# Home Health Certification and Plan of Care

**Order ID: 1150/14843**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 93355617 | 12/10/2025 | From: 12/10/2025 To: 02/07/2026 | 20405 | 217058 |

**6. Patient's Name and Address**

Veronica McDonald
4300 Frederick Avenue Apt 125,
BALTIMORE, MD 21229-
410-646-7662

**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** 06/09/1937 **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| J43.9 | Emphysema unspecified | 12/10/25 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| I50.9 | Heart failure unspecified | 12/10/25 |
| J96.11 | Chronic respiratory failure with hypoxia | 12/10/25 |
| J96.12 | Chronic respiratory failure with hypercapnia | 12/10/25 |
| F03.90 | Unsp dementia unsp severity without beh/psych/mood/anx | 12/10/25 |
| Z87.891 | Personal history of nicotine dependence | 12/10/25 |
| Z99.81 | Dependence on supplemental oxygen | 12/10/25 |

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

Budesonide - Budesonide 80-4.5 mcg/actuation Inhl HFAA, Inhale 2 Puffs inhalant twice a day Inhale 2 Puffs
by mouth 2
times a day
Spiriva - Tiotropium Bromide Monohydrate 18 mcg, Inhale 1 capsule orally by mouth once a day Inhale 1
capsule orally
1 time a day
for prevent
bronchospasm.
Rinse mouth
with water after
treatment.
Duoneb - Albuterol Sulfate: Ipratropium Bromide 0.5 mg-3 mg(2.5 mg base)/3 mL Inhl Neb Soln, 3 ml inhale inhalant every 6 hours 3 ml inhale orally via
nebulizer every
6 hours for
Bronchospasm
as directed
Lipitor - Atorvastatin Calcium 40 mg, Give 1 tablet by mouth at bedtime Give 1 tablet
by mouth at
bedtime for
Hyperlipidemia
Albuterol Inhaler - Albuterol 90mcg inhalant as necessary Rescue inhaler
Albuterol Inhaler - Albuterol 90mcg inhalant as necessary Rescues inhaler
O2 - Oxygen 2-3L nasal cannula continuous emphysema

**14. DME and Supplies:**

bath bench, walker

**15. Safety Measures:**

medication safety, activity supervision, ambulates with assistance, ambulates with device, bathroom safety, fall precautions, supervision at all times, standard precautions, walker precautions

**16. Nutrition:**

low cholesterol

**17. Allergies:**

no known allergies

**18.A. Functional Limitations**

Endurance, Ambulation

**18.B. Activities Permitted**

Up As Tolerated, Walker

**19. Mental & Pyschosocial Status:** COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 2. On awakening or at night 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:** fair

**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 Emphysema 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 an 88-year-old woman referred to home health services following a recent three-month rehabilitation stay related to a CHF exacerbation and hospitalization in New York for COPD with chronic hypoxic respiratory failure. Her past medical history includes congestive heart failure, emphysema, chronic respiratory failure, dementia, and a history of nicotine dependence. She currently resides in a first-floor apartment with her cousin and power of attorney, Delores Graves, who has provided supervision since 2018 after multiple reported falls in New York; no falls have been reported since the patient's return to Baltimore. The patient is alert but requires continuous supervision for safety and medication management, making it a taxing effort for her to leave the home. She is homebound, as evidenced by the significant effort required to leave the residence using a wheelchair and a Tinetti score of 16/28. The patient ambulates up to 30 feet twice with a rolling walker, supervision, and 3 L of supplemental oxygen, demonstrating decreased step length and poor endurance. She requires supervision or contact guard assistance for bed mobility, transfers to bed, chair, and toilet, and assistance with bathing and dressing. Upper extremity strength is 4/5 bilaterally, and the patient requires frequent cues to attend to tasks. The patient remains on supplemental oxygen via nasal cannula at 2-3 L with stable oxygen saturation and has a BiPAP (settings 4-11) that she is not currently using. Medications were reviewed with the caregiver, including education on actions, side effects, inhaler therapy (Spiriva and other maintenance inhalers), nebulizer use with demonstration, and lipid management with atorvastatin. A nebulizer mask was requested due to the patient's decreased strength and inability to hold a mouthpiece. The patient reports her last bowel movement occurred on Saturday and denies abdominal discomfort; bowel sounds were present, and no wounds, injuries, or abnormal bleeding were noted. The caregiver was also advised to maintain her own healthcare follow-up due to respiratory concerns. The patient is scheduled for a CT scan of the lungs on Friday, 12/12/25, at 4:00 PM at KP and has been ordered skilled nursing, physical therapy, occupational therapy, and home health aide services, with skilled nursing frequency of 1w1, 2w1, and 1w5.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 12/10/2025<o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 12/08/2025<br> Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat, OT eval and treat HHA DX: Emphysema unspecified<br> Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a

