Home Health Certification and Plan of Care

Order ID: 1150/14557

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7J12Q73UM19	12/03/2025	From: 12/03/2025 To: 01/31/2026	20119	217058

6. Patient's Name and Address

Annafaye Joffe
3211 Clarks Lane Apt. 306,
BALTIMORE, MD 21215-
410-653-1377

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 03/06/1934 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M15.9	Polyosteoarthritis unspecified	12/03/25

13. ICD	Other Pertinent Diagnoses	Date
S20.229D	Contusion of unspecified back wall of thorax subs encntr	12/03/25
S09.90XD	Unspecified injury of head subsequent encounter	12/03/25
I10.	Essential (primary) hypertension	12/03/25
E03.9	Hypothyroidism unspecified	12/03/25
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	12/03/25
H91.90	Unspecified hearing loss unspecified ear	12/03/25
F41.9	Anxiety disorder unspecified	12/03/25
E83.42	Hypomagnesemia	12/03/25
Z79.899	Other long term (current) drug therapy	12/03/25
Z79.02	Long term (current) use of antithrombotics/antiplatelets	12/03/25
Z96.642	Presence of left artificial hip joint	12/03/25
Z87.891	Personal history of nicotine dependence	12/03/25
Z91.81	History of falling	12/03/25

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

Amlodipine - Amlodipine Besylate 10 MG Oral Tablet, take 1 tablet by mouth at bedtime for Hypertension Hold for SBP less than 100
Clopidogrel Bisulfate - Clopidogrel Bisulfate 75 MG Oral Tablet, Take 1 tablet by mouth once a day for CVA/Stroke
Donepezil Hydrochloride - Donepezil Hydrochloride 5 MG Oral Tablet ,take 1 tablet by mouth at bedtime for Dementia
GenTeal Tears Ophthalmic Solution 0.1-0.3% Instill 1 drop both eyes once a day for DRY EYES
Levothyroxdne Sodlum 50 MCG Oral Tablet,take 1 tablet by mouth in the morning for Hypothyroidism
Losartan Potassium - Losartan Potassium 100 MG Oral Tablet,take 1 tablet by mouth once a day or Hypertension Hold for SBP less than 100
Quetiapine Fumarate - Quetiapine Fumarate 25 MG Oral Tablet ,take 1 tablet by mouth at bedtime for Dementia with behavioral issues
Sertraline Hcl - Sertraline Hydrochloride 50 MG Oral Tablet,take 1 tablet by mouth once a day for Depression
Acetaminophen - Acetaminophen 325 MG Oral Tablet,take 2 tablet by mouth every 6 hours as needed for Mild pain (pain score 1-3) Not to exceed 3gms from all sources in 24hrs
Omeprazole Magnesium - Omeprazole Magnesium eq 20 mg base 20mg by mouth once a day GERD

14. DME and Supplies:

walker

15. Safety Measures:

remove environmental barriers, toe-touch weight bearing LLE, walker precautions, standard precautions, fall precautions, bleeding precautions, bathroom safety, anticoagulant precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

low sodium

17. Allergies:

cipro cortisone erythromycin povidine iodine naprosyn fish

18.A. Functional Limitations

Hearing, Endurance, Ambulation

18.B. Activities Permitted

Up As Tolerated, Walker

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations 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

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Polyosteoarthritis unspecified , 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 91-year-old female with a recent hospitalization and subacute rehabilitation stay following a fall that resulted in a left-sided head contusion, with no fractures identified. She currently resides with her daughter, Devera, a registered nurse who provides supervision and assistance. The patient is alert and oriented to person and place, with intermittent forgetfulness, and ambulates with a rollator requiring supervision for safety due to unsteadiness and a history of falls. Her home environment contains cluttered and tight spaces, and home safety education was provided. She reports no pain, denies dizziness, reports normal bowel and bladder function, and has no wounds; she takes Tylenol as needed and is on anticoagulation without signs of abnormal bleeding. Physical examination revealed generalized weakness, including bilateral upper-extremity strength measured at 4-/5. She requires contact guard or standby assistance for dressing, sit-to-stand transitions, and toilet transfers, with verbal cues for proper limb placement. She is currently bathing at the sink despite having a walk-in shower with a chair. The patient expressed a desire to improve her balance. Skilled nursing is planned at a frequency of 1w6, and PT, OT, and HHA services have been ordered to address mobility deficits, safety, and functional needs.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 12/03/2025<o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 11/12/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Polyosteoarthritis unspecified
 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:
 OT Eval Notes:<o:p></o:p> Physician: Moss, Robert

SN Careplans

SN 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) ,WK5: 1 (12/28/25-01/03/26) ,WK6: 1 (01/04/26-01/10/26)

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

SN Goals

PATIENT-STATED GOAL: no have any more falls;not to have any more falls

GOALS
patient/caregiver recalls
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety

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

Robert Moss
114 Business Center Dr
Reisterstown, MD 21136
PHONE: 4108332772 FAX: 14105264897 NPI: 1659304871

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 : 11/12/2025

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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HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 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

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:Do not resuscitate (DNR) orders

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M2020 - Oral Med Management, meal preparation, M1400 - Dyspnea, abnormal blood pressure, abnormal thyroid <> 0.40 - 4.50 mIU/mL, heartburn/indigestion, muscle spasms, muscle weakness, limited strength, limited endurance, balance deficit, B1000 - Vision Deficit, loss of appetite

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver, cough/deep breathing exercises, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired, coordinate/arrange home modifications for hearing impaired, i.e. alarms

TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, 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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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, * prescribed dietary modifications monitoring intake and output monitoring weight loss or weight gain monitor changes in neurological status, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, 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, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

* recalls related medication(s) purpose, schedule

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
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prescribed dietary modifications
* monitoring intake and output
* monitoring weight loss or weight gain
* monitor changes in neurological status
* 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
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* 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/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/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

meal preparation is available to patient for all meals

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)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, 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 , cough/deep breathing exercises, dynamic standing balance exercises, transfers training, therapeutic exercises

OT Goals

PATIENT-STATED GOAL: Patient wants to stand up straight

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

patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including

Signature of Physician:

Date

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

Date
12/03/2025

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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, Oral Hygiene - 05. Setup or clean-up assistance, 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, Patient will demonstrate improved bilateral upper extremity muscle strength from 4-/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

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

Oral Hygiene - 05. Setup or clean-up assistance

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

Patient will demonstrate improved bilateral upper extremity muscle strength from 4-/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

12/03/2025