Home Health Certification and Plan of Care

Order ID: 1150/14706

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30598134580	12/02/2025	From: 12/02/2025 To: 01/30/2026	20004	217058

6. Patient's Name and Address
Linda Lefavore
8436 Oakleigh Road,
PARKVILLE, MD 21234-
443-972-0407

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 09/16/1958 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
F33.9	Major depressive disorder recurrent unspecified	12/02/25

13. ICD	Other Pertinent Diagnoses	Date
F41.9	Anxiety disorder unspecified	12/02/25
I10.	Essential (primary) hypertension	12/02/25
F06.34	Mood disorder due to known physiol cond w mixed features	12/02/25
K58.2	Mixed irritable bowel syndrome	12/02/25
K31.84	Gastroparesis	12/02/25
M54.9	Dorsalgia unspecified	12/02/25
Z87.440	Personal history of urinary (tract) infections	12/02/25

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

Alprazolam - Alprazolam 2MG TABLETS,TAKE 1 TABLET by mouth twice a day AS NEEDED
VOQUEZNA 10MG TABLETS, Take 1 tablet by mouth once a day
Pantoprazole - Pantoprazole Sodium 40MG TABLETS, Take 1 Tablet by mouth twice a day
Amlodipine - Amlodipine Besylate 2.5mg tablet , Take 1 tablet by mouth once a day
Mirtazapine - Mirtazapine 15MG TABLETS,Take 1 tablet by mouth at bedtime
usodiol 250 mg tablet,Take 1 tablet by mouth twice a day
Ibuprofen - Ibuprofen 600mg tablet,Take 1 tablet by mouth three times a day with food or milk as needed for pain
Ciprofloxacin - Ciprofloxacin 250 mg 2 TAB by mouth twice a day For UTI use for 7 days
Seroquel - Quetiapine Fumarate eq 25 mg base 0-5 tab by mouth once a day

14. DME and Supplies:
None of the above

15. Safety Measures:
activity supervision, ambulates with assistance, ambulates with device,

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
penicillin

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Transfer bed/Chair, 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: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Major Depressive Disorder Recurrent 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 66-year-old female with a past medical history significant for chronic low back pain and unsteady gait who reports worsening severe pain, generalized weakness, and anxiety. She resides in a row home with her son and granddaughter. Prior to this decline, the patient lived in a two-story home with her son and was independent with basic self-care, functional transfers, and household ambulation without the use of an assistive device. She was able to heat frozen meals independently while her son assisted with heavier household tasks. Currently, the patient demonstrates decreased standing balance, reduced standing tolerance, diminished bilateral upper-extremity strength, and impaired overall activity tolerance, resulting in difficulty completing self-care activities, functional transfers, and safe ambulation. She also reports that she has run out of her prescribed lidocaine patches and muscle relaxant used for pain management; the primary care provider, Dr. Rollins, was contacted and confirmed that new prescriptions will be sent to the pharmacy. Skilled therapy interventions are indicated at this time, and skilled occupational therapy is recommended to address deficits contributing to decreased functional independence, optimize safety, and support the patient in performing ADLs and mobility tasks effectively within her home environment.
 Date of Order 12/02/2025 Orders Physician Face-to-Face Date: 11/25/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and treat, SW community resources due to Major Depressive Disorder Recurrent Unspecified 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 Rollins Mrs., Lawanda

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (12/02/25-12/06/25) ,WK2: 2 (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)

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: 1. History of falls (2 or more falls - or any fall with an injury - in

PT Goals

PATIENT-STATED GOAL: To walk straight and be pain free

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating

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
Lawanda Rollins Mrs.
8831 Satyr Hill Rd Ste 100
Parkville, MD 21234
PHONE: 443-946-1896 FAX: 14434952902 NPI: 1003384165

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 : 11/25/2025

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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the past 12 months), 4. Multiple emergency department visits (2 or more) in the past 6 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: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, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170F1 - Toilet Transfer, M1720 - Anxiety, D0160 - Depression, M2020 - Oral Med Management, M1400 - Dyspnea, M1600 - UTI, muscle weakness, Pain Interference with ADLs, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , Home exercises : Slr, long arc , marching and mini squats --10x2 reps , cough/deep breathing exercises, incentive spirometer, gait training on uneven surfaces, gait training/stair training, transfers training

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, * 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, * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, 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

* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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
* 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 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/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
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

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

Sit to Stand - 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

OT Careplans

OT WK1: 1 (12/02/25-12/06/25) ,WK2: 1 (12/07/25-12/13/25) ,WK3: 1 (12/14/25-12/20/25) ,WK4: 1 (12/21/25-12/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, 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: Medication Review : Medication reviewed with patient , equipment training, work simplification/energy conservation, 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)

OT Goals

PATIENT-STATED GOAL: I want to be able to clean my house

GOALS
Shower/Bathe Self - 06. Independent

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

Signature of Physician:

Date

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

Date
12/02/2025

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purpose, schedule, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 06. Independent, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

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	12/02/2025