Home Health Certification and Plan of Care

Order ID: 1150/15078

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
831286638	12/23/2025	From: 12/23/2025 To: 02/20/2026	20725	217058

6. Patient's Name and Address

Cheryl Speight
4974 BRISTLE CONE CIR,
ABERDEEN, MD 21001-
443-866-7222

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 11/23/1947 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
N39.0	Urinary tract infection site not specified	12/23/25

13. ICD	Other Pertinent Diagnoses	Date
B95.2	Enterococcus as the cause of diseases classified elsewhere	12/23/25
I10.	Essential (primary) hypertension	12/23/25
E11.9	Type 2 diabetes mellitus without complications	12/23/25
E03.9	Hypothyroidism unspecified	12/23/25
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	12/23/25
E78.5	Hyperlipidemia unspecified	12/23/25
G89.29	Other chronic pain	12/23/25
M54.9	Dorsalgia unspecified	12/23/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	12/23/25
H40.9	Unspecified glaucoma	12/23/25
K21.9	Gastro-esophageal reflux disease without esophagitis	12/23/25
E04.2	Nontoxic multinodular goiter	12/23/25
L03.114	Cellulitis of left upper limb	12/23/25
M40.202	Unspecified kyphosis cervical region	12/23/25
E66.3	Overweight	12/23/25
M72.2	Plantar fascial fibromatosis	12/23/25
M43.12	Spondylolisthesis cervical region	12/23/25
N39.41	Urge incontinence	12/23/25
M47.816	Spondylosis w/o myelopathy or radiculopathy lumbar region	12/23/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	12/23/25
Z79.4	Long term (current) use of insulin	12/23/25
Z79.82	Long term (current) use of aspirin	12/23/25
Z79.890	Hormone replacement therapy	12/23/25

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

D3 Super Strength 2,000 Units by mouth once a day Supplement
Lipitor - Atorvastatin Calcium eq 80 mg base 80 MG, Take 1 tablet by mouth at bedtime Cholesterol
Tylenol - Acetaminophen 1,000 mg Oral Tablet by mouth every 6 hours Pain
Synthroid - Levothyroxine Sodium 25 mcg,Take 1 tablet by mouth once a day Hypothyroidism
Glucophage - Metformin Hydrochloride 500 mg oral tablet by mouth twice a day T2DM
Cymbalta - Duloxetine Hydrochloride 60 mg oral capsule by mouth once a day Antidepressant
Cosopt - Dorzolamide Hydrochloride: Timolol Maleate 2-0.5 % ophthalmic solution,1 drop, drops every 12 hours 1 drop, every 12 hours
Xalatan - Latanoprost 0.005 % ophthalmic solution ,1 drop drops at bedtime 1 drop, nightly
Aspirin 81Mg - Aspirin Take 1 tablet by mouth once a day Cva prophylaxis
Losartan Potassium - Losartan Potassium 50 mg Take 2 tablets by mouth once a day HTN
Ditropan Xl - Oxybutynin Chloride 10 mg Take 1 tablet by mouth once a day Overactive bladder
Macrobid - Nitrofurantoin: Nitrofurantoin, Macrocrystalline 100mg , take 1 capsule by mouth twice a day X5 days for UTI
Semglee 100unit/ml(3ml) ,inject 25 units subcutaneous in the morning T2DM
Amilodipine - Amlodipine Besylate 10 mg, Take 1 tablet by mouth once a day HTN

14. DME and Supplies:

diabetic supplies, bath bench, commode

15. Safety Measures:

standard precautions, fall precautions, diabetic precautions, bleeding precautions, ambulates with device, walker precautions, medication safety, bathroom safety, anticoagulant precautions

16. Nutrition:

low sodium

17. Allergies:

oxycodone buprenorphine empagliflozin hydromorphone

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

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

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Urinary tract infection site not specified, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.

