Home Health Certification and Plan of Care

Order ID: 1150/15138

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
28356037	12/30/2025	From: 12/30/2025 To: 02/27/2026	20767	217058

6. Patient's Name and Address

Molly Henderson
8012 Clovis Way,
HANOVER, MD 21076
817-253-8273

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 01/23/1977 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.89	Encounter for other orthopedic aftercare	12/30/25

13. ICD	Other Pertinent Diagnoses	Date
M54.12	Radiculopathy cervical region	12/30/25
D50.9	Iron deficiency anemia unspecified	12/30/25
K59.00	Constipation unspecified	12/30/25
R33.9	Retention of urine unspecified	12/30/25
Z98.1	Arthrodesis status	12/30/25

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

Tylenol - Acetaminophen 500 MG tablet,Take 2 tablets by mouth three times a day Take 2 tablets by mouth 3 times daily
Pepcid - Famotidine 20 MG tablet ,Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times daily
Ibuprofen - Ibuprofen 600 MG tablet,Take 1 tablet by mouth three times a day Take 1 tablet by mouth 3 times daily.
Diazepam - Diazepam 10 mg tablet Take 1 tablet by mouth every 8 hours 10 mg tablet
Take 1 tablet by mouth every 8 hours as needed.
Duloxetine Hydrochloride - Duloxetine Hydrochloride 60 mg capsule ,Take 1 capsule by mouth once a day 60 mg capsule delayed release particles
Take 1 capsule by mouth daily
Hydromorphone Hydrochloride - Hydromorphone Hydrochloride 2 mg tablet
Take 1 tablet by mouth every 4 hours 2 mg tablet
Take 1 tablet by mouth every 4 hours as needed for SEVERE Pain or MODERATE Pain (or if patient requests it for severe pain)
Iontocaine - Epinephrine: Lidocaine Hydrochloride 4 % Ptch Place 1 patch topical once a day e 4 % Ptch
Place 1 patch onto the skin every 24 hours
Polyethylene Glycol - Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 17 g packet,Take 1 packet by mouth twice a day 17 g packet
Take 1 packet by mouth 2 times daily. Stir and dissolve 1 packet in an
Pregabalin - Pregabalin 150 MG capsule Take 1 capsule by mouth three times a day 150 MG capsule
Take 1 capsule by mouth 3 times daily.
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG capsule Take 2 capsules by mouth in the evening 0.4 MG capsule
Take 2 capsules by mouth every evening for 14 days, THEN 1 capsule every evening

14. DME and Supplies:

bath bench, commode, hospital bed

15. Safety Measures:

no lifting, , avoid temperature extremes, , no bending, bedrails up while in bed, ambulates with assistance, smoke detectors , no reaching, , bathroom safety, No lifting greater than 10#

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Transfer bed/Chair, 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: good

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 Encounter For Other Orthopedic Aftercare, 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 physical therapy plan of care (PT POC) was discussed in detail with the patient and primary caregiver, and both verbalized understanding and agreement with the proposed plan. The patient is scheduled to receive home physical therapy services beginning on 12/30/25, with a frequency of one visit during the first week followed by two <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> per week for two weeks on Tuesdays and Thursdays. The patient has a follow-up appointment scheduled with Dr. Soloman on 01/26/26. The admitting physician, Dr. Richard Haney, was notified and made aware that the admission process has been completed.
 Date of Order 12/30/2025 Orders Physician Face-to-Face Date: 12/21/2025 Clinical Condition Requiring Home Care per Certifying Physician: PTeval and treat due to Encounter For Other Orthopedic Aftercare 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 - PT Notes: soc
 Physician Haney, Richard

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/30/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Richard Haney
7670 Quarterfield Rd,
Glen Burnie, MD 21061
PHONE: 410-508-7650 FAX: NPI: 1447665732

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 : 12/21/2025

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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PT Careplans

PT WK1: 1 (12/30/25-01/03/26) ,WK2: 2 (01/04/26-01/10/26) ,WK3: 2 (01/11/26-01/17/26)

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

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

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 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: GG0170F1 - Toilet Transfer - 05. Setup or clean-up assistance, GG0170P1 - Picking Up Object - 02. Substantial/maximal assistance, GG0170O1 - 12 Steps - 02. Substantial/maximal assistance, GG0170N1 - 4 Steps - 02. Substantial/maximal assistance, GG0170M1 - 1 - Step (curb) - 02. Substantial/maximal assistance, GG0170L1 - Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, GG0170K1 - Walk 150 Feet - 02. Substantial/maximal assistance, GG0170J1 - Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, GG0170I1 - Walk 10 Feet - 02. Substantial/maximal assistance, GG0170G1 - Car Transfer - 05. Setup or clean-up assistance, GG0170E1 - Chair to Bed to Chair - 05. Setup or clean-up assistance, GG0170D1 - Sit to Stand - 05. Setup or clean-up assistance, GG0130C1 - Toileting Hygiene - 05. Setup or clean-up assistance, GG0130E1 - Shower/Bathe Self - 04. Supervision or touching assistance, GG0130H1 - Don/Doff Footwear - 05. Setup or clean-up assistance, GG0130G1 - Lower Body Dressing - 05. Setup or clean-up assistance, GG0130F1 - Upper Body Dressing - 05. Setup or clean-up assistance, GG0130B1 - Oral Hygiene - 05. Setup or clean-up assistance, GG0130A1 - Eating - 05. Setup or clean-up assistance, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, limited range of motion, pain radiating to arms/legs, Pain Interference with ADLs

PROCEDURES: train caregiver(s) to perform medical/rehabilitation treatments: Teach precautions. No bending/twisting of cervical region, no lifting greater than 10#,, monitor intake & output, home exercise program: Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., gait training on uneven surfaces, gait training/stair training, transfers training, assist with fall prevention

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, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, sch, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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, caregiver performs medical/rehabilitation treatments with adequate competence, 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

PT Goals

PATIENT-STATED GOAL: I want to be able to hold my grandchildren w/o pain

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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 achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, sch

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

caregiver performs medical/rehabilitation treatments with adequate competence

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
12/30/2025

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Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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