Home Health Certification and Plan of Care

Order ID: 1150/15250

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1R65HF8XH91	12/31/2025	From: 12/31/2025 To: 02/28/2026	20872	217058

6. Patient's Name and Address

Tara Carter
7848 HAROLD RD,
DUNDALK, MD 21222-
410-299-9299

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 02/07/1977 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z48.3	Aftercare following surgery for neoplasm	12/31/25

13. ICD	Other Pertinent Diagnoses	Date
D21.9	Benign neoplasm of connective and other soft tissue unsp	12/31/25
D63.0	Anemia in neoplastic disease	12/31/25
I10.	Essential (primary) hypertension	12/31/25
F43.10	Post-traumatic stress disorder unspecified	12/31/25
E78.5	Hyperlipidemia unspecified	12/31/25
G62.9	Polyneuropathy unspecified	12/31/25
K31.84	Gastroparesis	12/31/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	12/31/25
K58.9	Irritable bowel syndrome without diarrhea	12/31/25
D50.9	Iron deficiency anemia unspecified	12/31/25
J45.909	Unspecified asthma uncomplicated	12/31/25
G43.909	Migraine unsp not intractable without status migrainosus	12/31/25
K21.9	Gastro-esophageal reflux disease without esophagitis	12/31/25
F41.9	Anxiety disorder unspecified	12/31/25
Z90.49	Acquired absence of other specified parts of digestive tract	12/31/25

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

Acetaminophen - Acetaminophen 500 MG tablet,Take 2 tablets by mouth every 6 hours Take 2 tablets by mouth every 6 hours for 7 days. And then may take as needed for pain
Naloxone - Naloxone Hydrochloride 4 MG/0.1ML Liqd nasal spray,Spray 1 spray topical as necessary Spray 1 spray as single dose in one nostril; may repeat every 3 minutes in alternating nostrils until medical assistance becomes available
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5 mg immediate release tablet,Take 1 tablet by mouth every 6 hours Take 1 tablet by mouth every 6 hours as needed for Breakthrough Pain.
Senna - Senna 8.6 MG Tabs,Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times daily as needed for Constipation
Amilodipine - Amlodipine Besylate 10 MG tablet,Take 0.5 tablets by mouth at bedtime Take 0.5 tablets by mouth nightly.
Baclofen - Baclofen Take 5 mg by mouth twice a day Take 5 mg by mouth 2 times daily.
Butalbital And Acetaminophen - Acetaminophen: Butalbital 50-325-40 MG tablet,Take 1 tablet by mouth every 6 hours Take 1 tablet by mouth every 6 hours as needed for Migraine. 2 TABLET AT ONSET AND 1 AN HOUR LATER PER PATIENT
Cetirizine Hydrochloride - Cetirizine Hydrochloride 10 MG tablet, by mouth twice a day Take 10 mg by mouth 2 times daily.
Gabapentin - Gabapentin Take 800 mg by mouth twice a day Take 800 mg by mouth 2 times daily.
Labetalol - Labetalol Hydrochloride Take 100 mg tablet by mouth twice a day 100 MG tablet

Take 100 mg by mouth 2 times daily.
Lorazepam - Lorazepam Take 0.5 mg tablet by mouth every 4-6 hours ake 0.5 mg by mouth every 4 hours as needed.
Mucinex - Guaifenesin 600 MG tablet by mouth twice a day Take 600 mg by mouth 2 times daily.
Ondansetron - Ondansetron Take 4 mg tablet by mouth every 12 hours Take 4 mg by mouth every 12 hours as needed for Nausea.
Pantoprazole - Pantoprazole Sodium 40 mg tablet by mouth twice a day Take 40 mg by mouth 2 times daily
Pepcid - Famotidine 20 MG tablet by mouth twice a day Take 20 mg by mouth 2 times daily.
Simethicone - Simethicone 250 MG Caps by mouth four times a day Take by mouth 4 times daily as needed.

14. DME and Supplies:
walker

15. Safety Measures:
cardiac precautions,

16. Nutrition:
cardiac diet!low cholesterol

17. Allergies:
penicllin codeine

18.A. Functional Limitations
None of the above

18.B. Activities Permitted
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:
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: After undergoing Minimally Invasive Right Thoracotomy And Resection Of Left Atrial Myxoma, 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.

