

Home Health Certification and Plan of Care				Order ID: 1150/13372	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
10006755		10/07/2025		From: 10/07/2025 To: 12/04/2025	
				4. Medical Record No.	
				17078	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Marie Hawes				HomeCentris Healthcare LLC	
101 N. Beechwood Avenue,				10 Crossroads Drive, Suite 102	
CATONSVILLE, MD 21228-				Owings Mills, MD 21117-8284	
443-463-3490				410-321-8448	
				1487113239	
8. DOB				9.Sex	
08/04/1924				Male	
11. ICD		Principal Diagnosis		Date	
M80.052D		Age-rel osteopor w crnt path fx l femr 7thD		10/07/25	
13. ICD		Other Pertinent Diagnoses		Date	
I10.		Essential (primary) hypertension		10/07/25	
J44.9		Chronic obstructive pulmonary disease unspecified		10/07/25	
I25.9		Chronic ischemic heart disease unspecified		10/07/25	
I44.7		Left bundle-branch block unspecified		10/07/25	
D64.9		Anemia unspecified		10/07/25	
D69.6		Thrombocytopenia unspecified		10/07/25	
R54.		Age-related physical debility		10/07/25	
Z79.82		Long term (current) use of aspirin		10/07/25	
Z96.642		Presence of left artificial hip joint		10/07/25	
Z99.3		Dependence on wheelchair		10/07/25	
Z86.73		Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits		10/07/25	
Z91.81		History of falling		10/07/25	
14. DME and Supplies:				15. Safety Measures:	
rolling walker, wheelchair				bathroom safety, activity supervision	
16. Nutrition:				17. Allergies:	
Z. NO PHYSICIAN-ORDERED DIET				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
Ambulation, Endurance				Wheelchair, 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: 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:				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 another facility/provider will be responsible for managing treatment	
Homebound status: Due to diagnosis of Age-Related Osteoporosis With Current Pathological Fracture, Left Femur 7Thd, Subsequent Encounter For Fracture With Routine 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: <div>The patient is a 101-year-old female with a significant past medical history of hypertension, dysphagia (oropharyngeal phase), left bundle branch block, cerebrovascular accident with residual weakness, muscle wasting and atrophy of bilateral upper arms, history of left total hip arthroplasty (performed 07/25) following a fall with left femoral neck fracture, syncope, noninfective gastroenteritis and colitis, reduced mobility, and cognitive communication deficit. The patient currently resides in an assisted living facility (ALF) with 24-hour caregiver supervision. She was recently discharged from a subacute rehabilitation facility and admitted to home health services for continued therapy following her left total hip replacement. Prior to her fall, she lived alone and was independent with ambulation and activities of daily living (ADLs) except for meal preparation, which her son assisted with in addition to meals on wheels. The patient is alert and oriented 4, continent of bowel and bladder, and cooperative during the visit. She primarily uses a transport wheelchair for mobility within the ALF. Bed mobility is performed independently, sit-to-stand transfers require supervision to minimal assistance depending on surface height, and standing pivot transfers require minimal to moderate assistance. Her son reports that during her stay in the subacute facility, she had been ambulatory with assistance, but has not ambulated for approximately seven weeks, leading to further deconditioning and increased fear of falling. The patient was encouraged to spend more time out of bed to prevent further functional decline and improve overall endurance. A home exercise program (HEP) was provided and reviewed in detail, focusing on supine and seated therapeutic exercises to improve lower extremity strength and mobility. The patient verbalized understanding of the HEP, and her son, Jim, who <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> mid-mornings on weekdays, agreed to assist with exercises as needed. The patient requires mashed foods due to dysphagia and is hard of hearing but communicates effectively when spoken to clearly. The plan is to continue skilled physical therapy to address decreased strength, endurance, and mobility, reduce fall risk, and promote independence toward returning to prior functional levels. Ongoing coordination with ALF staff and family is recommended to ensure adherence to therapy, encourage safe activity participation, and support gradual improvement in functional mobility and confidence.</div><div></div><div>10/07/2025</div><div>Orders</div><div>Physician Face-to-Face Date: 09/16/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: PT eval treat OT eval and treat due to Age-Related Osteoporosis With Current Pathological Fracture, Left Femur 7Thd, Subsequent Encounter For					

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Fracture With Routine Healing					
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:					
Physician					
Tampus, Greg					
SN Careplans			SN Goals		
PT Careplans			PT Goals		
PT WK1: 1 (10/07/2025 - 10/11/2025), WK2: 1 (10/12/2025 - 10/18/2025), WK3: 1 (10/19/2025 - 10/25/2025), WK4: 1 (10/26/2025 - 11/01/2025), WK5: 1 (11/02/2025 - 11/08/2025), WK6: 1 (11/09/2025 - 11/15/2025), WK7: 1 (11/16/2025 - 11/22/2025)			PATIENT-STATED GOAL: To work on my strength and independence		
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: 1. Non-agency caregiver(s) currently provide assistance			Sit to Stand - 04. Supervision or touching 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			Chair to Bed to Chair - 04. Supervision or touching assistance		
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			Toilet Transfer - 05. Setup or clean-up assistance		
Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment)			Car Transfer - 04. Supervision or touching assistance		
PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, M2020 - Oral Med Management, M1400 - Dyspnea, muscle weakness, limited endurance, limited strength, Pain Interference with ADLs			Wheel 50 ft w 2 Turns - 06. Independent		
PROCEDURES: Therapeutic exercise , Dynamic standing balance , Medication Review- Medications reviewed with patient/caregiver., wheelchair training, transfers training			Wheel 150 feet - 06. Independent		
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 medication(s) purpose, schedule, * how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 04. Supervision or touching assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Medication Review- Patient/caregiver, related purpose and schedule of medications., Pt will ambulate 10 feet with use of RW on indoor level surface with modA demonstrating no loss of balance. , Pt will tolerate standing x3 minutes with bilateral UE support and CGA for safety., Pt will perform sit to stand independently with use of AD as needed promoting increased independence for ADLs			Pt will tolerate standing x3 minutes with bilateral UE support and CGA for safety.		
			Pt will perform sit to stand independently with use of AD as needed promoting increased independence for ADLs		
			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		
			* 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		
			* 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 manage complications of immobility including		
			* skin care		
			* strength, balance		
			* dexterity and range-of-motion therapeutic exercises		
			* promotion of peripheral circulation		
			* fluid and diet intake to promote healing and prevent constipation		
			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		
Signature of Physician:			Date		
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Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			10/07/2025		

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			* recalls related medication(s) purpose, schedule		
			Medication Review- Patient/caregiver recalls related purpose and schedule of medications.		
			Pt will ambulate 10 feet with use of RW on indoor level surface with modA demonstrating no loss of balance.		
OT Careplans			OT Goals		
OT WK1: 1 (10/07/2025 - 10/11/2025), WK4: 1 (10/26/2025 - 11/01/2025), WK5: 1 (11/02/2025 - 11/08/2025), WK6: 1 (11/09/2025 - 11/15/2025), WK7: 1 (11/16/2025 - 11/22/2025)			PATIENT-STATED GOAL: not to fall		
PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, 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			GOALS		
PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation			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 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 medication(s) purpose, schedule, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent			* 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		
			Oral Hygiene - 06. Independent		
			Lower Body Dressing - 06. Independent		
			Shower/Bathe Self - 04. Supervision or touching assistance		
			Toileting Hygiene - 06. Independent		
			Don/Doff Footwear - 06. Independent		
			Eating - 06. Independent		

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