# Home Health Certification and Plan of Care

**Order ID: 1150/14203**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 5QE3E54HU07 | 11/19/2025 | From: 11/19/2025 To: 01/17/2026 | 19667 | 217058 |

**6. Patient's Name and Address**
Mary Green
4103 Old York Rd,
Baltimore, MD 21218-
443-990-5178

**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** 04/16/1956 | **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| J18.9 | Pneumonia unspecified organism | 11/19/25 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| C22.1 | Intrahepatic bile duct carcinoma | 11/19/25 |
| I10. | Essential (primary) hypertension | 11/19/25 |
| I25.10 | Athscl heart disease of native coronary artery w/o ang pctrs | 11/19/25 |
| J45.909 | Unspecified asthma uncomplicated | 11/19/25 |
| E03.9 | Hypothyroidism unspecified | 11/19/25 |
| M16.11 | Unilateral primary osteoarthritis right hip | 11/19/25 |
| K59.00 | Constipation unspecified | 11/19/25 |
| K21.9 | Gastro-esophageal reflux disease without esophagitis | 11/19/25 |
| F41.9 | Anxiety disorder unspecified | 11/19/25 |
| E78.5 | Hyperlipidemia unspecified | 11/19/25 |
| Z85.3 | Personal history of malignant neoplasm of breast | 11/19/25 |
| Z79.82 | Long term (current) use of aspirin | 11/19/25 |
| Z79.891 | Long term (current) use of opiate analgesic | 11/19/25 |
| Z86.718 | Personal history of other venous thrombosis and embolism | 11/19/25 |

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

Buspirone Hcl - Buspirone Hydrochloride 15 MG Oral Tablet by mouth every 8 hours for ANXIETY
Atorvastatin Calcium - Atorvastatin Calcium take 80 MG Oral Tablet by mouth at bedtime for HLD
Amlodipine - Amlodipine Besylate 10 MG Oral Tablet ,take 10 mg tablet by mouth once a day for HTN Hold for systolic less than 110 and HR less than 50
Acetaminonhan 500 MG Oral Tablet, Take 2 tablet by mouth every 8 hours as needed for pain for mid to moderate pain
Famotidine - Famotidine 20 MG Oral Tablet , take 1 tablet by mouth in the morning for GERD
Aspirin - Aspirin Take 81 MG Oral Tablet by mouth once a day for CAD
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 MG Oral Tablet by mouth as necessary
Meclizine Hydrochloride - Meclizine Hydrochloride 12.5 MG Oral Tablet , Take 1 tablet by mouth every 8 hours for vertigo
Ondansetron Hydrochloride - Ondansetron Hydrochloride 4 MG Tablet , Take 1 tablet by mouth every 6 hours as needed for Nausea and Vomiting
Budesonide - Budesonide 0.5 MG/2ML 1 inhalation inhalant every 6 hours as needed fo SOB Rinse mouth and expectorate after use
Gabapentin - Gabapentin 300 MG Capsule , by mouth every 8 hours for Neuropathy
Montelukast Sodium - Montelukast Sodium 10 MG Tablet , Take 1 tablet by mouth once a day for asthma maintenance treatment and/or allergy symptom relief
Duloxetine Hydrochloride - Duloxetine Hydrochloride 60 MG Capsule , take 1 capsule by mouth once a day for depression
Trazodone Hydrochloride - Trazodone Hydrochloride 100 MG Oral Tablet, Take 0.5 tablet by mouth at bedtime for Depression
Capecitabine - Capecitabine 500 MG Oral Tablet, take 4 tablet by mouth every 12 hours for CA for 14 Days
Melatonin - Melatonin 3 MG Oral Tablet , Take 1 tablet by mouth at bedtime for insomnia
Furosemide - Furosemide 40 MG Oral Tablet, take 1 tablet by mouth once a day for Edema
Oxygen - Oxygen 2.5 lpm nasal cannula continuous

**14. DME and Supplies:**
wheelchair, rolling walker, walker, urinary/catheter supplies, reacher, oxygen supplies, hospital bed, commode, bath bench

**15. Safety Measures:**
wheelchair precautions, transfer with assist, , , cardiac precautions, activity supervision, , bathroom safety

**16. Nutrition:**
cardiac diet

**17. Allergies:**
biaxin reglan zosyn latex sulfa antibiotics

**18.A. Functional Limitations**
Dyspnea With Minimal Exertion, Ambulation, Endurance, Bowel/Bladder Incontinence

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

**19. Mental & Pyschosocial Status:** COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 2. Sometimes, 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, 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**
family/caregiver will be responsible for managing treatment

**Homebound status:**
Due to diagnosis of Pneumonia Unspecified Organism, 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 11/19/2025

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
Joseph Brodine
9101 Franklin Square Dr
Baltimore, MD 21237
PHONE: 4437772000 FAX: 14437772034 NPI: 1467987446

**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 : 11/12/2025

**27. Attending Physician's Signature and Date Signed** **12/01/2025**: 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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| 6. Patient's Name and Address | 7. Provider's Name, Address and Telephone Number |
|---|---|
| Mary Green<br>4103 Old York Rd,<br>Baltimore, MD 21218-<br>443-990-5178 | HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239 |

Clinical Condition Requiring Homecare:

