Home Health Certification and Plan of Care

Order ID: 1150/14890

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6C71T53GR19	12/12/2025	From: 12/12/2025 To: 02/09/2026	20171	217058

6. Patient's Name and Address

Louise Harvey
5715 Park Heights Ave Apt 308,
BALTIMORE, MD 21215-
202-640-8503

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 10/17/1939 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I26.99	Other pulmonary embolism without acute cor pulmonale	12/12/25

13. ICD	Other Pertinent Diagnoses	Date
I82.403	Acute embolism and thombos unsp deep veins of low extrm bi	12/12/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	12/12/25
N18.31	Chronic kidney disease stage 3a	12/12/25
D63.1	Anemia in chronic kidney disease	12/12/25
G93.40	Encephalopathy unspecified	12/12/25
E78.00	Pure hypercholesterolemia unspecified	12/12/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	12/12/25
M19.90	Unspecified osteoarthritis unspecified site	12/12/25
D50.0	Iron deficiency anemia secondary to blood loss (chronic)	12/12/25
E53.8	Deficiency of other specified B group vitamins	12/12/25
I25.2	Old myocardial infarction	12/12/25
F43.0	Acute stress reaction	12/12/25
E80.6	Other disorders of bilirubin metabolism	12/12/25
E87.6	Hypokalemia	12/12/25
Z79.82	Long term (current) use of aspirin	12/12/25
Z79.01	Long term (current) use of anticoagulants	12/12/25
Z95.0	Presence of cardiac pacemaker	12/12/25
Z95.2	Presence of prosthetic heart valve	12/12/25
Z95.828	Presence of other vascular implants and grafts	12/12/25
Z43.3	Encounter for attention to colostomy	12/12/25
Z90.49	Acquired absence of other specified parts of digestive tract	12/12/25

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

Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 125mcg oral table,Take 1 tablet by mouth once a day for vitamin deficiency

Acetaminophen - Acetaminophen 500 MG Oral Tablet, Take 2 tablet by mouth every 8 hours as needed for pain

Eliquis - Apixaban 5 MG Oral Tablet, Take 1 tablet by mouth twice a day for DVT

Artificial Tears Ophthalmic Solution (Artificial Tear Solution) Instill 2 drop both eyes twice a day for Redness

Atorvastatin Calcium - Atorvastatin Calcium 40 MG Oral Tablet, Take 1 tablet by mouth at bedtime for hyperlipdemia

Lidocaine - Lidocaine 4% Patch topical once a day for pain

Melatonin - Melatonin 3 MG Oral Tablet, Take 1 tablet by mouth at bedtime for insomnia

Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Take 1 tablet by mouth once a day one P lime a day for supplement

Pantoprazole Sodium - Pantoprazole Sodium 40 MG Oral Tablet, Take 1 tablet by mouth at bedtime for GERD

Vitamin B12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000mcg by mouth once a day Take two tabs once daily for supplement

Barrier Cream - Barrier Cream Thin layer topical once a day Apply to buttocks and sacrum daily and as needed.

14. DME and Supplies:

ostomy supplies, hoyer lift, bath bench, hand held shower, rolling walker, wheelchair, walker, grab bars, wound care supplies, hospital bed

15. Safety Measures:

walker precautions, , , , ambulates with device, ambulates with assistance, bedrails up while in bed, supervision at all times, transfer with assist, wheelchair precautions, , hand rails, bathroom safety, , activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

penicillin

18.A. Functional Limitations

Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Walker, Exercises Prescribed, Up As Tolerated, Transfer bed/Chair, Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status:

Due to diagnosis of Other Pulmonary Embolism Without Acute Cor Pulmonale, 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 85-year-old female with a complex past medical history including aortic valve replacement status post AVR, pacemaker placement, hypertension, hyperlipidemia, peripheral edema, deep vein thrombosis status post IVC filter, pulmonary embolism, recurrent urinary tract infections, chronic kidney disease stage 3, osteoarthritis, and a history of encephalopathy. She was admitted on 7/20/25 for perforated diverticulitis and underwent colostomy placement, with her hospital course complicated by UTI, encephalopathy, bilateral lower-extremity edema, and DVT. She was treated with a heparin drip and Lovenox injections and has since transitioned to Eliquis for anticoagulation. Following hospitalization, the patient was discharged to Levendale for rehabilitation and has now returned home under the care of her daughter, Nicole, who provides full-time caregiving. The patient resides at home with extensive durable medical equipment, including a hospital bed, wheelchair, and Hoyer lift. She is currently dependent for all activities of daily living and requires 24-hour supervision and assistance. Although a Hoyer lift is available, the patient has declined its use, and family members are assisting with pivot transfers. The patient is unable to ambulate at this time due to significant bilateral knee pain and profound weakness. She reports knee pain ranging from 6/10 to 10/10 with intermittent shooting pain radiating down her legs. Manual muscle testing reveals severe bilateral lower-extremity weakness, approximately 2-/5. Transfers from bed to wheelchair

