# Home Health Certification and Plan of Care

**Order ID: 1150/15005**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 34493272 | 12/14/2025 | From: 12/14/2025 To: 02/11/2026 | 20364 | 217058 |

**6. Patient's Name and Address**
Glenora McKenzie
3939 Dudley Avenue,
BALTIMORE, MD 21213-
410-777-3545

**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** 08/16/1944 **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| E11.9 | Type 2 diabetes mellitus without complications | 12/14/25 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| G30.9 | Alzheimer's disease unspecified | 12/14/25 |
| F02.80 | Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx | 12/14/25 |
| I10. | Essential (primary) hypertension | 12/14/25 |
| J44.9 | Chronic obstructive pulmonary disease unspecified | 12/14/25 |
| M17.0 | Bilateral primary osteoarthritis of knee | 12/14/25 |
| E78.5 | Hyperlipidemia unspecified | 12/14/25 |
| Z91.81 | History of falling | 12/14/25 |

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

Maalox - Simethicone 200-200-20 Mh/5Ml, 15 ml liquid by mouth four times a day and nightly.
Miralax - Polyethylene Glycol 3350 17g, 17 pACKET by mouth once a day Daily as needed.
Acetaminophen - Acetaminophen 1000mg by mouth as necessary Every 8 hours as needed for pain
Atorvastatin - Atorvastatin Calcium 40mg by mouth in the evening
Quetiapine Fumarate - Quetiapine Fumarate 25 mg 1tab by mouth in the evening
Trazadone - Trazodone Hydrochloride 25mg by mouth at bedtime
Aspirin - Aspirin 81 mg by mouth once a day
Lantus - Insulin Glargine Recombinant 10units subcutaneous at bedtime

**14. DME and Supplies:**
walker

**15. Safety Measures:**
walker precautions, , seizure precautions, , diabetic precautions, ambulates with device, ambulates with assistance

**16. Nutrition:**
diabetic

**17. Allergies:**
melatonin sulfur

**18.A. Functional Limitations**
Ambulation, Bowel/Bladder Incontinence

**18.B. Activities Permitted**
Up As Tolerated

**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: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: No

**20. Prognosis:** fair

**22. A Rehabilitation Potential:**
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

**22.B.Discharge Plans**
family/caregiver will be responsible for managing treatment

**Homebound status:**
Due to diagnosis of Type 2 Diabetes Mellitus Without Complications, 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 81-year-old female referred to home health services following recent hospitalization for a urinary tract infection and a fall. Her past medical history is significant for diabetes mellitus, hypertension, seizures, chronic obstructive pulmonary disease, and Alzheimer's dementia. She resides in a row house with her granddaughter, who serves as her primary caregiver and provides assistance with activities of daily living (ADLs), instrumental activities of daily living (IADLs), meal preparation, shopping, and errands. The home has 10 steps with a handrail to enter, and the bedroom and bathroom are located on the second floor, requiring negotiation of an additional 14 steps with a handrail.  At the time of assessment, the patient was alert and pleasantly confused, with noted short-term memory deficits as reported by family, consistent with her diagnosis of Alzheimer's dementia. She was able to follow commands during the evaluation. The patient experiences occasional urinary incontinence; however, skin assessment revealed skin that was intact with no evidence of breakdown. She is considered homebound due to the significant effort required to leave the home, as supported by a Tinetti Balance and Gait Assessment score of 14/28, indicating increased fall risk.  Functionally, the patient ambulates the home approximately 30 feet twice without an assistive device but requires supervision at all times due to safety concerns and demonstrates increased trunk flexion during gait. She is able to tolerate ascending and descending three steps with use of a handrail and supervision. Transfers to the toilet, bed, and chair are completed with supervision. Outdoor ambulation and car transfers were not assessed during this visit. The patient requires supervision with mobility and ADLs to reduce fall risk and ensure safety.  Physical therapy evaluation included therapeutic exercise assessment, with the patient tolerating 10 repetitions of seated exercises including knee extensions and ankle pumps; standing exercises including knee flexion, hip abduction, hip extension, plantarflexion, and squats; and supine exercises including hip flexion, bridging, hook-lying trunk rotation, straight leg raises, and hip abduction. Education was provided regarding safe mobility, fall prevention strategies, and the importance of caregiver supervision. The patient demonstrated the ability to participate in and follow the prescribed exercises with verbal cueing.  Skilled nursing services were recommended at a frequency of once weekly for two weeks, with the next skilled nursing visit scheduled for Monday, 12/22/25, to monitor medical status, reinforce education, and assess ongoing needs. The patient would benefit from continued skilled physical therapy services to improve strength, balance, and functional mobility with the goal of reducing fall risk and maximizing safety and independence within the home environment. Continued caregiver involvement and reinforcement of safety strategies are essential given the patient's cognitive impairment and recent history of falls. <br> Date of Order 12/14/2025 Orders Physician Face-to-Face Date: 11/30/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat due to Type 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-Diabetes">Diabetes</mh> Mellitus Without Complications Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 1 - SOC - SN Notes: soc PT Eval Notes: Physician Badri, Sharareh

