Home Health Certification and Plan of Care

Order ID: 1150/15260

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
47308575	01/06/2026	From: 01/06/2026 To: 03/06/2026	21038	217058

6. Patient's Name and Address

Janice Maddrey
1909 BAYBERRY ROAD,
EDGEWOOD, MD 21040-
443-243-7882

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 06/19/1943 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	01/06/26

13. ICD	Other Pertinent Diagnoses	Date
J10.1	Flu due to oth ident influenza virus w oth resp manifest	01/06/26
J44.0	Chr obstructive pulmon disease with (acute) lower resp infct	01/06/26
J96.21	Acute and chronic respiratory failure with hypoxia	01/06/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	01/06/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	01/06/26
N18.30	Chronic kidney disease stage 3 unspecified	01/06/26
H40.10X0	Unspecified open-angle glaucoma stage unspecified	01/06/26
H54.40	Blindness one eye unspecified eye	01/06/26
E04.9	Nontoxic goiter unspecified	01/06/26
E55.9	Vitamin D deficiency unspecified	01/06/26
M19.90	Unspecified osteoarthritis unspecified site	01/06/26
F32.9	Major depressive disorder single episode unspecified	01/06/26
M70.22	Olecranon bursitis left elbow	01/06/26
M51.369	Oth intvrt disc degen lum rgn w/o lum bck or lw extrm painOth intvrt disc degen lum rgn w/o lum bck or lw extrm pain	01/06/26
E78.00	Pure hypercholesterolemia unspecified	01/06/26
K21.9	Gastro-esophageal reflux disease without esophagitis	01/06/26
E66.9	Obesity unspecified	01/06/26
Z99.81	Dependence on supplemental oxygen	01/06/26
Z79.4	Long term (current) use of insulin	01/06/26
Z87.891	Personal history of nicotine dependence	01/06/26
Z91.81	History of falling	01/06/26

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

Oxygen - Oxygen 2 litre nasal cannula continuous
Albuterol - Albuterol 3 mL, Nebulization inhalant four times a day 3 mL, Nebulization, RT 4X daily
Atorvastatin - Atorvastatin Calcium 20 mg, Oral tablet by mouth once a day 20 mg, Oral, 1X daily
Brimonidine Tartrate - Brimonidine Tartrate 1 drop, Right Eye right eye three times a day 1 drop, Right Eye, 3X daily
Dorzolamide Hydrochloride - Dorzolamide Hydrochloride 1 drop, Right Eye right eye twice a day 1 drop, Right Eye, 2X daily
insulin lispro 0-7 Units, Subcutaneous, intravenous three times a day 0-7 Units, Subcutaneous, 3X daily AC
Latanoprost - Latanoprost 1 drop both eyes at bedtime 1 drop, Both Eyes, nightly
Losartan Potassium - Losartan Potassium 50 mg, Oral tablet by mouth once a day 50 mg, Oral, 1X daily
Nystatin - Nystatin 1 Application, Topical topical twice a day 1 Application, Topical, 2X daily
Pantoprazole - Pantoprazole Sodium , 40 mg, Oral, tablet by mouth once a day , 40 mg, Oral, 1X daily
insulin lispro 20 Units, Subcutaneous, intravenous at bedtime 20 Units, Subcutaneous, nightly

14. DME and Supplies:

cane, rolling walker, oxygen supplies, nebulizer, diabetic supplies

15. Safety Measures:

electrical safety measures, walker precautions, smoke detectors , bathroom safety, ambulates with device, ambulates with assistance, O2 precautions, supervision at all times, transfer with assist, standard precautions, fall precautions, diabetic precautions, activity supervision

16. Nutrition:

diabetic

17. Allergies:

aspirin caffeine ibuprofen nsiads

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Exercises Prescribed, Walker, Cane, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Chronic obstructive pulmonary disease with (acute) exacerbation, 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 01/06/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Jenaro Hernandez
1001 Pine Heights Ave
Abingdon, MD 21229
PHONE: 410-515-5440 FAX: NPI: 1386935724

