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| Home Health Certification and Plan of Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Order ID: 1150/14448                                                                                                                                                                                                                                                                                                                                       |  |
| 1. Patient s HI claim No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 2. Start Of Care Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 3. Certification Period                                                                                                                                                                                                                                                                                                                                    |  |
| 34913226                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 11/28/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | From: 11/28/2025 To: 01/26/2026                                                                                                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 4. Medical Record No. 19523                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 5. Provider No. 217058                                                                                                                                                                                                                                                                                                                                     |  |
| 6. Patient's Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 7. Provider's Name, Address and Telephone Number                                                                                                                                                                                                                                                                                                           |  |
| Mary Dwyer<br>103 Center Place Apt 322,<br>DUNDALK, MD 21222-<br>443-367-1169                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239                                                                                                                                                                                                                                  |  |
| 8. DOB 01/25/1962 9.Sex Female                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 10. Medications: Dose/Frequency/Route (N)ew (C)hanged                                                                                                                                                                                                                                                                                                      |  |
| 11. ICD J18.9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Principal Diagnosis Pneumonia unspecified organism                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Date 11/28/25                                                                                                                                                                                                                                                                                                                                              |  |
| 13. ICD J96.01 E78.5 E03.9 M17.12 M54.12 J44.89 E11.3299 M25.462 M85.80 M70.61 L40.9 F31.81 H35.30 F41.9 E55.9 E87.6 F17.210 Z79.01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Other Pertinent Diagnoses Acute respiratory failure with hypoxia Hyperlipidemia unspecified Hypothyroidism unspecified Unilateral primary osteoarthritis left knee Radiculopathy cervical region Other specified chronic obstructive pulmonary disease Type 2 diab with mild nonp rtnop without macular edema unsp Effusion left knee Oth disrd of bone density and structure unspecified site Trochanteric bursitis right hip Psoriasis unspecified Bipolar II disorder Unspecified macular degeneration Anxiety disorder unspecified Vitamin D deficiency unspecified Hypokalemia Nicotine dependence cigarettes uncomplicated Long term (current) use of anticoagulants |  | Date 11/28/25 11/28/25 11/28/25 11/28/25 11/28/25 11/28/25 11/28/25 11/28/25 11/28/25 11/28/25 11/28/25 11/28/25 11/28/25 11/28/25 11/28/25 11/28/25 11/28/25 11/28/25 11/28/25 11/28/25 11/28/25 11/28/25                                                                                                                                                 |  |
| 14. DME and Supplies:<br>diabetic supplies, walker, grab bars, commode, oxygen supplies, cane                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 15. Safety Measures:<br>walker precautions, smoke detectors , bathroom safety, ambulates with device, hand rails, , non-slip surface in tub, , , diabetic precautions, activity supervision                                                                                                                                                                |  |
| 16. Nutrition:<br>Z. NO PHYSICIAN-ORDERED DIET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 17. Allergies:<br>tetracycline                                                                                                                                                                                                                                                                                                                             |  |
| 18.A. Functional Limitations<br>Endurance, Bowel/Bladder Incontinence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 18.B. Activities Permitted<br>Cane, Walker, Exercises Prescribed, Up As Tolerated                                                                                                                                                                                                                                                                          |  |
| 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: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                            |  |
| 20. Prognosis: good                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                            |  |
| 22. A Rehabilitation Potential:<br>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<br>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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                            |  |
| Clinical Condition Requiring Homecare:<div><span style="font-size: 14px;">The patient is a 63-year-old female with a significant past medical history of chronic obstructive pulmonary disease (COPD), heavy tobacco use, bipolar disorder, type 2 diabetes mellitus, hyperlipidemia, and osteoarthritis who initially presented to urgent care with complaints of shortness of breath and was subsequently admitted to the hospital for acute hypoxic respiratory failure secondary to multifocal pneumonia. Upon evaluation in the emergency department, the patient was noted to be tachycardic with blood pressure in the 100s/50s and was hypoxic, requiring high-flow nasal cannula oxygen therapy. Laboratory studies revealed a markedly elevated white blood cell count of 28.4, hypokalemia with a potassium level of 3.1, and normal BNP and troponin levels. A respiratory viral panel was negative, and blood cultures were obtained. Chest radiograph demonstrated patchy opacities in the bilateral mid and lower lung fields. CTA of the chest revealed multifocal pneumonia involving the bilateral lower lobes with concern for cavitation in the right middle lobe and prominent mediastinal lymphadenopathy. An EKG showed sinus tachycardia.&nbsp;At the time of this assessment, the patient reports that she is feeling better overall, though she continues to experience significant fatigue and low energy. She reports ongoing transportation difficulties, and her home environment is described as very cluttered. The patient also endorses severe depression but denies any suicidal or homicidal ideation. She lives alone; however, her brother resides approximately 30 minutes away and is a willing and able caregiver. The plan of care includes continued medical management of multifocal pneumonia and hypoxic respiratory failure, monitoring of potassium and other laboratory values, oxygen therapy as indicated, coordination of social support and transportation needs, and continued assessment of mental health status and safety.</span></div><div><span style="white-space: pre; font-size: 14px; white-space: normal;"></span></div><div><span style="font-size: 14px;"><br></span></div><div><span style="font-size: 14px;">Date of Order</span></div><div><span style="font-size: 14px;">11/28/2025</span></div><div><span style="font-size: 14px;">Orders</span></div><div><span style="font-size: 14px;">Physician</span></div></div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                            |  |
| 23. Signature and Date of Verbal SOC Where Applicable:<br>Electronically Signed by Messick, Charles RN on 11/28/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 25. Date HHA Received Signed POT                                                                                                                                                                                                                                                                                                                           |  |
| 24. Physician's Name and Address<br>Jamshid Mian<br>9114 Philadelphia Rd<br>Baltimore, MD 21237<br>PHONE: 4432315711 FAX: 14432315790 NPI: 1538143953                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 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.<br>F2F date : 10/29/2025 |  |
| 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.<br><br>PAGE 1 of 3                                                                                                                                  |  |