The patient is a 69-year-old adult with a significant recent medical history, including hospitalization on April 17, 2025, for stage I intrahepatic bile duct carcinoma complicated by respiratory failure, followed by an additional admission on August 6, 2025, for pneumonia. The patient was discharged from inpatient rehabilitation on November 14, 2025, and is currently residing with her daughter in an apartment temporarily until her own residence becomes available. The patient continues home-based chemotherapy in oral pill form and remains oxygen-dependent at 2.5 L/min via nasal cannula, with resting pulse consistently above 95 bpm. She exhibits chronic lymphedema of the left upper extremity, which has worsened following recent illness.  The patient demonstrates generalized weakness, significant deconditioning, and reduced activity tolerance. She is chair-bound for much of the day and ambulates only short distances with a walker. She is identified as a high fall risk and requires hands-on assistance for transfers and leaving the home. She sleeps in a hospital bed and uses a bedside commode for toileting. Ongoing limitations include decreased strength, impaired functional mobility, reduced endurance, and compromised safety awareness.  Occupational therapy evaluation indicates deficits in activities of daily living (ADLs), functional mobility, activity tolerance, and safety, with noted exacerbation of left upper extremity lymphedema. The patient would benefit from skilled OT services focusing on ADL training, adaptive equipment instruction, functional mobility training, therapeutic exercises, a structured home exercise program, and ongoing safety education. Recommended OT frequency includes 1x/week for 1 week, 2x/week for 1 week, 0x/week for 1 week, and 1x/week for 3 additional weeks.  Education was provided regarding safety with mobility, proper use of assistive devices, energy conservation, fall-prevention strategies, and lymphedema precautions. The plan of care includes continued monitoring of functional status, reinforcement of safety measures, progression of therapeutic activities as tolerated, and coordination with the interdisciplinary team to support the patient's recovery and maintain medical stability at home. <br> Date of Order 11/19/2025 Orders Physician Face-to-Face Date: 11/12/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Pneumonia Unspecified Organism 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: OT Eval Notes: Physician Brodine, Joseph

## SN Careplans

SN WK1: 1 (11/19/25-11/22/25) ,WK2: 1 (11/23/25-11/29/25) ,WK3: 1 (11/30/25-12/06/25) ,WK4: 1 (12/07/25-12/13/25) ,WK5: 1 (12/14/25-12/20/25) ,WK6: 1 (12/21/25-12/27/25) ,WK7: 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

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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, D0160 - Depression, M1745 - Behavioral Issues, D0700 - Social Isolation, A1250 - Lack of Necessary Transportation, meal preparation, M2020 - Oral Med Management, swelling in the arms/legs, M1400 - Dyspnea, M1610 - Urinary Incontinence, limited range of motion, swelling of affected area, limited endurance, muscle spasms, muscle weakness, limited strength, Pain Interference with ADLs, weak hand grips, balance deficit, B0200 - Hearing Deficit, B1000 - Vision Deficit, Pain Interference with Therapy activities, Pain Effect on Sleep

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, bladder training, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired, coordinate/arrange long-term socialization activities, coordinate/arrange home modifications for hearing impaired, i.e. alarms, coordinate/arrange transportation services

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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, * low cholesterol dietary guidelines, 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, * 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, * 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, * prescribed dietary modifications monitoring intake and output monitoring weight loss or weight gain monitor changes in neurological status, related medication(s) purpose, schedule, * how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, related medication(s) purpose, schedule, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, related

## SN Goals

PATIENT-STATED GOAL: Regain strength/ walk

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 take the patient's blood pressure
* record the reading
* 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
* prescribed dietary modifications
* monitoring intake and output
* monitoring weight loss or weight gain
* monitor changes in neurological status
* 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
* low cholesterol dietary guidelines
* 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
* 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

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 4 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 11/19/2025 |

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medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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, * how to keep home safe for hearing-impaired including installing special fire-detector/C O2 alarms, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient's transportation needs are met, meal preparation is available to patient for all meals

* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

patient/caregiver recalls
* how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting
* diarrhea
* appetite loss
* hair loss
* fatigue
* insomnia
* 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
* lifestyle modifications
* low-residue dietary guidelines
* alternative medicine options for ulcerative colitis
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low-fat diet
* lifestyle modifications to manage esophageal condition
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

## PT Careplans

PT WK2: 1 (11/23/25-11/29/25) ,WK3: 2 (11/30/25-12/06/25) ,WK4: 1 (12/07/25-12/13/25) ,WK5: 1 (12/14/25-12/20/25) ,WK6: 1 (12/21/25-12/27/25) ,WK7: 1 (12/28/25-01/03/26) ,WK8: 1 (01/04/26-01/10/26) ,WK9: 1 (01/11/26-01/17/26)

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: 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 , Bed mobility training , Dynamic and static standing balance training, cough/deep breathing exercises, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition

## PT Goals

PATIENT-STATED GOAL: To get rid of the walker and be able to use my left arm

GOALS
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

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

patient/caregiver recalls

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 4 |
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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 - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 06. Independent, Car Transfer - 04. Supervision or touching 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, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 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

* 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

Car Transfer - 04. Supervision or touching 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

Walk 10 ft on Uneven Surface - 04. Supervision or touching

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

## OT Careplans

OT WK2: 1 (11/23/25-11/29/25) ,WK3: 2 (11/30/25-12/06/25) ,WK5: 1 (12/14/25-12/20/25) ,WK6: 1 (12/21/25-12/27/25) ,WK7: 1 (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, equipment training, work simplification/energy conservation, therapeutic exercises, 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 - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent

## OT Goals

PATIENT-STATED GOAL: to be able to use my L arm

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

Oral Hygiene - 05. Setup or clean-up assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

| Signature of Physician: | Date |
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