Home Health Certification and Plan of Care

Order ID: 1150/15288

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
41601909000	01/05/2026	From: 01/05/2026 To: 03/05/2026	7219	217058

6. Patient's Name and Address

Leonie Bensonn
2 Wellhaven Cir Apt 1428,
OWINGS MILLS, MD 21117-
410-814-9948

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 10/17/1955 | **9.Sex** Female

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

Tylenol - Acetaminophen 325 mg, Give 2 tablet by mouth every 6 hours as needed for pain
Amilodipine - Amlodipine Besylate 1 tablet 10 mg by mouth once a day Blood pressure
Metoprolol Tartrate - Metoprolol Tartrate 25 mg 1 tablet by mouth twice a day Blood pressure
Flonase - Fluticasone Propionate 0.05 mg/spray 1 spray nasal twice a day Allergies

11. ICD	Principal Diagnosis	Date
U07.1	COVID-19	01/05/26

13. ICD	Other Pertinent Diagnoses	Date
A08.4	Viral intestinal infection unspecified	01/05/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	01/05/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	01/05/26
N18.32	Chronic kidney disease stage 3b	01/05/26
D63.1	Anemia in chronic kidney disease	01/05/26
M06.9	Rheumatoid arthritis unspecified	01/05/26
D89.0	Polyclonal hypergammaglobulinemia	01/05/26
E55.9	Vitamin D deficiency unspecified	01/05/26
E86.0	Dehydration	01/05/26
E66.9	Obesity unspecified	01/05/26
Z68.33	Body mass index [BMI] 33.0-33.9 adult	01/05/26
Z79.82	Long term (current) use of aspirin	01/05/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	01/05/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	01/05/26
Z90.710	Acquired absence of both cervix and uterus	01/05/26

14. DME and Supplies:

rolling walker, grab bars, commode, bath bench

15. Safety Measures:

remove environmental barriers, , , emergency phone number prominently displayed, electrical safety measures, diabetic precautions, bathroom safety, ambulates with assistance, activity supervision

16. Nutrition:

cardiac diet

17. Allergies:

penicillin

18.A. Functional Limitations

Ambulation, Endurance

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: 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

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Covid-19, 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:

Physical therapy start of care (SOC) was completed for a 70-year-old female with a past medical history significant for anemia, bronchitis, hypertension, cerebrovascular accident, and recurrent bowel obstructions. The patient was recently hospitalized due to COVID-19 complicated by gastrointestinal issues. Prior to hospitalization, the patient ambulated independently without an assistive device, although she reported a predominantly sedentary lifestyle. At the time of the SOC <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient presents with generalized weakness, with bilateral lower extremity strength measured at approximately 3/5 on manual muscle testing. She currently requires contact guard assistance for functional transfers and short-distance ambulation using a rolling walker. The patient reports fatigue as her primary complaint and denies any current gastrointestinal symptoms. Vital observations were monitored and the patient tolerated the evaluation with noted decreased endurance. Medication review revealed discrepancies between the hospital discharge summary and caregiver report. Although the discharge summary indicates the patient is prescribed multiple medications, the patient's daughter reports receiving differing verbal instructions from the hospital and is currently administering only two antihypertensive medications. The family plans to follow up with the patient's primary care provider on Thursday to clarify and reconcile the medication regimen. Education was provided to the patient and daughter regarding safety with mobility, use of the rolling walker, energy conservation strategies, and the importance of medication reconciliation and follow-up with the primary care provider. Based on the <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> findings, the patient demonstrates decreased strength, impaired balance, reduced endurance, and decreased safety and independence with functional mobility compared to her prior level of function. The patient would benefit from skilled physical therapy services to address these deficits, improve strength and balance, enhance activity tolerance, and promote safe and independent functional mobility with the goal of returning to her prior level of function.
 Date of Order 01/05/2026 Orders Physician Face-to-Face Date: 01/02/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to Covid-19 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 Dormevil, Raymond

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/05/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Raymond Dormevil
7141 Security Blvd
Baltimore, MD 21244
PHONE: 443-663-6000 FAX: 14436636215 NPI: 1245627892

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 : 01/02/2026

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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PT Careplans

PT WK1: 1 (01/05/26-01/10/26) ,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) ,WK7: 1 (02/15/26-02/21/26)

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

HOSPITALIZATION RISKS: 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

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:POLST (Physician Orders for Life-Sustaining Treatment)

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, M2102c - Med Admin, M1400 - Dyspnea, M1610 - Urinary Incontinence, limited strength, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, gait training/stair training, transfers training, teach/coordinate/arrange medication packaging and/or administration

TEACH PATIENT/CAREGIVER: patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver performs medical/rehabilitation treatments with adequate competence, Toilet Transfer - 05. Setup or clean-up assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 06. Independent, Chair to Bed to Chair - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 05 Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent

PT Goals

PATIENT-STATED GOAL: To be able to walk without help

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

caregiver performs medical/rehabilitation treatments with adequate competence

Toilet Transfer - 05. Setup or clean-up assistance

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 06. Independent

Chair to Bed to Chair - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
01/05/2026