

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	
30598134580		12/02/2025		From: 12/02/2025 To: 01/30/2026	
				4. Medical Record No.	
				20004	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Linda Lefavore				HomeCentris Healthcare LLC	
8436 Oakleigh Road,				10 Crossroads Drive, Suite 102	
PARKVILLE, MD 21234-				Owings Mills, MD 21117-8284	
443-972-0407				410-321-8448	
				1487113239	
8. DOB				9. Sex	
09/16/1958				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	
14. DME and Supplies:				15. Safety Measures:	
None of the above				activity supervision, ambulates with assistance, ambulates with device,	
16. Nutrition:				17. Allergies:	
Z. NO PHYSICIAN-ORDERED DIET				penicillin	
18.A. Functional Limitations				18.B. Activities Permitted	
Endurance, Ambulation				Transfer bed/Chair, Exercises Prescribed, Up As Tolerated	
19. Mental & COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations					
Psychosocial Status: 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:				22.B.Discharge Plans	
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.				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 Goals	
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)				PATIENT-STATED GOAL: To walk straight and be pain free	
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				GOALS	
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance				Chair to Bed to Chair - 06. Independent	
HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in				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:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 12/02/2025					
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.				F2F date : 11/25/2025	
8831 Satyr Hill Rd Ste 100					
Parkville, MD 21234					
PHONE: 443-946-1896 FAX: 14434952902 NPI: 1003384165					
27. Attending Physician's Signature and Date Signed 12/11/2025 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.	
				PAGE 1 of 3	

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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		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			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		

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