Home Health Certification and Plan of Care

Order ID: 1150/14919

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
671035173	12/12/2025	From: 12/12/2025 To: 02/09/2026	20414	217058

6. Patient's Name and Address

Linda Mason
1736 Melbourne Road,
DUNDALK, MD 21222-
443-416-4878

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 07/05/1941 | 9.Sex Female

11. ICD	Principal Diagnosis	Date
S52.391D	Oth fx shaft of rad r arm subs for clos fx w routn heal	12/12/25

13. ICD	Other Pertinent Diagnoses	Date
S52.291D	Oth fx shaft of right ulna subs for clos fx w routn heal	12/12/25
I10.	Essential (primary) hypertension	12/12/25
E11.9	Type 2 diabetes mellitus without complications	12/12/25
I44.0	Atrioventricular block first degree	12/12/25
E78.5	Hyperlipidemia unspecified	12/12/25
D86.9	Sarcoidosis unspecified	12/12/25
F41.9	Anxiety disorder unspecified	12/12/25
I45.10	Unspecified right bundle-branch block	12/12/25
D33.4	Benign neoplasm of spinal cord	12/12/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	12/12/25
I65.23	Occlusion and stenosis of bilateral carotid arteries	12/12/25
E04.9	Nontoxic goiter unspecified	12/12/25
E05.90	Thyrotoxicosis unsp without thyrotoxic crisis or storm	12/12/25
Z85.3	Personal history of malignant neoplasm of breast	12/12/25
Z90.11	Acquired absence of right breast and nipple	12/12/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	12/12/25
Z79.02	Long term (current) use of antithrombotics/antiplatelets	12/12/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	12/12/25
Z79.82	Long term (current) use of aspirin	12/12/25
Z86.0100	Personal history of colonic polyps	12/12/25

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

Lipitor - Atorvastatin Calcium 80 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth every evening for cholesterol

Norvasc - Amlodipine Besylate 5 mg, Take 1 and onehalf tablets by mouth once a day Take 1 and onehalf tablets by mouth daily for blood pressure

Roxicodone - Oxycodone Hydrochloride 30 mg 5 mg , Take 0.5 tablets (2.5 mg total) by mouth twice a day Take 0.5 tablets (2.5 mg total) by mouth 2 (two) times daily as needed for Pain

Tapazole - Methimazole 5 mg, Take half tablet by mouth once a day

Plavix - Clopidogrel Bisulfate 75 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily for blood thinning

Narcan - Naloxone Hydrochloride 4 mg/actuation Nasl Spray, Use 1 spray in one nostril Nasal as necessary Use 1 spray in one nostril for suspected overdose. May repeat once in other nostril if no response in 3 minutes. Call 911. Dispense one package with 2 nasal sprays.

Zyrtec - Cetirizine Hydrochloride 10 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily as needed for nasal congestion

Arimidex - Anastrozole 1 mg, Take 1 tablet (1 mg total) by mouth once a day Take 1 tablet (1 mg total) by mouth daily

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
Rita Mathur
4920 Campbell Blvd
White Marsh, MD 21236
PHONE: 410-933-7793 FAX: 14109337666 NPI: 1619076338

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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Zyloprim - Allopurinol 100 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily to prevent kidney stones

Neurontin - Gabapentin 300 mg , Take 2 capsules by mouth as necessary Take 2 capsules by mouth in the morning, 2 capsules in the afternoon and 3 capsules in the evening for chronic pain

Singulair - Montelukast Sodium 10 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth every evening for allergy control

Glucophage - Metformin Hydrochloride 850 mg 1,000 mg, Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times a day with meals for blood sugar control

Glucotrol - Glipizide 5 mg , Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times a day

Fosamax - Alendronate Sodium 70 mg, Take 1 table by mouth as necessary Take 1 tablet by mouth every week . Take in the morning with 8 ounces of water at least 30 minutes before the first food, drink or other medication of the day. Do not lie down for at least 30 minutes after swallowing this medication

Signature of Physician:	Date
	PAGE 2 of 5
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/12/2025

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Deltasone - Prednisone 5 mg, Take 1 tablet by mouth once a day daily with a meal
Urocit-K - Potassium Citrate 10 mEq (1,080 mg) Oral SR Tab, Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times a day to prevent kidney stones
Lasix - Furosemide 40 mg, Take 1 tablet by mouth in the morning Take 1 tablet by mouth every morning for swelling
Lisinopril - Lisinopril 40 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily for blood pressure and kidney protection
Imdur - Isosorbide Mononitrate 30 mg, Take 1 tablet (30 mg total) by mouth once a day