**23. Signature and Date of Verbal SOC Where Applicable:**

Electronically Signed by Messick, Charles RN on 12/10/2025

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**

Shanita Chase
3319 W Belvedere Ave
Baltimore, MD 21215
PHONE: 410-737-5000 FAX: 14107375401 NPI: 1487650891

**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 : 12/08/2025

**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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wheelchair to leave home<o:p></o:p> <br> 1 - SOC - SN Notes: <br> PT Eval Notes:<br> OT Eval Notes:<o:p></o:p> Physician: Chase, Shanita

## SN Careplans

SN WK1: 1 (12/10/25-12/13/25) ,WK3: 2 (12/21/25-12/27/25) ,WK4: 1 (12/28/25-01/03/26) ,WK5: 1 (01/04/26-01/10/26) ,WK6: 1 (01/11/26-01/17/26) ,WK7: 1 (01/18/26-01/24/26) ,WK8: 1 (01/25/26-01/31/26)

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: 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, M1745 - Behavioral Issues, M2020 - Oral Med Management, meal preparation, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, abn cholesterol > 200 mg/dL, poor muscle tone, muscle weakness, limited endurance, limited strength

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals

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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

## SN Goals

PATIENT-STATED GOAL: caregiver to get help with patient's medications

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

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

## PT Careplans

PT WK2: 1 (12/14/25-12/20/25) ,WK3: 1 (12/21/25-12/27/25) ,WK4: 1 (12/28/25-01/03/26) ,WK5: 1 (01/04/26-01/10/26) ,WK6: 1 (01/11/26-01/17/26) ,WK7: 1 (01/18/26-01/24/26) ,WK8: 1 (01/25/26-01/31/26) ,WK9: 1 (02/01/26-02/07/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, 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: Home exercise program : Supine hip flexion, hip abduction, hip extension, plantarflexion, squats. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps , cough/deep breathing exercises, 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, Toilet Transfer - 05. Setup or clean-up assistance

## PT Goals

PATIENT-STATED GOAL: To be able to walk to the car

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 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

Toilet Transfer - 05. Setup or clean-up assistance

Walk 10 Feet - 04. Supervision or touching assistance

## OT Careplans

## OT Goals

Signature of Physician:

Date



Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

12/10/2025

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OT WK1: 1 (12/10/25-12/13/25) ,WK2: 1 (12/14/25-12/20/25) ,WK4: 1 (12/28/25-01/03/26) ,WK5: 1 (01/04/26-01/10/26) ,WK6: 1 (01/11/26-01/17/26) ,WK7: 1 (01/18/26-01/24/26)

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: ADLs , Patient/caregiver recalls related purpose and schedule of medications: Medications review , work simplification/energy conservation, 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, Oral Hygiene - 06. Independent, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, 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

PATIENT-STATED GOAL: Patient wants to get better

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

Oral Hygiene - 06. Independent

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

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 |
|---|---|
| | PAGE 3 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 12/10/2025 |