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 12/31/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Lise Satterfield
515 Fairmount Ave
Towson, MD 21286
PHONE: 4107696269 FAX: 14104941384 NPI: 1467409169

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 : 12/22/2025

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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Clinical Condition Requiring Homecare:

The patient is a 48-year-old female with a past medical history significant for hypertension, anemia, chronic pain, gastroesophageal reflux disease, asthma, neuropathy, and Chiari malformation, referred for a skilled home health physical therapy evaluation following a minimally invasive right thoracotomy with resection of a left atrial myxoma performed on 12/19/25. At the time of evaluation, the patient demonstrated post-surgical deconditioning characterized by decreased endurance, impaired balance, generalized lower extremity weakness (manual muscle testing grossly 4-/5), and reduced functional activity tolerance. These deficits are contributing to limitations in functional mobility, including bed mobility requiring supervision, transfers requiring minimal assistance, and ambulation with a rolling walker requiring standby assistance for approximately 150 feet with slow cadence. Balance impairments were observed, and the patient is considered at increased risk for falls due to decreased endurance, pain, and overall weakness following cardiac surgery. The patient meets homebound criteria as leaving the home requires considerable and taxing effort secondary to recent thoracic/cardiac surgery, poor endurance, and the need for an assistive device and supervision. Skilled home health physical therapy is medically necessary to address strength deficits, balance and gait impairments, endurance limitations, and safety training in order to reduce fall risk and support a safe, progressive return toward the patient's prior level of function.
 Date of Order 12/31/2025 Orders Physician Face-to-Face Date: 12/22/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to Minimally Invasive Right Thoracotomy And Resection Of Left Atrial Myxoma 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: soc
 Physician Satterfield, Lise

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (12/31/25-01/03/26) ,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 (02/22/26-02/26/26)

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: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications

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: GG0130B1 - Oral Hygiene - 03. Partial/moderate assistance, GG0170P1 - Picking Up Object - 02. Substantial/maximal assistance, GG0170O1 - 12 Steps - 02. Substantial/maximal assistance, GG0170N1 - 4 Steps - 02. Substantial/maximal assistance, GG0170M1 - 1 - Step (curb) - 02. Substantial/maximal assistance, GG0170L1 - Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, GG0170K1 - Walk 150 Feet - 02. Substantial/maximal assistance, GG0170J1 - Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, GG0170I1 - Walk 10 Feet - 02. Substantial/maximal assistance, GG0170G1 - Car Transfer - 02. Substantial/maximal assistance, GG0170E1 - Chair to Bed to Chair - 02. Substantial/maximal assistance, GG0170D1 - Sit to Stand - 02. Substantial/maximal assistance, GG0130C1 - Toileting Hygiene - 03. Partial/moderate assistance, GG0170F1 - Toilet Transfer - 03. Partial/moderate assistance, GG0130E1 - Shower/Bathe Self - 03. Partial/moderate assistance, GG0130H1 - Don/Doff Footwear - 03. Partial/moderate assistance, GG0130G1 - Lower Body Dressing - 03. Partial/moderate assistance, GG0130F1 - Upper Body Dressing - 03. Partial/moderate assistance, GG0130A1 - Eating - 06. Independent, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, muscle weakness, limited endurance

PROCEDURES: HEP: HEP including but not limited to: partial squats, heel raises, straight leg raises, marching in place, and hip abduction to improve lower-extremity strength, CV endurance, balance, and functional tolerance., Medication Review-: Patient verbalized

PT Goals

PATIENT-STATED GOAL: stay out of hospital and possibly transition to Cardiac Rehab

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

patient/caregiver recalls

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/31/2025

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understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , CV endurance Training: Incorporated during Thera Ex/Gait, physician-ordered wound care, wound vacuum, equipment training, work simplification/energy conservation, gait training/stair 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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, 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

* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* 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 medicatio

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

caregiver performs medical/rehabilitation treatments with adequate competence

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Eating - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

12/31/2025