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 : 12/30/2025

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 an 82-year-old female with a past medical history significant for COPD, hypertension, diabetes mellitus, hyperlipidemia, CKD stage III, glaucoma, GERD, thyroid goiter, and obesity. She was hospitalized at Saint Joseph's Hospital for acute respiratory failure secondary to influenza A and a COPD exacerbation, with symptom onset around 12/24/25, including cough and wheezing, and a recent fall at home. At baseline, the patient uses 2 L oxygen via nasal cannula; however, she was discharged home on 3 L NC with scheduled nebulizer treatments and inhaler use after treatment with IV prednisone, doxycycline, Tamiflu, and serial DuoNebs. She currently resides with her daughter in a split-level single-family home in Edgewood, MD, requiring navigation of seven steps to the bedroom. During the nursing visit, oxygen tubing was noted to be excessively long and kinked, compromising oxygen delivery; the RN removed the obstruction, replaced the tubing, and assisted the caregiver in ordering shorter tubing and requesting humidification. Oxygen saturation improved to 97%. Education was provided to the daughter, including a list of questions for the follow-up appointment, such as discussing the use of insulin pens instead of vials. Functionally, the patient was previously independent with basic self-care, transfers, and ambulation, with her daughter managing IADLs. She currently demonstrates decreased standing balance, tolerance, upper extremity strength, and overall activity tolerance, resulting in limitations in self-care, functional transfers, and ambulation. Skilled occupational therapy services are recommended to address these deficits and support return to prior level of function.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 01/06/2026<o:p></o:p> Physician Face-to-Face Date: 12/30/2025
 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat dx: Chronic obstructive pulmonary disease with (acute) exacerbation
 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 - SN Notes:
 OT Eval Notes:<o:p></o:p> Physician: Hernandez, Jenaro

SN Careplans

SN WK1: 1 (01/06/26-01/10/26) ,WK2: 1 (01/11/26-01/17/26) ,WK3: 1 (01/18/26-01/24/26) ,WK4: 1 (01/25/26-01/31/26) ,WK5: 1 (02/01/26-02/07/26) ,WK6: 1 (02/08/26-02/14/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

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, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, coughing, lung sounds not clear, M1610 - Urinary Catheter, muscle weakness, limited endurance, limited strength, difficulty sleeping, daytime fatigue, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * how to manage symptoms of nicotine withdrawal and nicotine cravings, related medication(s) purpose, schedule, * how to promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent cons, * 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 medic, * how to optimize range of motion with active and passive therapeutic exercises manage pain/discomfort fluid and diet intake to promote healing prevent constipation, related medication(s) purpose, s, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

SN Goals

PATIENT-STATED GOAL: Patient states she wants to breathe better so she can get out of the house again to shop

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

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 medic

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) purpos

patient/caregiver recalls
* how to optimize range of motion with active and passive therapeutic exercises
* manage pain/discomfort
* fluid and diet intake to promote healing
* prevent constipation
* recalls related medication(s) purpose, s

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

patient/caregiver recalls
* how to promote optimized mobility with strength
* balance
* dexterity
* range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing
* prevent cons

caregiver administers and/or packages medications appropriately

patient/caregiver recalls
* how to manage symptoms of nicotine withdrawal and nicotine cravings
* recalls related medication(s) purpose, schedule

PT Careplans

PT WK1: 8 (01/06/26-01/10/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: gait training on uneven surfaces, gait training/stair training, transfers

PT Goals

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/06/2026

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training

TEACH PATIENT/CAREGIVER: 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

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 WK1: 1 (01/06/26-01/10/26) ,WK2: 1 (01/11/26-01/17/26) ,WK3: 1 (01/18/26-01/24/26) ,WK4: 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 and caregiver. Modifications made concerning medications, therapeutic exercises, transfers training, assist with bathing, assist with lower body dressing, assist with upper body dressing

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 - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Walk better

GOALS
Shower/Bathe Self - 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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

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	01/06/2026