

Home Health Certification and Plan of Care				Order ID: 1150/14726	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
7AF2KM7HV99		12/06/2025		From: 12/06/2025 To: 02/03/2026 19918	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Gwendolyn Smallwood 2209 E North Ave, BALTIMORE, MD 21213- 667-930-3625				HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239	
8. DOB 06/08/1963 9.Sex Female				10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
11. ICD 10.		Principal Diagnosis		Date	
		Essential (primary) hypertension		12/06/25	
13. ICD R60.9 L21.0 E03.9 E78.5 M62.81 G40.909 G31.84 H61.23		Other Pertinent Diagnoses		Date	
		Edema unspecified		12/06/25	
		Seborrhea capitis		12/06/25	
		Hypothyroidism unspecified		12/06/25	
		Hyperlipidemia unspecified		12/06/25	
		Muscle weakness (generalized)		12/06/25	
		Epilepsy unsp not intractable without status epilepticus		12/06/25	
		Mild cognitive impairment of uncertain or unknown etiology		12/06/25	
		Impacted cerumen bilateral		12/06/25	
14. DME and Supplies:				15. Safety Measures:	
grab bars				standard precautions medication safety fall precautions	
16. Nutrition:				17. Allergies:	
low sodium, low cholesterol				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
Bowel/Bladder Incontinence				Up As Tolerated	
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: 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:		fair			
22. A Rehabilitation Potential:				22.B.Discharge Plans	
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.				family/caregiver will be responsible for managing treatment another facility/provider will be responsible for managing treatment	
Homebound status: Due to diagnosis of Essential Primary Hypertension , 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:		<div>The patient was referred by the primary care provider for home health services, including skilled nursing, physical therapy, occupational therapy, and medical social work, due to hypertension, constipation, and gait abnormalities. Past medical history is notable for cognitive impairment, hypothyroidism, hyperlipidemia, seizures, obesity, and opioid dependence. The patient resides in a privately owned assisted living facility, where staff assist with activities of daily living, instrumental activities of daily living, meal preparation, shopping, errands, and medication administration. The patient's skin was assessed and found to be intact. Skilled nursing services are recommended at a frequency of one visit per week for four weeks, with the next nursing visit scheduled for Tuesday. A physical therapy evaluation was completed, noting progressive functional decline over the past several years, as reported by the caregiver, including a shuffling gait and inconsistent use of a recently obtained rolling walker. The patient typically ambulates within the assisted living facility without an assistive device and negotiates steps with one railing under staff supervision. Although the patient attends day care twice weekly, she reportedly does not participate in planned activities. On examination, the patient demonstrates generalized weakness with approximately 2-5 strength in both upper and lower extremities and reduced right upper extremity function, including diminished grip strength. The patient requires contact guard assistance for transfers and short-distance ambulation and exhibits a short step length, absent heel strike bilaterally, and shuffling gait. While using the rolling walker, the patient is able to increase step length with verbal cues. Education was provided to both patient and facility staff regarding safe gait sequencing and cueing strategies. Skilled physical therapy services are recommended to address deficits in strength, balance, and safety awareness to enhance independence and support return to prior level of function. An occupational therapy assessment further identified decreased standing balance and tolerance, reduced bilateral upper extremity strength, impaired task initiation, and limited overall activity tolerance, resulting in reduced independence in self-care, functional transfers, and mobility. The patient previously resided in an assisted living facility and required supervision to minimal assistance with self-care tasks. Skilled occupational therapy services are recommended to address these deficits and promote improved functional performance and safety in daily activities.</div><div> </div><div> </div><div>Date of Order</div><div>12/06/2025</div><div>Orders</div><div>Physician Face-to-Face Date: 10/24/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's msw due to Essential Primary <mh			
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 12/06/2025					
24. Physician's Name and Address				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.	
Lawanda Rollins Mrs. 8831 Satyr Hill Rd Ste 100 Parkville, MD 21234 PHONE: 443-946-1896 FAX: 14434952902 NPI: 1003384165				F2F date : 10/24/2025	
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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6. Patient's Name and Address Gwendolyn Smallwood 2209 E North Ave, BALTIMORE, MD 21213- 667-930-3625		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		

class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-10 CE-FMS-Hypertension">Hypertension</mh></div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div>
</div><div>1 - SOC - SN Notes: soc</div><div>OT Eval Notes:</div><div>PT Eval Notes:</div><div>Physician</div><div>Rollins Mrs., Lawanda</div> SN Careplans SN WK1: 1 (12/06/25-12/06/25) ,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: 1. Non-agency caregiver(s) currently provide assistance 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, 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 ; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed. Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day. Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SpO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions. Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake. Provide education content at patient's level of health literacy. Assess/Instruct Pt/Pcg: Safety measures to prevent injury. Assess: Musculoskeletal status. Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage. Pt/Pcg educated in pain management techniques including positioning and relaxation techniques Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education., Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing. N/A Advance Directive:No Advance Directive PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, M1610 - Urinary Incontinence, muscle weakness, limited strength PROCEDURES: bladder training 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 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, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * pain control therapeutic exercises for muscle strengthening and flexibility diet and fluids to optimize and prevent constipation, 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	SN Goals PATIENT-STATED GOAL: I want to be healthy GOALS 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 patient/caregiver recalls * pain control * therapeutic exercises for muscle strengthening and flexibility * diet and fluids to optimize and prevent constipation * 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 * 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 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 * 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 * urinary incontinence management including bladder training * Kegel exercises * skin care * recalls related medication(s) purpose, schedule
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PT Careplans		PT Goals
Signature of Physician:		Date
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Optional Name/Signature of Nurse/Therapist:		Date
Electronically Signed by Messick, Charles RN		12/06/2025

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PT 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) ,WK7: 1 (01/11/26-01/17/26) ,WK8: 1 (01/18/26-01/24/26) ,WK9: 1 (01/25/26-01/31/26) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, 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, 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 PROCEDURES: Medication Review - : medications reviewed with patient/caregiver, cough/deep breathing exercises, dynamic standing balance exercises, gait training on uneven surfaces, gait training/stair training, 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, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 04. Supervision or touching 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		PATIENT-STATED GOAL: To be able to walk without help 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 Sit to Stand - 04. Supervision or touching assistance Chair to Bed to Chair - 04. Supervision or touching assistance Toilet Transfer - 04. Supervision or touching 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 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) PROBLEMS IDENTIFIED ON ASSESSMENT: 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 caregiver and patient , incentive spirometer, equipment training, work simplification/energy conservation, transfers training, assist with bathing, assist with toilet transferring, 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, Oral Hygiene - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, 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		OT Goals PATIENT-STATED GOAL: Do for myself 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 Oral Hygiene - 05. Setup or clean-up assistance Upper Body Dressing - 05. Setup or clean-up assistance Lower Body Dressing - 06. Independent Toileting Hygiene - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent		

Signature of Physician:	Date
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