Home Health Certification and Plan of Care

Order ID: 1150/14636

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
96247645	12/04/2025	From: 12/04/2025 To: 02/01/2026	20016	217058

6. Patient's Name and Address

Nancy Soper
1913 Church Road,
Dundalk, MD 21222-
410-284-4271

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 08/23/1956 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
G89.4	Chronic pain syndrome	12/04/25

13. ICD	Other Pertinent Diagnoses	Date
M25.512	Pain in left shoulder	12/04/25
S61.412D	Laceration without foreign body of left hand subs encntr	12/04/25
J43.2	Centrilobular emphysema	12/04/25
J45.909	Unspecified asthma uncomplicated	12/04/25
J98.01	Acute bronchospasm	12/04/25
F32.A	Depression unspecified	12/04/25
K21.9	Gastro-esophageal reflux disease without esophagitis	12/04/25
F17.210	Nicotine dependence cigarettes uncomplicated	12/04/25
F40.240	Claustrophobia	12/04/25
F41.0	Panic disorder [episodic paroxysmal anxiety]	12/04/25
F43.12	Post-traumatic stress disorder chronic	12/04/25
N13.6	Pyonephrosis	12/04/25
K59.00	Constipation unspecified	12/04/25
Z91.81	History of falling	12/04/25

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

Duoneb - Albuterol Sulfate: Ipratropium Bromide 0.5 mg-3 mg(2.5 mg base)/3 mL Neb Soln 3 mL, 3 mL X1 inhalant as necessary
Ultram - Tramadol Hydrochloride 50 mg, Take 1 tablet by mouth as necessary Take 1 tablet
by mouth 2 to 3
times a day as
needed for
moderate to
severe pain
Lyrica - Pregabalin 75 mg, Take 1 capsule by mouth at bedtime Take 1 capsule
by mouth daily
at bedtime
Ventolin Hfa - Albuterol Sulfate 90 mcg/actuation Inhl HFAA, Inhale 2 puffs inhalant every 4 hours Inhale 2 puffs
by mouth every
4 hours as
needed for
quick relief of
asthma
symptoms or
shortness of
breath
Zoloft - Sertraline Hydrochloride 100 mg, Take 2 tablets by mouth at bedtime Take 2 tablets
by mouth daily
at bedtime
Seroquel - Quetiapine Fumarate 400 mg, Take 1 and one-half tablets by mouth at bedtime Take 1 and
one-half tablets
by mouth daily
at bedtime
Lipitor - Atorvastatin Calcium 40 mg, Take 1 tablet by mouth once a day
Lopressor - Metoprolol Tartrate 50 mg, Take 1 tablet by mouth every other day
Motrin - Ibuprofen 800 mg, Take 1 tablet by mouth every 8 hours Take 1 tablet
by mouth every
8 hours as
needed for pain
. Take with food
Combivent - Albuterol Sulfate: Ipratropium Bromide 20- 100 mcg/actuation, Inhale 1 puf inhalant every 6 hours
Phenergan - Promethazine Hydrochloride 25 mg, Take 1 tablet by mouth every 6 hours Take 1 tablet
by mouth every
6 hours as
needed for
nausea
Protonix - Pantoprazole Sodium 40 mg Oral TBEC DR Tab, Take 1 tablet by mouth twice a day Take 1 tablet
by mouth 2
times a day as
needed for
heartburn 30 to
60 minutes
prior to meals

14. DME and Supplies:
walker, cane

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

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
oxycodone peanuts predinsone

18.A. Functional Limitations
Endurance, Ambulation,

18.B. Activities Permitted
Walker, Up As Tolerated, Exercises Prescribed, Transfer bed/Chair

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: Yes

20. Prognosis: fair

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 12/04/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Laura Emmanuel-Allen
7141 Security Blvd
Woodlawn, MD 21044
PHONE: FAX: NPI: 1114312352

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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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

Homebound status:
Due to diagnosis of Chronic Pain Syndrome , 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 69-year-old female with a past medical history significant for asthma, depression/anxiety, gastroesophageal reflux disease (GERD), multiple recent falls, and a prior subdural hematoma, who presented to the acute urgent care setting with complaints of dizziness and recurrent falls at home. The most recent fall occurred while she was descending the stairs in her townhouse, during which she lost her balance and fell to the ground, striking the back of her head. At the time of assessment, the patient was noted to be frail, weak, nauseous, and experiencing shortness of breath. She was lying down during the visit and demonstrated significant difficulty with bed mobility, requiring assistance but was unable to stand or ambulate even with support. Physical findings included multiple visible bruises and lacerations to the dorsum of the left hand and bilateral lower extremities. The patient reported dizziness described as a "room spinning" sensation upon standing, consistent with vertiginous symptoms contributing to her fall risk. Prior to this current decline, the patient was independent with basic self-care activities including bathing and toileting and assisted her spouse with instrumental activities of daily living. She resides in a townhouse with her husband, who was not present during the visit due to being at work, and no other caregiver was available at the time of assessment. Currently, the patient demonstrates decreased standing balance, reduced standing and activity tolerance, and diminished bilateral upper extremity strength, resulting in impaired self-care performance, functional transfers, and overall mobility. Given these findings and the high risk for further injury, skilled occupational therapy services are recommended to address the identified deficits and promote a safe return to functional independence.
 Date of Order 12/04/2025 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 Chronic Pain Syndrome 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 Emmanuel-Allen, Laura

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (12/04/25-12/06/25) ,WK2: 2 (12/07/25-12/13/25) ,WK3: 2 (12/14/25-12/20/25) ,WK4: 2 (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: 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), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 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:Do not resuscitate (DNR) orders

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170F1 - Toilet Transfer, D0160 - Depression, M1720 - Anxiety,

PT Goals

PATIENT-STATED GOAL: To get stronger , walk and be pain free;Home exercises

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 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/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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

Signature of Physician:

Date

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

Date
12/04/2025

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M2020 - Oral Med Management, M2102c - Med Admin, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, M1400 - Dyspnea, dizziness/syncope, nausea/vomiting, M1600 - UTI, muscle weakness, limited strength, Pain Interference with ADLs, weak hand grips, balance deficit, bruising/discoloration

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, 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 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, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * how to manage symptoms of nicotine withdrawal and nicotine cravings, related medication(s) purpose, schedule, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, 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, * 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, caregiver administers and/or packages medications appropriately, 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
* low-fat diet
* lifestyle modifications to manage esophageal condition
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage symptoms of nicotine withdrawal and nicotine cravings
* 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
* 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
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

patient/caregiver recalls
* lifestyle modifications
* low-residue dietary guidelines
* alternative medicine options for ulcerative colitis
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase caloric intake
* 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/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

caregiver administers and/or packages medications appropriately

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 Goals

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, GG0130A1 - Eating, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear

PROCEDURES: Medication Review : Medication reviewed with patient. , equipment training, work simplification/energy conservation, transfers training, assist with bathing, assist with grooming, assist with lower body dressing, assist with upper body dressing, 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) purpose, schedule, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

PATIENT-STATED GOAL: Walk to the bathroom

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
* 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

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 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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