

Home Health Certification and Plan of Care				Order ID: 1150/15164	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
8F10C67YA39		12/19/2025		From: 12/19/2025 To: 02/16/2026	
				4. Medical Record No. 20492	
				5. Provider No. 217058	
6. Patient's Name and Address Melody Roth 5233 Hanover Pike, MANCHESTER, MD 21102- 443-864-0465				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 10/30/1951				9.Sex Female	
11. ICD M62.82		Principal Diagnosis Rhabdomyolysis		Date 12/19/25	
13. ICD E11.9 I10. E78.49 M05.9 F32.89 M62.89 G47.00 Z79.84 Z79.631 Z91.81		Other Pertinent Diagnoses Type 2 diabetes mellitus without complications Essential (primary) hypertension Other hyperlipidemia Rheumatoid arthritis with rheumatoid factor unspecified Other specified depressive episodes Other specified disorders of muscle Insomnia unspecified Long term (current) use of oral hypoglycemic drugs Long term (current) use of antimetabolite agent History of falling		Date 12/19/25 12/19/25 12/19/25 12/19/25 12/19/25 12/19/25 12/19/25 12/19/25 12/19/25 12/19/25	
14. DME and Supplies: rolling walker, diabetic supplies, 4 wheeled walker				10. Medications: Dose/Frequency/Route (N)ew (C)hanged Diclofenac Sodium - Diclofenac Sodium 1% gel ,4gram dose topical four times a day Bumetanide - Bumetanide 1 mg 1 Tablet by mouth every other day Take one tablet every other day for edema. Hydralazine Hydrochloride - Hydralazine Hydrochloride 25 mg 1 Tablet by mouth twice a day For Hypertension, hold for systolic blood pressure less than 110 Valsartan - Valsartan 80 mg Take 1 tablet by mouth once a day For hypertension, hold for systolic blood pressure less than 110. Volteren Gel 1% 4 grams topical four times a day Apply 4g to bilateral hips 4 times daily for Mild to Moderate pain rated 1-5 on numeric scale. Zyrtec Allergy - Cetirizine Hydrochloride 10 mg 1 Tablet by mouth at bedtime To relieve itching Melatonin - Melatonin 3mg oral tablet,Take 1 tablet by mouth at bedtime for insomnia Nesina - Alogliptin Benzoate 1 Tablet (25mg) by mouth in the morning For Type II Diabetes Atenolol - Atenolol 50 mg 1 Tablet by mouth once a day For Hypertension; hold if Systoiliic BP <110 or Heart Rate <60 amlodlpine besylate 1 Tablet (10mg) by mouth once a day For Hypertension; hold if Systoiliic BP <110 or Heart Rate <60 Pravastatin Sodium - Pravastatin Sodium 80 mg Take 1 tablet by mouth once a day For Hyperlipidemia (cholesterol) Methotrexate Sodium - Methotrexate Sodium eq 2.5 mg base 3 Tablets by mouth once a day Take 3 tablets every Monday morning for Rheumatoid Arthritis. Metformin Hydrochloride - Metformin Hydrochloride 500 mg 2 Tablets by mouth twice a day For Type II Diabetes Zinc Oxide - Zinc Oxide Thin layer topical three times a day Apply to buttocks, groin, and labia as needed for IASD intertrigo	
16. Nutrition: diabetic, cardiac diet				15. Safety Measures: walker precautions, bathroom safety, ambulates with device, medication safety, hand rails, cardiac precautions, ambulates with assistance, standard precautions, fall precautions, diabetic precautions, activity supervision	
18.A. Functional Limitations Ambulation, Endurance, Bowel/Bladder Incontinence				17. Allergies: no known allergies	
19. Mental & Psychosocial 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: Yes				18.B. Activities Permitted Walker, Exercises Prescribed, Up As Tolerated	
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 family/caregiver will be responsible for managing treatment	
Homebound status: Due to diagnosis of Rhabdomyolysis, 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:		<p class="MsoNoSpacing">The patient is a 74-year-old female evaluated for home health services following a recent fall and subsequent change in living situation. She reports a pre-existing right rotator cuff tear with limited right upper-extremity range of motion (right shoulder flexion to 104 degrees and abduction to 80 degrees) but denies current pain. Past medical history is significant for type 2 diabetes mellitus, osteomyelitis, osteoporosis, and a lifelong cognitive deficit; however, she does not carry a diagnosis of dementia and scored 15/15 on the BIMS assessment, answering all questions appropriately. Vital signs were stable, and no acute distress was noted. The patient was previously living independently but is now residing with her sister in a multi-level home with a first-floor setup and plans to transition to a trailer on her sister's property. Functionally, she requires caregiver assistance for indoor ambulation due to bilateral lower-extremity weakness, decreased coordination, altered gait mechanics, poor balance, and fatigue. She ambulates with a rollator using contact guard assistance, performs bed mobility with supervision, and requires contact guard assistance for sit-to-stand and toilet transfers with verbal cues for limb placement. She requires minimal assistance with upper and lower body dressing, particularly with managing clothing from the back, and bathes weekly in the shower with assistance or at the sink when not showering. The home environment is clean and well maintained with no safety hazards noted. The patient's goal is to safely transition to her new living environment and prevent future falls. Skilled physical therapy is indicated to address strength, mobility, safety awareness, and functional independence to support a safe return to home-based living.</o:p></o:p></p> <p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">12/19/2025<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 12/12/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Rhabdomyolysis 			
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 12/19/2025				25. Date HHA Received Signed P0T	
24. Physician's Name and Address Thomas Ghiorzi 6501 Baltimore National Pike Catonsville, MD 21228 PHONE: 6672342100 FAX: 14103682944 NPI: 1750328753				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 : 12/12/2025	
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. PAGE 1 of 3	

