Home Health Certification and Plan of Care

Order ID: 1150/14738

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
100011583	12/09/2025	From: 12/09/2025 To: 02/06/2026	20009	217058

6. Patient's Name and Address
Elsie Walker
2522 E Joppa Rd,
PARKVILLE, MD 21234-
443-680-6939

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 07/14/1939 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
K26.9	Duodenal ulcer unsp as acute or chronic w/o hemor or perf	12/09/25

13. ICD	Other Pertinent Diagnoses	Date
D64.9	Anemia unspecified	12/09/25
I10.	Essential (primary) hypertension	12/09/25
E53.8	Deficiency of other specified B group vitamins	12/09/25
E78.5	Hyperlipidemia unspecified	12/09/25
F41.9	Anxiety disorder unspecified	12/09/25
G89.29	Other chronic pain	12/09/25
M17.0	Bilateral primary osteoarthritis of knee	12/09/25
E44.0	Moderate protein-calorie malnutrition	12/09/25

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

Remeron - Mirtazapine 15 MG tablet, Take 15 mg by mouth at bedtime
Questran - Cholestyramine 4 g powder, Take 1 packe by mouth twice a day Take 1 packet by mouth 2 times daily for 14 days
Zestoretic - Hydrochlorothiazide: Lisinopril 20- 25 MG tablet, Take 1 tablet by mouth once a day
Imodium - Loperamide Hydrochloride 2 MG capsule, Take 1 capsule by mouth every 12 hours Take 1 capsule by mouth every 12 hours as needed.
Lopressor - Metoprolol Tartrate 50 MG tablet, Take 50 mg by mouth twice a day Take 50 mg by mouth 2 times daily
Protonix - Pantoprazole Sodium 40 mg tablet, Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times daily
Zocor - Simvastatin 40 MG tablet, Take 40 mg by mouth in the evening
Extra Strength Tylenol - Acetaminophen 2tab by mouth every 6 hours As needed for pain

14. DME and Supplies:
rolling walker, bath bench

15. Safety Measures:
walker precautions, , , ambulates with assistance, ambulates with device

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation, Hearing

18.B. Activities Permitted
Walker, Cane, Exercises Prescribed, 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: 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 Duodenal Ulcer, Unspecified As Acute Or Chronic, Without Hemorrhage Or Perforation, 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 an 86-year-old female recently admitted for management of a perforated duodenal ulcer with associated abnormal renal function. Her past medical history is significant for bilateral knee osteoarthritis, anemia, anxiety, and duodenal ulcer disease. She resides alone in a single-family home, with her daughters providing intermittent assistance as needed. At the time of assessment, the patient demonstrated generalized weakness and an unsteady gait. Objective balance and mobility testing revealed a Timed Up and Go (TUG) score of 18 seconds with noted balance deficits, and a Tinetti score of 17/28, indicating a high risk for falls. Patient education was provided regarding fall prevention strategies, including environmental safety measures and safe ambulation techniques. A home exercise program was instructed and demonstrated to address strength, balance, and mobility deficits, with the patient verbalizing understanding. The plan of care includes continued skilled therapy to improve functional mobility, reduce fall risk, and promote safe independence within the home.
 Date of Order 12/09/2025 Orders Physician Face-to-Face Date: 11/23/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat due to Duodenal Ulcer, Unspecified As Acute Or Chronic, Without Hemorrhage Or Perforation 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 Guefack, Regine

SN Careplans

SN Goals

PT Careplans

PT Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 12/09/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Regine Guefack
8901 Clement Ave
Parkville, MD 21234
PHONE: 4106614670 FAX: 14106614671 NPI: 1285279364

26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.
F2F date : 11/23/2025

27. Attending Physician's Signature and Date Signed **12/16/2025**: Date of physician last face-to-face

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

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PT WK1: 2 (12/09/25-12/13/25) ,WK2: 1 (12/14/25-12/20/25) ,WK3: 1 (12/21/25-12/26/25)

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

HOSPITALIZATION RISKS: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating, GG0170E1 - Chair to Bed to Chair, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, M1033 - Unintentional Weight Loss, limited strength, muscle weakness, weak hand grips, balance deficit, B0200 - Hearing Deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , Home exercises : SLR, LONG ARC, MINI SQUAT , SIDE KICKS AND HEEL RAISES --10X2 , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * dietary guidelines lifestyle modifications to manage gastric condition, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, 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, * 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 hearing-impaired including installing special fire-detector/C O2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver performs medical/rehabilitation treatments with adequate competence, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 06. Independent, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, 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

PATIENT-STATED GOAL: To get stronger , walk longer distance

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

patient/caregiver recalls
* dietary guidelines
* lifestyle modifications to manage gastric condition
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* 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 inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications 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
* strategies to increase caloric intake
* 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/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* 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

Oral Hygiene - 06. Independent

Eating - 06. Independent

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

Lower Body Dressing - 06. Independent

Signature of Physician:

Date

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

Date
12/09/2025

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Shower/Bathe Self - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
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