23. Signature and Date of Verbal SOC Where Applicable:

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

25. Date HHA Received Signed POT

24. Physician's Name and Address

Laureta Sey
23 Crossroads Dr Ste 340
Owings Mills, MD 21117
PHONE: 4106530366 FAX: 14106014759 NPI: 1639812332

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 : 11/25/2025

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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require maximal assistance. Prior to her recent hospitalization, the patient was ambulating with a rolling walker or rollator and was independent in the home, including driving. The patient is incontinent of urine and has an adequate supply of incontinence products in the home. She has a functioning colostomy with sufficient supplies available, and her daughter reports that colostomy reversal is anticipated at a future date. Skin assessment revealed minor skin breakdown to the buttocks, currently managed with barrier cream only; photographs were not obtained due to patient refusal. The patient spends most of her time in bed due to the need for lower-extremity elevation related to edema. Occupational therapy provided education to the daughter regarding proper elevation of the patient's legs using elevated leg rests when seated in the wheelchair to promote comfort and edema management. Skilled nursing and therapy services are indicated to provide ongoing monitoring of cardiovascular and renal status, anticoagulation therapy, skin integrity, colostomy care, and overall safety. Skilled physical therapy is medically necessary to address severe deconditioning, pain, impaired balance, and functional mobility deficits, with the goal of improving strength, transfer ability, and overall safety to progress the patient toward her prior level of function as tolerated. Occupational therapy will continue to support caregiver education, positioning, and strategies to optimize comfort and participation in daily care.
 Date of Order 12/12/2025 Orders Physician Face-to-Face Date: 11/25/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Other Pulmonary Embolism Without Acute Cor Pulmonale 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 - SN Notes: soc PT Eval Notes: OT Eval Notes: Physician Sey, Laureta

SN Careplans

SN WK1: 1 (12/12/25-12/13/25) ,WK2: 2 (12/14/25-12/20/25) ,WK3: 2 (12/21/25-12/27/25) ,WK4: 2 (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: 3. Multiple hospitalizations (2 or more) in the past 6 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; 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.

; 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, M2102c - Med Admin, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, constipation, M1620 - Bowel Incontinence, frequent urination, muscle weakness, limited range of motion, poor muscle tone, limited strength, limited endurance, withdrawal from conversations, weak hand grips, daytime fatigue, balance deficit, obesity, loss of appetite, skin breakdown r/t incontinence

PROCEDURES: cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: Apply

SN Goals

PATIENT-STATED GOAL: CG wants patient to gain some strength and endurance to help make transfers much easier

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
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

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
* dietary guidelines for managing nutritional deficit
* 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
* ostomy management including how to clean stoma
* change ostomy pouch
* 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

Signature of Physician:	Date

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

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barrier cream to buttocks and sacrum daily and as needed., apply collection/stoma pouch, ostomy care & irrigation, monitor intake & output, home exercise program, 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, * 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, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * ostomy management including how to clean stoma change ostomy pouch, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, 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

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 (02/01/26-02/04/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, 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: Medication Review- : - medications reviewed with patient/caregiver, cough/deep breathing exercises, 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, * 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, Pt will be able to transfer bed to wc and sit to stand with modA

PT Goals

PATIENT-STATED GOAL: To be able to walk again

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

Pt will be able to transfer bed to wc and sit to stand with modA

OT Careplans

OT WK2: 2 (12/14/25-12/20/25) ,WK3: 2 (12/21/25-12/27/25) ,WK4: 2 (12/28/25-01/03/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation

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, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance

OT Goals

PATIENT-STATED GOAL: "To walk again."

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

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

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