Clinical Condition Requiring Homecare:

The patient is a 78-year-old female with a past medical history significant for hypertension, type 2 diabetes mellitus, chronic back pain, urinary tract infections, and hypothyroidism. She was recently hospitalized for altered mental status and diagnosed with a UTI, for which she is taking Macrobid 100 mg twice daily for five days. She reports severe back pain rated 8/10 and numbness in both arms following two cervical surgeries in August. The patient demonstrates labored breathing with exertion, such as climbing stairs, and practices deep breathing exercises to manage it. She monitors her blood glucose using a FreeStyle Libre 2 Plus CGM and correctly applied the sensor on her right hand. Lung sounds are clear to auscultation, bowel sounds are active, and no bilateral lower-extremity swelling was observed. A two-week supply of medications was organized in her pillbox. The patient ambulates slowly indoors without an assistive device, using furniture or rails for support, and relies on a walker for outdoor mobility. She lives alone in a townhouse and exhibits general muscle weakness, dysfunctional gait, and difficulty performing personal ADLs, as well as challenges with medical compliance. Education was provided on back pain management, precautions, home exercises, and safe ambulation with a rolling walker, which she was instructed to use at all times.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> <p

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/23/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Elie Cheikh
6701 N Charles St
Baltimore, MD 21204
PHONE: FAX: NPI: 1649452012

26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.

F2F date : 12/20/2025

27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face

28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

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class="MsoNoSpacing">12/23/2025<o:p></o:p> Physician Face-to-Face Date: 12/20/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's msw dx: Urinary tract infection site not specified
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
 1 - SOC - SN Notes: <o:p></o:p> PT Eval Notes:<o:p></o:p> Physician: Cheikh, Elie

SN Careplans

SN WK1: 1 (12/23/25-12/27/25) ,WK2: 1 (12/28/25-01/03/26) ,WK3: 1 (01/04/26-01/10/26) ,WK4: 1 (01/11/26-01/17/26) ,WK5: 1 (01/18/26-01/24/26)

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: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, M1600 - UTI, frequent urination, limited strength, Pain Interference with ADLs, daytime fatigue, headache, balance deficit

12/29/2025 Problems : D0700 - Social Isolation, B1000 - Vision Deficit, A1250 - Lack of Necessary Transportation

PROCEDURES: Medication Review: Medication reviewed with patient/caregiver., cough/deep breathing exercises, glucose testing via monitor

TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medicatio, * 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 relaxatio, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * how to promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent cons, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: To get my strength back and be independent.

GOALS
patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* 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 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 relaxatio

patient/caregiver recalls
* how to promote optimized mobility with strength
* balance
* dexterity
* range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing
* prevent cons

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 medicatio

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 10 (12/23/25-12/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400 Dyspnea, GG0170F1 - Toilet Transfer - 05. Setup or clean-up assistance, GG0170D1 - Sit to Stand - 05. Setup or clean-up assistance, GG0170E1 - Chair to Bed to Chair - 05. Setup or clean-up assistance, GG0170G1 - Car Transfer - 05. Setup or clean-up assistance, GG0170I1 - Walk 10 Feet - 02. Substantial/maximal assistance, GG0170J1 - Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, GG0170K1 - Walk 150 Feet - 02. Substantial/maximal assistance, GG0170L1 - Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, GG0170M1 - 1 - Step (curb) - 02. Substantial/maximal assistance, GG0170N1 - 4 Steps - 02. Substantial/maximal assistance, GG0170O1 - 12 Steps - 02. Substantial/maximal assistance, GG0170P1 - Picking Up Object - 02. Substantial/maximal assistance

PROCEDURES: Medication Review: The medication was reviewed with the patient, Home exercises: Slr, le abd/add, long arc, marching , --10x2 reps, cough/deep breathing exercises, incentive spirometer, gait training on uneven surfaces, gait training/stair

PT Goals

PATIENT-STATED GOAL: To be pain free and walk better

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medicatio

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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

12/23/2025

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training, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medicatio, * 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 relaxatio, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

works best to relieve pain
* teach relaxatio

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/23/2025