, take 1 tablet by mouth once a day for cholesterol and heart protection
Norvasc - Amlodipine Besylate eq 5 mg base 5 mg Oral Take 1 tablet by mouth once a day Blood pressure
Metformin - Metformin Hydrochloride 500 mg Oral Tab Take 1 tablet by mouth twice a day with meals for diabetes
blood sugar diagnostic (ONETOUCH VERIO TEST STRIPS) Misc Strips Check your blood sugar 2 times a week
before breakfast and dinner
Acetaminophen - Acetaminophen 325 mg tablet, 2 tablets by mouth every 4 hours As needed for pain

14. DME and Supplies:
Raised toilet seat

15. Safety Measures:
diabetic precautions, bathroom safety, ambulates with assistance, activity supervision, Cervical precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
penicillin oxycodone

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Up As Tolerated, No bending, lifting more than 5lb, twisting neck

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: Yes

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
patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: After undergoing Cervical Myelopathy And Subsequently Underwent A C5-C6 Anterior Cervical Discectomy And Fusion, 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 63-year-old female with a past medical history significant for hypertension, diabetes mellitus, hyperlipidemia, and a mood disorder who was recently hospitalized for cervical myelopathy and subsequently underwent a C5-C6 anterior cervical discectomy and fusion. Prior to hospitalization, the patient was ambulating without an assistive device and was independent in all activities of daily living. She currently resides with her family in a single-level home and is wearing a soft cervical brace as prescribed. The patient is also scheduled for a future left breast lumpectomy due to a breast mass. At the start of care physical therapy evaluation, the patient demonstrated bilateral lower extremity strength of 4/5 on manual muscle testing and requires supervision for ambulation and stair negotiation for safety. She is currently ambulating without an assistive device within the home. The patient denied pain at the time of evaluation. Occupational therapy assessment revealed that the patient is independent with upper and lower body dressing using compensatory strategies, independent with bathing at the tub and sink, and independent with sit-to-stand, toilet, and tub transfers using appropriate and safe transfer techniques. She is also able to perform light meal preparation independently. Based on her current functional status, no further occupational therapy services are indicated at this time. The patient would benefit from skilled physical therapy services to address residual lower extremity weakness, improve balance, enhance safety, and increase independence with functional mobility in order to return to her prior level of function.
 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 Cervical Myelopathy And Subsequently Underwent A C5-C6 Anterior Cervical Discectomy And Fusion 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 Modjo Kenmogne, Leopoldine

SN Careplans

SN Goals

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
Leopoldine Modjo Kenmogne
3001 Hospital Dr
Cheverly, MD 20785
PHONE: 410-737-5000 FAX: 14107375401 NPI: 1114312444

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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PT Careplans

PT WK1: 1 (12/03/25-12/06/25) ,WK2: 1 (12/07/25-12/13/25) ,WK3: 1 (12/14/25-12/20/25) ,WK4: 1 (12/21/25-12/27/25)

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: 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: 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, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, D0160 - Depression, M2020 - Oral Med Management, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, limited strength, muscle weakness, balance deficit, #1 - Observable Surgical Wound - Other - Anterior neck -

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver., Review cervical precautions: no bending or twisting neck, lifting more than 5lb , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: Leave anterior neck incision open to air, gait training on uneven surfaces, gait training/stair training, transfers training, therapeutic exercises, teach/coordinate/arrange medication packaging and/or administration

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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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 - 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, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Medication Review

PT Goals

PATIENT-STATED GOAL: To regain strength

GOALS
patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* 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 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

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

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

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Medication Review

OT Careplans

OT WK1: 4 (12/02/25-12/06/25)

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

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 -

OT Goals

PATIENT-STATED GOAL: Eval only

GOALS
Shower/Bathe Self - 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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
12/03/2025

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05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

* recalls related medication(s) purpose, schedule

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

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