Home Health Certification and Plan of Care

Order ID: 1150/15102

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
35931316	12/26/2025	From: 12/26/2025 To: 02/23/2026	10210	217058

6. Patient's Name and Address

Doretha Burch
6916 Brompton Rd,
GWYNN OAK, MD 21207-
410-298-0418

7. Provider's Name, Address and Telephone Number

HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
410-321-8448
1487113239

8. DOB 08/15/1936 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S31.000A	Unsp opn wnd low back and pelv w/o penet retroperiton init	12/26/25

13. ICD	Other Pertinent Diagnoses	Date
N39.0	Urinary tract infection site not specified	12/26/25
R31.9	Hematuria unspecified	12/26/25
M80.08XD	Age-rel osteopor w crnt path fx verteb 7thD	12/26/25
I11.0	Hypertensive heart disease with heart failure	12/26/25
I50.33	Acute on chronic diastolic (congestive) heart failure	12/26/25
K75.4	Autoimmune hepatitis	12/26/25
I48.91	Unspecified atrial fibrillation	12/26/25
E78.2	Mixed hyperlipidemia	12/26/25
D50.9	Iron deficiency anemia unspecified	12/26/25
G89.29	Other chronic pain	12/26/25
H40.1133	Primary open-angle glaucoma bilateral severe stage	12/26/25
M19.90	Unspecified osteoarthritis unspecified site	12/26/25
K80.20	Calculus of gallbladder w/o cholecystitis w/o obstruction	12/26/25
K76.0	Fatty (change of) liver not elsewhere classified	12/26/25
K74.3	Primary biliary cirrhosis	12/26/25
I27.20	Pulmonary hypertension unspecified	12/26/25
M35.1	Other overlap syndromes	12/26/25
R91.8	Other nonspecific abnormal finding of lung field	12/26/25
R59.0	Localized enlarged lymph nodes	12/26/25
Z86.19	Personal history of other infectious and parasitic diseases	12/26/25
Z87.891	Personal history of nicotine dependence	12/26/25
Z87.01	Personal history of pneumonia (recurrent)	12/26/25
Z91.81	History of falling	12/26/25
Z99.81	Dependence on supplemental oxygen	12/26/25
Z79.52	Long term (current) use of systemic steroids	12/26/25
Z79.01	Long term (current) use of anticoagulants	12/26/25

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

Anusol Hc - Hydrocortisone 2.5 % rectal cream, Insert into the rectum rectal twice a day Insert into the rectum 2 (two) times a day.
Xalatan - Latanoprost 0.005 % ophthalmic solution drops as necessary
Timoptic - Timolol Maleate 0.5 % OPHTHALMIC SOLUTION, INSTILL 1 DROP both eyes in the morning
Digox 125 mcg (0.125 mg) tablet 125 mcg (0.125 mg), Take 1 tablet (125 mcg total) by mouth once a day
Tylenol - Acetaminophen 500 mg, Take 1 tablet (500 mg total) by mouth as necessary Pain to back
Cozaar - Losartan Potassium 100mg, take 1 tablet (100mg total) by mouth once a day
Actigall - Ursodiol 300 mg 2 capsules in the morning and 1 at bedtime by mouth twice a day
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 250mcg tablet by mouth once a day
Dulcolax - Bisacodyl 5 mg tablet by mouth at bedtime As needed for constipation
Lasix - Furosemide 20mg by mouth every other day
Lipitor - Atorvastatin Calcium eq 80 mg base 1 tablet by mouth once a day Cholesterol
Xarelto - Rivaroxaban 15mg, Take tablet by mouth at bedtime
Imuran - Azathioprine 75 mg, Take 1 tablet (75 mg toal) by mouth once a day Liver
Tramadol - Tramadol Hydrochloride 1 tablet 50 mg by mouth every 6 hours As needed for pain
Albuterol Nebulizer - Albuterol 1 application inhalant three times a day As needed for breathing

