Home Health Certification and Plan of Care

Order ID: 1150/15244

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
40021263500	12/30/2025	From: 12/30/2025 To: 02/27/2026	20883	217058

6. Patient's Name and Address
Sofeih Khalil
357 NATURE WALK LANE,
PASADENA, MD 21122-
443-848-1837

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 01/01/1937 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J18.8	Other pneumonia unspecified organism	12/30/25

13. ICD	Other Pertinent Diagnoses	Date
J96.01	Acute respiratory failure with hypoxia	12/30/25
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	12/30/25
I50.31	Acute diastolic (congestive) heart failure	12/30/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	12/30/25
N18.9	Chronic kidney disease u	12/30/25
D63.1	Anemia in chronic kidney disease	12/30/25
E11.65	Type 2 diabetes mellitus with hyperglycemia	12/30/25
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	12/30/25
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	12/30/25
D64.9	Anemia unspecified	12/30/25
K64.9	Unspecified hemorrhoids	12/30/25
E78.00	Pure hypercholesterolemia unspecified	12/30/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	12/30/25
Z90.49	Acquired absence of other specified parts of digestive tract	12/30/25

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

Tylenol - Acetaminophen Take 2 tablets by mouth every 6 hours Take 2 tablets by mouth every 6 hours as needed for MILD Pain (or if requested by patient for MODERATE or SEVERE Pain) or Fever (temp in PRN comment) (pain fever). Indications: Fever, Pain
Norvasc - Amlodipine Besylate Take 1 tablet by mouth once a day Take 1 tablet by mouth daily. Indications: High Blood Pressure Disorder
Protonix - Pantoprazole Sodium 40 mg tablet,Take 1 tablet by mouth once a day Take 1 tablet by mouth daily before breakfast. Indications: Gastroesophageal Reflux Disease
Humalog - Insulin Lispro Recombinant 100 units/ml intramuscular three times a day 2 or 3 times a day
Basaglar - Insulin Glargine 100 intramuscular once a day At night

14. DME and Supplies:
walker, cane

15. Safety Measures:
cardiac precautions, diabetic precautions, bathroom safety, ambulates with assistance, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
None of the above

18.B. Activities Permitted
Exercises Prescribed, 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: 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 Other Pneumonia Unspecified Organism , 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 88-year-old female with a past medical history significant for hypertension, diabetes mellitus, anemia, gastroesophageal reflux disease, hypercholesterolemia, and prior hysterectomy. She was hospitalized following three days of worsening back pain, shortness of breath, generalized weakness, nausea, poor appetite, and urinary retention. On 12/21/25, the patient slid from a reclining chair to the floor without trauma due to significant weakness. During hospitalization, she was diagnosed with acute hypoxic respiratory failure secondary to community-acquired pneumonia with sepsis, decompensated heart failure, bradycardia, severe hyperkalemia with a reported potassium level of 8.0, and non-oliguric acute kidney injury. Following discharge, the patient currently resides in the basement level of her son's home, where she has 24-hour assistance available from her son and daughters. The living environment includes one small step to enter the home and one small step within the basement area where the patient spends the majority of her time. Although a four-wheeled walker is available in the home, the patient reports that she previously ambulated without an assistive device; however, she now feels unsafe ambulating without a rolling walker. The patient reports only one fall within the past year. She requires supervision to minimal assistance for basic activities of daily living and needs frequent rest periods due to limited endurance. She is considered at high risk for falls and further deconditioning. The patient also reports ongoing symptoms including trembling, pain in the lower neck and lower back, and neuropathic symptoms affecting both lower extremities and the right hand. On physical therapy assessment, the patient presents with bilateral lower extremity pain, decreased strength, impaired balance, unsteady gait, difficulty with functional mobility and transfers, and increased difficulty negotiating steps. She demonstrates poor safety awareness and a history of falls, placing her at increased risk for further injury and loss of independence. Skilled home physical therapy services are medically necessary to address deficits in strength, balance, transfers, gait, stair negotiation, and overall functional mobility, with the goal of improving safety and restoring the highest possible level of independence within the home. Without skilled intervention, the patient is at significant risk for falls, further functional decline, and decreased independence. The physical therapy plan of care includes home <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> beginning 1/5/26 with a frequency of two <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> per week for three weeks, followed by one week of four <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh>, as tolerated. The patient and her caregivers are in agreement with the physical therapy plan of care. The patient is considered homebound due to underlying cardiovascular and respiratory disease, significantly limited endurance, and an increased risk for falls. Leaving the home requires considerable effort, is unsafe without assistance, and results in excessive fatigue requiring prolonged recovery time.
 Date of Order <span

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 12/30/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Sridhar Atluri
7310 Ritchie Hwy
Glen Bernie, MD 21061
PHONE: 4107683936 FAX: 14107666683 NPI: 1073616397

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 : 12/26/2025

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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style="font-size: 14px;">12/30/2025 Orders Physician Face-to-Face Date: 12/26/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat HHA-adl's due to Other Pneumonia Unspecified Organism 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 - OT Notes: soc PT Eval Notes:
 Physician Atluri, Sridhar

SN Careplans

SN Goals

PT Careplans

PT WK2: 2 (01/04/26-01/10/26) ,WK3: 2 (01/11/26-01/17/26) ,WK4: 2 (01/18/26-01/24/26) ,WK5: 1 (01/25/26-01/31/26) ,WK6: 1 (02/01/26-02/07/26) ,WK7: 1 (02/08/26-02/14/26) ,WK8: 1 (02/15/26-02/21/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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

PROCEDURES: cough/deep breathing exercises, home exercise program: Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., gait training on uneven surfaces, gait training/stair training, transfers training

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, Sit to Stand - 05. Setup or clean-up assistance, 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

PT Goals

PATIENT-STATED GOAL: To improve strength and mobility

GOALS
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

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

Sit to Stand - 05. Setup or clean-up assistance

OT Careplans

OT 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) ,WK7: 1 (02/08/26-02/14/26) ,WK8: 1 (02/15/26-02/21/26) ,WK9: 1 (02/22/26-02/27/26)

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, blood sugar < 60 > 300

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

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive:

OT Goals

PATIENT-STATED GOAL: To be able to do her cooking and BADL independently, return to PLOF

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

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/30/2025

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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: GG0130C1 - Toileting Hygiene - 05. Setup or clean-up assistance, GG0130E1 - Shower/Bathe Self - 03. Partial/moderate assistance, GG0130H1 - Don/Doff Footwear - 05. Setup or clean-up assistance, GG0130G1 - Lower Body Dressing - 05. Setup or clean-up assistance, GG0130F1 - Upper Body Dressing - 05. Setup or clean-up assistance, GG0130B1 - Oral Hygiene - 03. Partial/moderate assistance, GG0130A1 - Eating - 06. Independent, M2020 - Oral Med Management, Home Safety, M1400 - Dyspnea, coughing, swelling in legs/around eyes, lightheadedness, M1033 - Exhaustion, frequent urination, balance deficit, extremity burn/tingle/numb, headache, difficulty sleeping

PROCEDURES: cough/deep breathing exercises, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training

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 medicatio, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, sch, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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, patient home enviroment has adequate fire safety devices, 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 - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medicatio

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 incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, sch

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient home enviroment has adequate fire safety devices

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

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Oral Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/30/2025