

Home Health Certification and Plan of Care				Order ID: 1150/15198	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
30730228000		12/30/2025		From: 12/30/2025 To: 02/27/2026	
				4. Medical Record No.	
				20727	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Melinda Slater				HomeCentris Healthcare LLC	
6033 Alta Ave,				10 Crossroads Drive, Suite 102	
BALTIMORE, MD 21206-				Owings Mills, MD 21117-8284	
443-979-1593				410-321-8448	
				1487113239	
8. DOB				9. Sex	
07/28/1964				Female	
11. ICD		Principal Diagnosis		Date	
I72.8		Aneurysm of other specified arteries		12/30/25	
13. ICD		Other Pertinent Diagnoses		Date	
D50.9		Iron deficiency anemia unspecified		12/30/25	
M54.2		Cervicalgia (M54.2)		12/30/25	
G89.29		Other chronic pain		12/30/25	
R20.0		Anesthesia of skin		12/30/25	
R42.		Dizziness and giddiness		12/30/25	
F17.210		Nicotine dependence cigarettes uncomplicated		12/30/25	
Z90.710		Acquired absence of both cervix and uterus		12/30/25	
14. DME and Supplies:				15. Safety Measures:	
hand held shower				smoke detectors , emergency phone # clearly displayed, bathroom safety, ambulates with assistance, hand rails, transfer with assist, , , activity supervision	
16. Nutrition:				17. Allergies:	
Z. NO PHYSICIAN-ORDERED DIET				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
Ambulation, Endurance				No Restrictions	
19. Mental & COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Psychosocial Status: Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: good					
22. A Rehabilitation Potential:				22.B.Discharge Plans	
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.				patient will be responsible for managing treatment family/caregiver will be responsible for managing treatment	
Homebound status: Due to diagnosis of Aneurysm Of Other Specified Arteries, 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 a 61-year-old female who was discharged from St. Joseph's Hospital on 12/20 following hospitalization for vertigo and headache. Her medical history is significant for a communicating anterior brain aneurysm and a left internal carotid artery aneurysm, neither of which is currently being treated; she is not a candidate for surgical clipping due to aneurysm location. Additional history includes chronic vertigo since early childhood with associated motion sickness, prior hysterectomy, and cervical spine surgery. The patient reports that meclizine has not been effective in the past but is willing to trial it again. She has no known drug allergies and is a full code. Cognitively, the patient is alert and oriented to person, place, time, and situation, though she demonstrates slowed response times at times. The patient resides in a single-family home with her adult son, who serves as her primary caregiver, and her 40-year-old daughter who is severely disabled; prior to hospitalization, the patient was independent with basic self-care, functional transfers, and functional ambulation, completed household tasks, and provided care for her disabled daughter. At present, the patient demonstrates functional decline characterized by decreased standing balance, standing tolerance, bilateral upper extremity strength, and overall activity tolerance, resulting in limitations in self-care, functional transfers, and functional ambulation. She ambulates approximately 30 feet on indoor surfaces without an assistive device under supervision and is able to negotiate 14 steps twice with use of a handrail and supervision. She transfers sit-to-stand from bed, chair, and toilet with supervision. Outside mobility and car transfer skills were not assessed during this visit. The patient is considered homebound due to the significant effort required to leave the home, as supported by a Tinetti balance and gait score of 18/28, indicating increased fall risk. During therapy, she tolerated 10 repetitions of therapeutic exercises including supine hip flexion, bridging, hooklying trunk rotation, straight leg raises, hip abduction, and knee extension. Based on current findings, the patient would benefit from skilled home health physical and occupational therapy services to address balance, strength, endurance, and functional mobility deficits, with the goal of improving safety, reducing fall risk, and facilitating a return toward her prior level of independence in self-care, transfers, ambulation, and household responsibilities. Date of Order 12/30/2025 Orders Physician Face-to-Face Date: 12/19/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat due to Aneurysm Of Other Specified Arteries 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 OT Eval Notes: PT Eval Notes: Physician Ajide , Oluwakemi					
SN Careplans				SN Goals	
SN WK1: 1 (12/30/25-01/03/26) ,WK2: 1 (01/04/26-01/10/26) ,WK3: 1 (01/11/26-01/17/26) ,WK4: 1 (01/18/26-01/24/26) ,WK5: 1 (01/25/26-01/31/26) ,WK6: 1 (02/01/26-02/07/26)				PATIENT-STATED GOAL: I want to stop sleeping all the time and have more energy.	
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 patient/caregiver recalls * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings * physical exercise plan * diet * recalls related medication(s) purpose, schedule	
CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance				patient/caregiver recalls * dietary guidelines for managing nutritional deficit	
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, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 12/30/2025					
24. Physician's Name and Address				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.	
Oluwakemi Ajide				F2F date : 12/19/2025	
4920 Campbell Blvd					
Baltimore, MD 21236					
PHONE: 410-933-7600 FAX: 410-933-7666 NPI: 1184919151					
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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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			* recalls related medication(s) purpose, schedule		
PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, nausea/vomiting, muscle weakness, limited endurance, limited strength, headache, balance deficit, daytime fatigue, difficulty sleeping, loss of appetite			patient/caregiver recalls		
PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision			* how to manage symptoms of nicotine withdrawal and nicotine cravings		
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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, 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 relaxatio, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation recalls, * how to manage symptoms of nicotine withdrawal and nicotine cravings, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, 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 administers and/or packages medications appropriately			* 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 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 optimize mental status with cognition therapy		
			* home safety		
			* optimize mobility with active and passive range of motion therapeutic exercises		
			* diet and fluids to optimize peripheral circulation		
			* recalls		
			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 self-administers medications as prescribed		
			* recalls related medication(s) purpose, schedule		
			caregiver administers and/or packages medications appropriately		
PT Careplans			PT Goals		
PT WK1: 1 (12/30/25-01/03/26) ,WK2: 1 (01/04/26-01/10/26) ,WK3: 1 (01/11/26-01/17/26) ,WK4: 1 (01/18/26-01/24/26) ,WK5: 1 (01/25/26-01/31/26)			PATIENT-STATED GOAL: I want to get back to being independent and be stronger		
PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400 Dyspnea, GG0170F1 - Toilet Transfer - 05. Setup or clean-up assistance, GG0170D1 - Sit to Stand - 05. Setup or clean-up assistance, GG0170E1 - Chair to Bed to Chair - 05. Setup or clean-up assistance, GG0170G1 - Car Transfer - 05. Setup or clean-up 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 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			GOALS		
PROCEDURES: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, plantarflexion, squats, hip extension. Sitting knee extension, ankle pumps , cough/deep breathing exercises, gait training on uneven surfaces, gait training/stair training, transfers training			Chair to Bed to Chair - 06. Independent		
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, 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			Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance		
			1 - Step (curb) - 05. Setup or clean-up assistance		
			Toilet Transfer - 06. Independent		
			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		
			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		
OT Careplans			OT Goals		
Signature of Physician:			Date		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			12/30/2025		

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OT WK2: 1 (01/04/26-01/10/26) ,WK3: 1 (01/11/26-01/17/26) ,WK4: 1 (01/18/26-01/24/26) ,WK5: 1 (01/25/26-01/31/26) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating PROCEDURES: Medication Review : Medication reviewed with patient with all medications in the home. Patient has taken am medications. , incentive spirometer, equipment training, work simplification/energy conservation, transfers training, assist with bathing, assist with light housekeeping, assist with meal preparation, assist with laundry 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, 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			PATIENT-STATED GOAL: Cook and care for my house 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 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	

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