Home Health Certification and Plan of Care

Order ID: 1150/15170

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
AA00024060	12/19/2025	From: 12/19/2025 To: 02/16/2026	20568	217058

6. Patient's Name and Address

Anna Cornett
3715 Berkley Rd,
DARLINGTON, MD 21034-
443-943-7907

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 05/13/1938 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S22.080G	Wedge comprsn fx T11-T12 vertebra subs for fx w delay heal	12/19/25

13. ICD	Other Pertinent Diagnoses	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	12/19/25
I50.22	Chronic systolic (congestive) heart failure	12/19/25
N18.30	Chronic kidney disease stage 3 unspecified	12/19/25
I48.20	Chronic atrial fibrillation unspecified	12/19/25
E03.9	Hypothyroidism unspecified	12/19/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	12/19/25
D47.3	Essential (hemorrhagic) thrombocythemia	12/19/25
M10.9	Gout unspecified	12/19/25
M19.90	Unspecified osteoarthritis unspecified site	12/19/25
E78.00	Pure hypercholesterolemia unspecified	12/19/25
F32.9	Major depressive disorder single episode unspecified	12/19/25
H91.93	Unspecified hearing loss bilateral	12/19/25
K21.9	Gastro-esophageal reflux disease without esophagitis	12/19/25
Z79.899	Other long term (current) drug therapy	12/19/25
Z79.01	Long term (current) use of anticoagulants	12/19/25

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

Lidocaine - Lidocaine 5 % patch Place 1 patch topical once a day Place 1 patch onto the skin daily for 7 days
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5 mg, Take 1 tablet by mouth every 6 hours Take 1 tablet by mouth every 6 hours as needed for MILD Pain (or if patient requests it for moderate or severe pain) for up to 5 days
Acetaminophen - Acetaminophen 325 mg tablet Take 650 mg by mouth every 6 hours 325 mg tablet
Take 650 mg by mouth every 6 hours as needed (Pain).
Eliquis - Apixaban 5 MG tablet Take 2.5 mg by mouth twice a day 5 MG tablet
Take 2.5 mg by mouth 2 times daily.
Atorvastatin - Atorvastatin Calcium 20 MG tablet Take 20 mg by mouth once a day 20 MG tablet
Take 20 mg by mouth daily
Escitalopram - Escitalopram Oxalate 10 MG tablet Take 10 mg by mouth once a day 10 MG tablet
Take 10 mg by mouth daily.
Febuxostat - Febuxostat 40 MG Tabs Take 40 mg by mouth once a day 40 MG Tabs
Take 40 mg by mouth daily.
Hydroxyurea - Hydroxyurea 500 MG capsule Take 1 capsule by mouth once a day 500 MG capsule
Take 1 capsule by mouth daily.
For diagnoses: Essential thrombocytosis (CMS/HHS-HCC), JAK2 V617F mutation
Levothyroxine - Levothyroxine Sodium 75 MCG tablet Take 75 mcg by mouth once a day 75 MCG tablet
Take 75 mcg by mouth daily before breakfast.
Loperamide Hydrochloride - Loperamide Hydrochloride 2 MG capsule Take 2 mg by mouth as necessary loperamide 2 MG capsule
Take 2 mg by mouth as needed for Diarrhea.
Metoprolol Succinate - Metoprolol Succinate 50 MG tablet extended release 24 HR Take 50 mg by mouth once a day metoprolol succinate 50 MG tablet extended release 24 HR
Take 50 mg by mouth daily
Oxybutynin - Oxybutynin 5 MG tablet Take 5 mg by mouth once a day 5 MG tablet
Take 5 mg by mouth daily
Risperidone - Risperidone 0.25 MG tablet Take 0.25 mg by mouth at bedtime 0.25 MG tablet
Take 0.25 mg by mouth nightly.
Voltaren Gel - Rolaids Apply 1 Application topical once a day Apply 1 Application to the skin daily.

14. DME and Supplies:

cane, rolling walker

15. Safety Measures:

transfer with assist, remove environmental barriers, fall precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

allopurinol

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Walker, Cane, Up As Tolerated

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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/19/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Ruth Scott-Nelson
49 Rock Springs Rd
Conowingo, MD 21918
PHONE: 4103789696 FAX: 14103789922 NPI: 1598189136

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 : 12/13/2025

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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Homebound status: Due to diagnosis of Wedge compression fracture of T11-T12 vertebra, subsequent encounter for fracture with delayed healing, 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 87-year-old female status post multiple falls resulting in thoracic vertebral fractures at T11-T12. She presents with morbid obesity and generalized weakness. The patient recently moved in with her daughter and resides in a trailer home with limited space and narrow passageways, which restrict the safe use of a walker. As a result, she ambulates within the home using two canes, as the bedroom and bathroom doorways are not wide enough to accommodate a walker. The home environment is crowded, increasing mobility challenges. The patient received education on proper back care, including instruction to use seating with adequate back support, utilize a walker in wider areas when possible, and adhere to spinal precautions by avoiding bending, lifting, or twisting. A home exercise program was initiated to address strength and functional mobility.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 12/19/2025<o:p></o:p> Physician Face-to-Face Date: 12/13/2025
 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat dx: Wedge compression fracture of T11-T12 vertebra, subsequent encounter for fracture with delayed healing
 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 - PT Notes:<o:p></o:p> Physician: Scott-Nelson, Ruth

SN Careplans	SN Goals

PT Careplans	PT Goals
PT WK1: 1 (12/19/25-12/20/25), WK3: 9 (12/28/25-01/03/26), WK4: 3 (01/04/26-01/10/26) 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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 7. Currently taking 5 or more medications, 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:Living Will PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130F1 - Upper Body Dressing, 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, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, GG0170P1 - Picking Up Object, D0160 - Depression, Home Safety, M2020 - Oral Med Management, M1400 - Dyspnea, muscle weakness, limited strength, B0200 - Hearing Deficit, Pain Effect on Sleep, balance deficit, Pain Interference with ADLs PROCEDURES: equipment training, Medication Review: The medication was reviewed with the patient , incentive spirometer, home exercise program: slr, le abd/add, long arc , (in sitting --marching and heel raises-) --10x2 reps, gait training on uneven surfaces, gait training/stair training, transfers training, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange home modifications for hearing impaired, i.e. alarms 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 medication(s) purpose, schedule, * 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 relaxation skills and diversional activities, related	PATIENT-STATED GOAL: To walk straight with out pain GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 05. Setup or clean-up assistance Shower/Bathe Self - 05. Setup or clean-up assistance patient/caregiver recalls * pain control * therapeutic exercises to optimize range of motion of affected area * diet and fluids to promote healing * recalls related medication(s) purpose, schedule 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 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 * 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 relaxation skills and diversional activities * recalls related medication(s) purpose, schedule

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/19/2025

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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, * 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 to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 05. Setup or clean-up assistance

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

patient's living environment is clean/uncluttered

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 05. Setup or clean-up assistance

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 3 of 3
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