**SN Careplans**

**SN Goals**

**23. Signature and Date of Verbal SOC Where Applicable:**
Electronically Signed by Messick, Charles RN on 12/14/2025

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
Sharareh Badri
8617 Loch Raven Blvd
Baltimore, MD 21239
PHONE: 443-444-6100 FAX: 1-443-444-6110 NPI: 1003278250

**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 : 11/30/2025

**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.

# Home Health Certification and Plan of Care

**Order ID: 1150/15005**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 34493272 | 12/14/2025 | From: 12/14/2025 To: 02/11/2026 | 20364 | 217058 |

| 6. Patient's Name and Address | 7. Provider's Name, Address and Telephone Number |
|---|---|
| Glenora McKenzie<br>3939 Dudley Avenue,<br>BALTIMORE, MD 21213-<br>410-777-3545 | HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239 |

SN WK1: 1 (12/14/2025 - 12/20/2025), WK2: 1 (12/21/2025 - 12/27/2025), WK3: 1 (12/28/2025 - 01/03/2026)

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

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: M1745 - Behavioral Issues, M2020 - Oral Med Management, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, M1600 - UTI, poor muscle tone, muscle weakness, limited strength

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor

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 keep home safe for patient with dementia coping strategies for the caregiver, 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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, * 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule

PATIENT-STATED GOAL: No more falls

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

patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver
* 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 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
* 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
* 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

## PT Careplans

PT WK1: 1 (12/13/2025 - 12/13/2025), WK2: 1 (12/21/2025 - 12/27/2025), WK3: 1 (12/28/2025 - 01/03/2026), WK4: 1 (01/04/2026 - 01/07/2026)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, Pain Interference with ADLs, Pain Effect on Sleep, GG0170J1 - Walk 50 ft with 2 Turns, GG0130A1 - Eating, 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, GG0130B1 - Oral Hygiene, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing

PROCEDURES: 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 , cough/deep breathing exercises, equipment training, 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, Toilet Transfer - 05. Setup or clean-up assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 05. Setup or clean-up

## PT Goals

PATIENT-STATED GOAL: To have less pain when I walk and be straighter

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

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

Toilet Transfer - 05. Setup or clean-up assistance

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 12/14/2025 |

# Home Health Certification and Plan of Care

**Order ID: 1150/15005**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 34493272 | 12/14/2025 | From: 12/14/2025 To: 02/11/2026 | 20364 | 217058 |

| 6. Patient's Name and Address | 7. Provider's Name, Address and Telephone Number |
|---|---|
| Glenora McKenzie<br>3939 Dudley Avenue,<br>BALTIMORE, MD 21213-<br>410-777-3545 | HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239 |

| | |
|---|---|
| assistance | Picking Up Object - 04. Supervision or touching assistance |
| | Oral Hygiene - 05. Setup or clean-up assistance |
| | Toileting Hygiene - 05. Setup or clean-up assistance |
| | Upper Body Dressing - 05. Setup or clean-up assistance |
| | Lower Body Dressing - 06. Independent |
| | Don/Doff Footwear - 06. Independent |
| | 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 | 12/14/2025 |