| Home Health Certification and Plan of Care                                    |                       |                                                                                                                           |                       | Order ID: 1150/14448 |
|-------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------|
| 1. Patient s HI claim No.                                                     | 2. Start Of Care Date | 3. Certification Period                                                                                                   | 4. Medical Record No. | 5. Provider No.      |
| 34913226                                                                      | 11/28/2025            | From: 11/28/2025 To: 01/26/2026                                                                                           | 19523                 | 217058               |
| 6. Patient's Name and Address                                                 |                       | 7. Provider's Name, Address and Telephone Number                                                                          |                       |                      |
| Mary Dwyer<br>103 Center Place Apt 322,<br>DUNDALK, MD 21222-<br>443-367-1169 |                       | HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239 |                       |                      |

Face-to-Face Date: 10/29/2025</span></div><div><span style="font-size: 14px;">Clinical Condition Requiring Home Care per Certifying Physician: SN disease management PT eval and treat OT eval and treat SW due to Pneumonia Unspecified Organism</span></div><div><span style="font-size: 14px;">Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</span></div><div><span style="white-space: pre; font-size: 14px; white-space: normal;"> </span></div><div><span style="font-size: 14px;"><br></span></div><div><span style="font-size: 14px;">1 - SOC - SN Notes: soc</span></div><div><span style="font-size: 14px;">>Physician</span></div><div><span style="font-size: 14px;">Mian, Jamshid</span></div>

SN Careplans

SN WK1: 1 (11/28/25-11/29/25)

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: 2. Non-agency caregiver(s) need training/supportive services to 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: M1720 - Anxiety, D0160 - Depression, M2102d - Caregiver Performs Treatment, A1250 - Lack of Necessary Transportation, M2102f - Patient Supervision, M2102c - Med Admin, meal preparation, Home Safety, M2020 - Oral Med Management, D0700 - Social Isolation, lung sounds not clear, M1400 - Dyspnea, M1033 - Exhaustion, M1610 - Urinary Incontinence, limited strength, limited endurance, balance deficit, B1000 - Vision Deficit, Pain Interference with ADLs, bad breath, obesity

PROCEDURES: Medication Review: Medications reviewed with patient/ caregiver, Prevention of COPD exacerbation: Use of O2 to maintain O2 sats >90% Energy Conservation Pulmonary Toileting Pursed Lip Breathing Administer Medications as ordered to prevent new or worsening exacerbation. Contact HH agency at the first sign of exacerbation in order to prevent hospitalization. , Smoking Cessation: - Educate patient regarding the dangers of smoking with a nicotine patch on. (Increased risk of MI stroke) - Educate regarding interventions assist with continued smoking cessation such as diversion activities and chewing gum. - Administration of Nicotine patch including alternating application site. Removal of current patch prior to placing a new patch. Trouble shooting area of application when there are adhesive issues. Discontinue use if skin irritation occurs and contact SN immediately or your Physician. , cough/deep breathing exercises, glucose testing via monitor: Waiting for glucose monitor. (Freestyle Libre). Assist with placement and education at f/u visit after admission., bladder training: Educate regarding how to avoid stress incontinence. Ex: kegal exercises, timed voiding, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange resources for vision-impaired, coordinate/arrange transportation services

