Home Health Certification and Plan of Care

Order ID: 1150/13020

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8JK9X61KF11	10/07/2025	From: 10/07/2025 To: 12/05/2025	18076	217058

6. Patient's Name and Address
Sandra Stewart
9900 Walther Blvd,
Perry Hall, MD 21234-
410-529-9400

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 07/13/1949 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S22.41XD	Multiple fx of ribs right side subs for fx w routn heal	10/07/25

13. ICD	Other Pertinent Diagnoses	Date
S42.001D	Fx unsp part of r clavicle subs for fx w routn heal	10/07/25
S42.102D	Fx unsp part of scapula l shldr subs for fx w routn heal	10/07/25
S00.03XD	Contusion of scalp subsequent encounter	10/07/25
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	10/07/25
I10.	Essential (primary) hypertension	10/07/25
I48.0	Paroxysmal atrial fibrillation	10/07/25
E87.6	Hypokalemia	10/07/25
F32.9	Major depressive disorder single episode unspecified	10/07/25
G47.00	Insomnia unspecified	10/07/25
G40.909	Epilepsy unsp not intractable without status epilepticus	10/07/25
G62.1	Alcoholic polyneuropathy	10/07/25
K86.1	Other chronic pancreatitis	10/07/25
K21.9	Gastro-esophageal reflux disease without esophagitis	10/07/25
J30.9	Allergic rhinitis unspecified	10/07/25
E78.5	Hyperlipidemia unspecified	10/07/25
G89.29	Other chronic pain	10/07/25
M54.50	Low back pain unspecified	10/07/25
Z79.82	Long term (current) use of aspirin	10/07/25
Z91.81	History of falling	10/07/25

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

Creon - Pancrelipase (Amylase:Lipase:Protease) 12000-38000 UNIT, take 1 capsule by mouth as necessary Give 1 capsule by mouth with meals for pancreatitis MUST BE GIVEN WITH MEALS, NO EXCEPTIONS
Melatonin - Melatonin 5 MG, take 1 tablet by mouth in the evening Give 1 tablet by mouth in the evening for Insomnia
Memantine Hydrochloride - Memantine Hydrochloride 5 MG, take 2 tablets by mouth twice a day Give 2 tablet by mouth two times a day for Dementia
Lacosamide - Lacosamide 50 MG, take 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for seizures
Folic Acid - Folic Acid 1 MG, take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for supplement
Escitalopram Oxalate - Escitalopram Oxalate 10 MG, take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for depression
Acetaminophen - Acetaminophen 500 MG, take 2 tablets by mouth twice a day Give 2 tablet by mouth two times a day for pain do not exceed 3G per day
Oxcarbazepine - Oxcarbazepine 150 MG, take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for seizure
Oxcarbazepine - Oxcarbazepine 300 MG, take 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for seizure
Atorvastatin - Atorvastatin Calcium 40 MG, take 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for hyperlipidemia
Remeron - Mirtazapine take 15 MG tablet by mouth at bedtime Give 1.5 tablet by mouth at bedtime for Depression
Thiamine Hydrochloride - Thiamine Hydrochloride 100 MG, take 1tablet by mouth once a day Give 1 tablet by mouth one time a day for Hx etoh use
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Supplement
Aspirin 81Mg - Aspirin 81 mg, take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for ppx
Amlodipine - Amlodipine Besylate take 2.5mg, tablet by mouth once a day losartan take 25 mg, tablet by mouth once a day
Acetaminophen - Acetaminophen take 1000 mg, tablet by mouth twice a day
Namenda - Memantine Hydrochloride take 10 mg tablet by mouth twice a day
Omeprazole - Omeprazole take 20 mg, tablet by mouth once a day
Fexofenadine - Fexofenadine Hydrochloride take 180 mg, tablet by mouth once a day

14. DME and Supplies:
rolling walker

15. Safety Measures:
transfer with assist, supervision at all times, seizure precautions, walker precautions, , activity supervision, ambulates with assistance, ambulates with device

16. Nutrition:
renal diet

17. Allergies:
codeine risperdal

18.A. Functional Limitations
Ambulation, Endurance

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

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations 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:
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
another facility/provider will be responsible for managing treatment

Homebound status:
Due to diagnosis of Multiple Fractures Of Ribs, Right Side, Subsequent Encounter For Fracture With Routine Healing, 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.

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 10/07/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Bhavneet Bharaj
8813 Waltham Woods Rd
Parkville, MD 21234
PHONE: 4106614670 FAX: 14106614671 NPI: 1689860157

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 : 09/29/2025

27. Attending Physician's Signature and Date Signed **12/05/2025**: 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.

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Clinical Condition Requiring Homecare:

The patient is a 75-year-old female with a medical history significant for dementia, chronic alcohol abuse, chronic pancreatitis, atrial fibrillation, and seizure disorder. She was recently admitted to home health services following a fall that resulted in rib, clavicle, and scapular fractures. Upon assessment, the patient was alert and oriented 3 but displayed mild cognitive impairment consistent with her dementia diagnosis. She has recently transitioned to a new assisted living facility (ALF) and is still in the process of acclimating to her environment. The patient currently requires assistance for safe transfers and ambulation. At the time of the visit, no walker was present in her room, which increases her risk for falls and further injury. The clinician notified ALF staff of the urgent need for a walker to support safe mobility. A call was also placed to the patient's son, and a voicemail message was left regarding the situation and the need for appropriate mobility equipment. The plan of care includes coordination with facility staff and the patient's family to ensure provision of a walker and continued supervision during mobility and transfers. Ongoing nursing and therapy <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> will focus on fall prevention, reinforcement of safety measures, pain management, and monitoring for potential complications from recent fractures. Education will be provided to ALF staff regarding safe transfer techniques and recognition of changes in cognition or pain levels, given the patient's dementia and elevated fall risk.
 Date of Order 10/07/2025 Orders Physician Face-to-Face Date: 09/29/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and treat due to Multiple Fractures Of Ribs, Right Side, Subsequent Encounter For Fracture With Routine Healing 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 Physician Bharaj, Bhavneet

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (10/07/25-10/11/25) ,WK2: 2 (10/12/25-10/18/25) ,WK3: 2 (10/19/25-10/25/25) ,WK4: 2 (10/26/25-11/01/25) ,WK5: 1 (11/02/25-11/08/25) ,WK6: 1 (11/09/25-11/15/25) ,WK7: 1 (11/16/25-11/22/25)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 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
Advance Directive:Durable power of attorney for health care/Medical power of attorney

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, D0160 - Depression, M2020 - Oral Med Management, Home Safety, M1400 - Dyspnea, M1033 - Exhaustion, limited endurance, muscle weakness, Pain Interference with ADLs, seizures, weak hand grips, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, home exercise program: Straight leg raising, long arc, marching and heel raises 10x2, gait training on uneven surfaces, gait training/stair training, transfers training, coordinate/arrange for maintenance of clean/uncluttered living area

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

PT Goals

PATIENT-STATED GOAL: To walk with out falling

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

patient/caregiver recalls
* pain control
* therapeutic exercises to optimize range of motion of affected area
* diet and fluids to promote healing
* 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
* 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

patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* 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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/07/2025

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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, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, 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, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, 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, patient's living environment is clean/uncluttered, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

* 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's living environment is clean/uncluttered

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Signature of Physician:

Date

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

Date
10/07/2025