Home Health Certification and Plan of Care

Order ID: 1150/14846

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
04266151	12/10/2025	From: 12/10/2025 To: 02/07/2026	20394	217058

6. Patient's Name and Address

Samira Ware
1102 Orleans St Apt 201,
Baltimore, MD 21202-
240-510-7679

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 10/12/1973 | 9.Sex Female

11. ICD	Principal Diagnosis	Date
G89.11	Acute pain due to trauma	12/10/25

13. ICD	Other Pertinent Diagnoses	Date
M19.041	Primary osteoarthritis right hand	12/10/25
M19.071	Primary osteoarthritis right ankle and foot	12/10/25
E11.9	Type 2 diabetes mellitus without complications	12/10/25
I10.	Essential (primary) hypertension	12/10/25
E78.5	Hyperlipidemia unspecified	12/10/25
I44.1	Atrioventricular block second degree	12/10/25
E66.9	Obesity unspecified	12/10/25
Z68.42	Body mass index [BMI] 45.0-49.9 adult	12/10/25
Z79.4	Long term (current) use of insulin	12/10/25
Z79.82	Long term (current) use of aspirin	12/10/25
Z95.0	Presence of cardiac pacemaker	12/10/25
Z91.81	History of falling	12/10/25

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

Glucagon (BAQSIMI) 3 mg/actuation Nasal Spray 1 Spray topical once a day
Lasix - Furosemide 40 mg Oral Tab,Take 1 tablet by mouth in the morning
Aldactone - Spironolactone 50 mg Oral Tab,Take 1 tablet by mouth once a day
Pepcid - Famotidine 40 mg Oral Tab,Take 1 tablet by mouth once a day
Drisdol - Ergocalciferol 1,250 mcg (50,000 unit),Take 1 capsule by mouth once a week 7 days Once
the 3 months
are completed,
please take
over-thecounter
VITAMIN D at
600 TO 800
IU's
(international
units) (15 TO
20 mcg) once a
day thereafter
Adipex-P - Phentermine Hydrochloride 37.5 mg Oral Tab, take 1 tablet by mouth in the morning
Hydrochlorothiazide - Hydrochlorothiazide 25 mg Oral Tab,Take 1 tablet by mouth in the morning
(HUMULIN R REGULAR U-100 INSULN 100 unit/mL Inj Soln,Inject 20 Units intravenous three times a day 30 minutes
before meals
Tylenol - Acetaminophen 500 mg Oral Tab,Take 2 tablets by mouth three times a day as
needed for
pain
Protonix - Pantoprazole Sodium 40 mg Oral TBEC DR Tab,Take 1 tablet by mouth once a day 30 to 60
minutes before
breakfast and
dinner
Dulcolax - Bisacodyl 5 mg Oral TBEC DR Tab,Take 2 tablets by mouth as necessary by mouth one
time with at
least 8 ounces
of water at 12
noon the day
before
procedure
Lipitor - Atorvastatin Calcium 40 mg Oral Tab,Take 1 tablet by mouth once a day For cholesterol
and heart
protection
Albuterol - Albuterol 90 mcg/actuation Inhl HFAA,Inhale 2 Puffs inhalant every 4 hours as
needed (rescue
inhaler)
Ped Multivitamin-Iron-Minerals Oral Chew Tab,Take 1 tablet by mouth once a day Chew and
swallow 1
tablet by mouth
daily for 90
days
Aspirin - Aspirin 81 mg Oral Tab, by mouth once a day
Clopidogrel Bisulfate - Clopidogrel Bisulfate 75 mg 1 tab by mouth once a day Blood thinner
nsulin NPH human (HUMULIN N NPH U-100 INSULIN 100 unit/mL SubQ Susp,Inject 114 Units intramuscular twice a day WITH MEAL

14. DME and Supplies:

None of the above

15. Safety Measures:

standard precautions, fall precautions, electrical safety measures, diabetic precautions, bleeding precautions, bathroom safety, anticoagulant precautions, activity supervision, ambulates with assistance

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

Antiotensin converting enzyme inhibitors gabapentin metronidazole

18.A. Functional Limitations

18.B. Activities Permitted

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

Marc Wilson
815 E Pratt St
Baltimore, MD 21202
PHONE: 410-637-5700 FAX: 1-410-637-5701 NPI: 1275565251

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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Ambulation, Endurance

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: 0. Never, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

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 Acute pain due to trauma, 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: A 52-year-old patient experienced a recent syncopal episode and fall resulting in trauma to the right wrist, ankle, and thigh. Medical history includes syncope, diabetes mellitus, hypertension, obesity, transient ischemic attack, pacemaker, and hyperlipidemia. The patient ambulates inside the home up to 30 feet with supervision and wearing a right cast shoe, performing 9 steps with a railing and supervision. Transfers to bed, chair, and toilet are done with supervision, and bed mobility is independent. The therapist did not assess outside skills or car transfers. The patient is homebound due to significant effort required to leave home, as evidenced by a Tinetti score of 19/28. Home therapy is recommended to increase strength and promote a return to independence, with the patient hoping to return to work in 2-3 weeks.<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
 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat ot-eval & treat dx: Acute pain due to trauma
 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 - PT Notes: <o:p></o:p> Physician: Wilson, Marc

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (12/10/25-12/13/25) ,WK2: 2 (12/14/25-12/20/25)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, 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: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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
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, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170F1 - Toilet Transfer, GG0170K1 - Walk 150 Feet, D0700 - Social Isolation, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, limited endurance, swelling of affected area, Pain Effect on Sleep, balance deficit, Pain Interference with ADLs, obesity, bruising/discoloration

12/11/2025: GG0130A1 - Eating, GG0130B1 - Oral

PT Goals

PATIENT-STATED GOAL: To be able to return to work and not have any additional syncope

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

1 - Step (curb) - 06. Independent

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

Signature of Physician:

Date

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

Date
12/10/2025

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Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear

PROCEDURES: Dynamic and static standing balance training, Dynamic and static standing balance training, Medication Review- : Medications reviewed with patient/caregiver. , home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, gait training on uneven surfaces, gait training/stair training, transfers 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 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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, * 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, * strategies to increase socialization, related medication(s) purpose, schedule, 1 - Step (curb) - 06. Independent, 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

1 _ Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 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 cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* 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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

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