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, \* 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, \* 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, \* diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, \* how to manage symptoms of nicotine withdrawal and nicotine cravings, related medication(s) purpose, schedule, \* dietary guidelines for managing nutritional deficit, related 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 optimize joint mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety pain control, related medication(s) purpose, schedule, \* strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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, patient's living environment is clean/uncluttered, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Medication Review

SN Goals

PATIENT-STATED GOAL: Patient states, "I want to heal from this pneumonia and stay out of the hospital."

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 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

- \* 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

- \* diabetic medication management
- \* blood sugar testing
- \* diabetic foot care
- \* exercise
- \* diabetic diet
- \* recalls related medication(s) purpose, schedule

patient/caregiver recalls

- \* how to optimize joint mobility with active and passive range of motion exercises
- \* fluid and diet intake to promote healing
- \* prevent constipation
- \* home safety
- \* pain control
- \* 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

- \* how to keep home safe for patient with vision loss including eliminating hazards
- \* enhancing lighting
- \* using mechanical aids

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

- \* dietary guidelines for managing nutritional deficit
- \* recalls related medication(s) purpose, schedule

patient/caregiver recalls

- \* how to manage symptoms of nicotine withdrawal and nicotine cravings
- \* recalls related medication(s) purpose, schedule

patient/caregiver recalls

- \* depression-prevention strategies including avoidance of isolation
- \* healthy eating

|                                              |             |
|----------------------------------------------|-------------|
| Signature of Physician:                      | Date        |
|                                              | PAGE 2 of 3 |
| Optional Name/Signature of Nurse/Therapist:  | Date        |
| Electronically Signed by Messick, Charles RN | 11/28/2025  |

| Home Health Certification and Plan of Care                                                                     |                       |                                                                                                                                                                               |                       | Order ID: 1150/14448 |
|----------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------|
| 1. Patient s HI claim No.                                                                                      | 2. Start Of Care Date | 3. Certification Period                                                                                                                                                       | 4. Medical Record No. | 5. Provider No.      |
| 34913226                                                                                                       | 11/28/2025            | From: 11/28/2025 To: 01/26/2026                                                                                                                                               | 19523                 | 217058               |
| 6. Patient's Name and Address<br>Mary Dwyer<br>103 Center Place Apt 322,<br>DUNDALK, MD 21222-<br>443-367-1169 |                       | 7. Provider's Name, Address and Telephone Number<br>HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239 |                       |                      |

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|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <div>mobility training</div> <div>* sleeping habits</div> <div>* identification of activities that bring pleasure</div> <div>* preventive care</div> <div>* recalls related medication(s) purpose, schedule</div> <div>patient/caregiver recalls</div> <div>* urinary incontinence management including bladder training</div> <div>* Kegel exercises</div> <div>* skin care</div> <div>* recalls related medication(s) purpose, schedule</div> <div>patient/caregiver recalls</div> <div>* strategies to minimize fatigue and exhaustion including work simplification</div> <div>* energy conservation</div> <div>* lifestyle changes</div> <div>* diet</div> <div>* recalls related medication(s) purpose, schedule</div> <div>patient self-administers medications as prescribed</div> <div>* recalls related medication(s) purpose, schedule</div> <div>patient/caregiver recalls</div> <div>* strategies to increase socialization</div> <div>* recalls related medication(s) purpose, schedule</div> <div>patient's transportation needs are met</div> <div>patient's living environment is clean/uncluttered</div> <div>patient is adequately supervised</div> <div>meal preparation is available to patient for all meals</div> <div>caregiver administers and/or packages medications appropriately</div> <div>caregiver performs medical/rehabilitation treatments with adequate competence</div> <div>Medication Review</div> |
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|----------------------------------------------|-------------|
| Signature of Physician:                      | Date        |
|                                              | PAGE 3 of 3 |
| Optional Name/Signature of Nurse/Therapist:  | Date        |
| Electronically Signed by Messick, Charles RN | 11/28/2025  |