14. DME and Supplies:
walker, commode, , bath bench,

15. Safety Measures:
walker precautions, restricted ROM, , no lifting, no bending, , , cardiac precautions, , bathroom safety, ambulates with device, activity supervision

16. Nutrition:
low fiber, soft

17. Allergies:
Oxycodone

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, 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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Unspecified Open Wound Of Lower Back And Pelvis Without Penetration Into Retroperitoneum, Initial Encounter, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 12/26/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Nnemdi Baird Cross
10085 Red Run Blvd
Owings Mills, MD 21117
PHONE: 4105817804 FAX: 14103566507 NPI: 1669616520

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 : 12/01/2025

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Doretha Burch 6916 Brompton Rd, GWYNN OAK, MD 21207- 410-298-0418	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

The patient is an 89-year-old female admitted to home health services for skilled nursing, physical therapy, and occupational therapy following recent hospitalization and rehabilitation for lumbar and thoracic spinal compression fractures. Her past medical history is significant for hypertension, atrial fibrillation, HFpEF/CHF, pulmonary hypertension, hyperlipidemia, autoimmune hepatitis with primary biliary cholangitis, osteoporosis, osteoarthritis, prior lumbar-sacral and thoracic compression fractures, and multiple additional comorbidities. Her recent hospitalization for lumbar compression fracture was complicated by a urinary tract infection with sepsis. The patient resides with her family in a single-level home. On initial skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was observed sitting upright at the kitchen table wearing her prescribed back brace. She reported the brace to be uncomfortable but denied pain at rest. She was alert and oriented to person, place, time, and situation. The patient endorsed intermittent shortness of breath, which she attributed to her known diagnoses of CHF and pulmonary hypertension. Oxygen saturation levels remained in the mid to high 90s on room air throughout the visit. She was noted to demonstrate pursed-lip breathing but stated she felt comfortable. Lung auscultation revealed inspiratory and expiratory wheezes throughout. Bowel sounds were active in all quadrants, and the patient reported her last bowel movement occurred the previous day. The patient and her daughter reported current inflamed hemorrhoids, for which she is using hemorrhoidal cream. Trace bilateral lower extremity edema was noted, and the patient was instructed to elevate her legs when not ambulating. Skin was warm, intact, and without noted breakdown. The patient ambulates within the home using a rolling walker and follows strict spinal precautions, including no bending, twisting, or lifting. She wears her back brace whenever out of bed. Education was provided regarding proper positioning in bed, including the use of pillows between the knees and behind the back for comfort and spinal alignment. The patient and family were encouraged to continue daily therapeutic exercises as instructed during her prior rehabilitation stay, as tolerated. Vital signs were obtained, and the patient was admitted to home health services for ongoing monitoring, medication education, and management of recent medication changes. Physical therapy evaluation revealed the patient to have decreased bilateral lower extremity strength, measured at approximately 3/5 manual muscle testing. She currently requires contact guard assistance for transfers and short-distance ambulation with a rolling walker. She denies pain while sitting but reports pain with movement, particularly during transfers. The patient is required to wear her lumbar brace when out of bed. Compared to her prior level of function, during which she ambulated independently indoors without an assistive device and occasionally used a rollator for outdoor mobility, she demonstrates a significant decline in strength, balance, and functional mobility. Skilled physical therapy services are indicated to improve strength, balance, safety, and independence in order to facilitate return toward prior level of function. Occupational therapy <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> indicates the patient requires moderate assistance for bathing and maximal assistance to dependent levels for upper and lower body dressing tasks. She requires contact guard assistance for sit-to-stand and toilet transfers, with verbal cues for proper limb placement and adherence to spinal precautions. The patient continues to use her back brace during functional activities and remains compliant with no lifting, bending, or twisting restrictions. The plan of care includes continued skilled nursing for cardiopulmonary monitoring, medication education and management, edema monitoring, and reinforcement of disease management strategies; skilled physical therapy to address strength, balance, gait, and functional mobility deficits; and skilled occupational therapy to improve independence and safety with activities of daily living while maintaining spinal precautions. The patient and family demonstrated understanding of education provided and remain engaged in the plan of care.
 Date of Order 12/26/2025 Orders Physician Face-to-Face Date: 12/01/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Unspecified Open Wound Of Lower Back And Pelvis Without Penetration Into Retroperitoneum, Initial Encounter Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Baird Cross, Nnemdi