14. DME and Supplies:
bath bench, sling, grab bars

15. Safety Measures:
bathroom safety, , activity supervision

16. Nutrition:
diabetic

17. Allergies:
bactrim

18.A. Functional Limitations
None of the above

18.B. Activities Permitted
Other

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

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
patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Other Fracture Of Shaft Of Radius, Right Arm, Subsequent Encounter For Closed 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.

Clinical Condition Requiring Homecare: The patient is an 84-year-old female with a past medical history significant for type 2 diabetes mellitus, hypertension, hyperlipidemia, and an anxiety disorder who sustained fractures of the right ulna and radius following a motor vehicle accident. She is alert and oriented 4. The right upper extremity is immobilized in a sugar-tong splint with a sling in place, and she has been instructed to maintain non-weight-bearing status and to keep the splint clean and dry at all times. The patient reports intermittent headaches, generalized fatigue, and pain related to her injury, which she manages with prescribed medications. A comprehensive medication review was completed with the patient and her spouse, with education provided in consideration of their hearing impairment. Skin assessment revealed intact skin with noted bruising but no open areas. Follow-up appointments are scheduled with her orthopedic surgeon on December 17, 2025, and with her primary care provider on December 19, 2025. Functionally, the patient ambulates slowly without an assistive device but demonstrates moderate generalized weakness and an unsteady gait. Prior to the injury, she lived with her husband in a two-story home with 13 steps to the second-floor bedroom and 13 steps to the basement laundry area, and she was fully independent with self-care, functional transfers, ambulation, and instrumental activities of daily living without the use of an assistive device. Currently, she presents with decreased standing balance, reduced standing and activity tolerance, and diminished bilateral upper-extremity strength, resulting in increased difficulty with self-care tasks, functional transfers, and mobility. Education was provided on fall prevention strategies, safe stair negotiation, and adherence to right upper-extremity precautions. A home exercise program was instructed and demonstrated, including straight leg raises, long arc quadriceps exercises, lower-extremity abduction/adduction, and heel and toe raises to support strength and balance. Skilled physical and occupational therapy services are recommended and medically necessary at this time to address deficits in balance, strength, endurance, and functional mobility, promote safety within the home environment, and support the patient's return toward her prior level of independence while reducing fall risk.
 Date of Order 12/12/2025 Orders Physician Face-to-Face Date: 12/08/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PTeval and treat, OT eval and treat due to Other Fracture Of Shaft Of Radius, Right Arm, Subsequent Encounter For Closed Fracture With Routine

Signature of Physician:

Date

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

Date
12/12/2025

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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 - SN Notes: soc PT Eval Notes: OT Eval Notes: Physician Mathur, Rita

SN Careplans

SN WK1: 1 (12/12/25-12/13/25) ,WK3: 1 (12/21/25-12/27/25) ,WK4: 1 (12/28/25-01/03/26)

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

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: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, limited range of motion, Pain Effect on Sleep, Pain Interference with ADLs, pain radiating to arms/legs

PROCEDURES: Medication Review: Medication reviewed with the patient/caregiver., cough/deep breathing exercises

TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, 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, * 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

SN Goals

PATIENT-STATED GOAL: To remove arm sling and get back to work.

GOALS
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
* how to take the patient's blood pressure
* record the reading
* 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
* 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
* 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

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)

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: Medication Review: The medication was reviewed with the patient., cough/deep breathing exercises, incentive spirometer, home exercise program: SLR, LONG ARC , LE ABD/ADD, AND HEEL/TOE RAISES, 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, 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

PT Goals

PATIENT-STATED GOAL: The patient wants to get stronger and walk better

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 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

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

Signature of Physician:	Date
	PAGE 4 of 5
Optional Name/Signature of Nurse/Therapist:	Date
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4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

OT Careplans

OT WK1: 6 (12/12/25-12/13/25)

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 and caregiver , equipment training, work simplification/energy conservation, transfers training, assist with bathing, assist with lower body dressing, assist with upper body dressing, 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: Go back to cooking

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 - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:

Date

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

Date
12/12/2025