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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></p> <p class="MsoNoSpacing"> 1 - SOC - SN Notes: <o:p></o:p></p> <p class="MsoNoSpacing">PT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">OT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Ghorzi, Thomas</p>					
SN Careplans			SN Goals		
SN WK1: 1 (12/19/25-12/20/25) ,WK4: 1 (01/04/26-01/10/26) ,WK5: 1 (01/11/26-01/17/26) ,WK6: 1 (01/18/26-01/24/26) ,WK7: 1 (01/25/26-01/31/26)			PATIENT-STATED GOAL: Patient states "I want to be able to move into my own little trailer on the property to be independent again."		
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			GOALS		
CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance			patient/caregiver recalls		
HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 7. Currently taking 5 or more medications, 9. Other risk(s) not listed in 1- 8			* pain control		
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			* therapeutic exercises for muscle strengthening and flexibility		
Advance Directive:Living Will			* diet and fluids to optimize and prevent constipation		
PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, abnormal blood pressure, M1610 - Urinary Incontinence, limited range of motion, limited endurance, limited strength, balance deficit, obesity			* recalls related medication(s) purpose, schedule		
PROCEDURES: Medication Review: All medications reviewed with patient/ caregiver, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor: Patient's sister to obtain patient's glucometer for next visit week of 12/21/2025., bladder training, teach/coordinate/arrange medication packaging and/or administration			patient/caregiver recalls		
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 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, * strategies to increase caloric intake, 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, * pain control therapeutic exercises for muscle strengthening and flexibility diet and fluids to optimize and prevent constipation, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence			* diabetic medication management		
			* blood sugar testing		
			* diabetic foot care		
			* exercise		
			* diabetic diet		
			* 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		
			* 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		
			* depression-prevention strategies including avoidance of isolation		
			* healthy eating		
			* sleeping habits		
			* identification of activities that bring pleasure		
			* preventive care		
			* 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		
			* urinary incontinence management including bladder training		
			* Kegel exercises		
			* skin care		
			* recalls related medication(s) purpose, schedule		
			patient self-administers medications as prescribed		
			* recalls related medication(s) purpose, schedule		
			patient is adequately supervised		
			caregiver administers and/or packages medications appropriately		
			caregiver performs medical/rehabilitation treatments with adequate competence		
PT Careplans			PT Goals		
PT WK2: 1 (12/21/25-12/27/25) ,WK3: 1 (12/28/25-01/03/26) ,WK4: 1 (01/04/26-01/10/26) ,WK5: 1 (01/11/26-01/17/26)			PATIENT-STATED GOAL: Transition to her new home environment and remain safe		
PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer - 03. Partial/moderate assistance, GG0170D1 - Sit to Stand - 02. Substantial/maximal assistance, GG0170E1 - Chair to Bed to Chair - 02. Substantial/maximal assistance, GG0170G1 - Car Transfer - 02. Substantial/maximal 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			GOALS		
			Chair to Bed to Chair - 06. Independent		
			Toilet Transfer - 06. Independent		
			Sit to Stand - 06. Independent		
			Car Transfer - 06. Independent		
Signature of Physician:			Date		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			12/19/2025		

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MANCHESTER, MD 21102-			Owings Mills, MD 21117-8284		
443-864-0465			410-321-8448		
			1487113239		
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			Walk 10 Feet - 04. Supervision or touching assistance		
PROCEDURES: HEP: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day. , Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , B LE strengthening, gait training/stair training, transfers training			Walk 50 ft with 2 Turns - 04. Supervision or touching assistance		
TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, 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, Walk 10 ft on Uneven Surface - 02. Substantial/maximal 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		
			Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance		
OT Careplans			OT Goals		
OT WK3: 1 (12/28/25-01/03/26) ,WK4: 1 (01/04/26-01/10/26) ,WK5: 1 (01/11/26-01/17/26) ,WK6: 1 (01/18/26-01/24/26) ,WK7: 1 (01/25/26-01/31/26) ,WK8: 1 (02/01/26-02/07/26)			PATIENT-STATED GOAL: Patient wants to be able to pull her pants up		
PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, M1400 - Dyspnea, GG0130B1 - Oral Hygiene - 05. Setup or clean-up assistance, GG0130F1 - Upper Body Dressing - 03. Partial/moderate assistance, GG0130G1 - Lower Body Dressing - 03. Partial/moderate assistance, GG0130H1 - Don/Doff Footwear - 03. Partial/moderate assistance, GG0130E1 - Shower/Bathe Self - 04. Supervision or touching assistance, GG0130C1 - Toileting Hygiene - 05. Setup or clean-up assistance, GG0130A1 - Eating - 06. Independent			GOALS		
PROCEDURES: ADLs , Patient/caregiver recalls related purpose and schedule of medications: Medication review , cough/deep breathing exercises, therapeutic exercises, transfers training			patient/caregiver recalls		
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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 03. Partial/moderate assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent, Patient will be able to demonstrate improved RSh flexion from 104 degs to 120 degs and RSh abd from 80 degs to 10 degs to improve ADLs.			* 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 - 06. Independent		
			Toileting Hygiene - 06. Independent		
			Shower/Bathe Self - 03. Partial/moderate assistance		
			Lower Body Dressing - 05. Setup or clean-up assistance		
			Don/Doff Footwear - 05. Setup or clean-up assistance		
			Eating - 06. Independent		
			Upper Body Dressing - 06. Independent		
			Patient will be able to demonstrate improved RSh flexion from 104 degs to 120 degs and RSh abd from 80 degs to 10 degs to improve ADLs.		

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