SN Careplans

SN WK1: 1 (12/26/2025 - 12/27/2025), WK2: 1 (01/04/2026 - 01/10/2026), WK3: 1 (01/11/2026 - 01/17/2026), WK4: 1 (01/18/2026 - 01/20/2026)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5

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

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, swelling in the arms/legs, dependent edema, chest pain, constipation, M1600 - UTI, muscle weakness, limited endurance, limited range of motion, limited strength, Pain Effect on Sleep, Pain Interference with ADLs, weak hand grips, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, 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, * how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promo, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medic, * how to optimize range of motion with active and passive therapeutic exercises manage pain/discomfort fluid and diet intake to promote healing prevent constipation, related medication(s) purpose, s, * 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)

SN Goals

PATIENT-STATED GOAL: "I want my back to heal."

GOALS
patient/caregiver recalls
* how to manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promo

patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* 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 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 medic

patient/caregiver recalls
* how to optimize range of motion with active and passive therapeutic exercises
* manage pain/discomfort
* fluid and diet intake to promote healing
* prevent constipation
* recalls related medication(s) purpose, s

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/26/2025

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purpose, schedule

* home remedies to keep lungs healthy
* recalls related medicatio

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

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

PT Careplans

PT WK1: 1 (12/26/2025 - 12/27/2025), WK2: 1 (01/04/2026 - 01/10/2026), WK3: 1 (01/11/2026 - 01/17/2026), WK4: 1 (01/18/2026 - 01/20/2026)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 Dyspnea, GG0170F1 - Toilet Transfer - 03. Partial/moderate assistance, GG0170D1 - Sit to Stand - 01. Dependent, GG0170E1 - Chair to Bed to Chair - 01. Dependent, GG0170G1 - Car Transfer - 01. Dependent, 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: - medications reviewed with patient/caregiver, cough/deep breathing exercises, therapeutic exercises, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related 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, Toilet Transfer - 05. Setup or clean-up assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Chair to Bed to Chair - 02. Substantial/maximal assistance, Sit to Stand - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Medication Review

PT Goals

PATIENT-STATED GOAL: To be able to walk without pain

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 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 works best to relieve pain
* teach relaxatio

Toilet Transfer - 05. Setup or clean-up assistance

Walk 10 Feet - 04. Supervision or touching assistance

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

Walk 150 Feet - 04. Supervision or touching assistance

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

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Chair to Bed to Chair - 02. Substantial/maximal assistance

Sit to Stand - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Medication Review

OT Careplans

OT WK1: 1 (12/26/2025 - 12/27/2025), WK2: 1 (01/04/2026 - 01/10/2026), WK3: 1 (01/11/2026 - 01/17/2026), WK4: 1 (01/18/2026 - 01/20/2026)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene - 03. Partial/moderate assistance, GG0130F1 - Upper Body Dressing - 01. Dependent, GG0130G1 - Lower Body Dressing - 01. Dependent, GG0130H1 - Don/Doff Footwear - 01. Dependent, GG0130E1 - Shower/Bathe Self - 03. Partial/moderate assistance, GG0130C1 - Toileting Hygiene - 03. Partial/moderate assistance, GG0130A1 - Eating - 06. Independent

PROCEDURES: ADLs , Patient/caregiver recalls related purpose and schedule of medications: Medications review , cough/deep breathing exercises, therapeutic exercises, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath

OT Goals

PATIENT-STATED GOAL: Patient wants to get better and stronger

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 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 works best to relieve pain
* teach relaxatio

Oral Hygiene - 05. Setup or clean-up assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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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, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 03. Partial/moderate assistance

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

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

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

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
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