

Home Health Certification and Plan of Care				Order ID: 1150/15294	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
36470341		01/06/2026		From: 01/06/2026 To: 03/06/2026	
				4. Medical Record No.	
				3445	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Loretta Brooks 2025 N. Wolfe St., BALTIMORE, MD 21213- 443-602-5627			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
11/28/1948			Female		
11. ICD			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
Principal Diagnosis			Aspirin - Aspirin 81mg chewable tablet, take 1 tablet by mouth once a day		
F03.90			Unsp dementia unsp severity without beh/psych/mood/anx		
Date			01/06/26		
13. ICD			Date		
Other Pertinent Diagnoses			01/06/26		
N17.9			Acute kidney failure unspecified		
I10.			Essential (primary) hypertension		
E11.9			Type 2 diabetes mellitus without complications		
E78.5			Hyperlipidemia unspecified		
H40.9			Unspecified glaucoma		
B35.6			Tinea cruris		
R53.1			Weakness		
Z79.82			Long term (current) use of aspirin		
Z79.4			Long term (current) use of insulin		
14. DME and Supplies:			15. Safety Measures:		
grab bars, bath bench, cane, rolling walker, commode			remove environmental barriers, , sharps precautions, smoke detectors , , diabetic precautions, , bathroom safety, , ambulates with device, ambulates with assistance, activity supervision		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			dilaudid lortab		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Endurance, Balance			Walker, Cane, Exercises Prescribed, Up As Tolerated		
19. Mental & Pyschosocial Status:			COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions!3. Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc., HISTORY OF DEPRESSION: No		
20. Prognosis:			fair		
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.			family/caregiver will be responsible for managing treatment		
Homebound status:			Due to diagnosis of Unspecified Dementia, Unspecified Severity, Without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, And Anxiety, 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 77-year-old individual with a recent hospitalization due to a change in mental status. Past medical history is significant for hypertension, diabetes mellitus, Alzheimer's disease, glaucoma, and hyperlipidemia. The patient resides with her daughter in a townhouse that requires negotiation of eight steps with handrails to enter the home, and she receives 24-hour supervision. At the time of <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient ambulated approximately 30 feet on indoor surfaces on two occasions while reaching for walls for support, indicating impaired balance and safety awareness. She declined stair negotiation, and stair mobility, car transfers, and outdoor mobility were not assessed during this visit. Bed mobility and sit-to-stand transfers from the sofa were performed with supervision. The patient demonstrated behavioral challenges, including easy agitation and yelling to express needs, which may further impact safety and participation in functional tasks. The patient is considered homebound, requiring significant effort and assistance to leave the home, as evidenced by a Tinetti Balance and Gait <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">Assessment</mh> score of 13/28, indicating a high risk for falls. Based on the current functional limitations, cognitive impairment, and safety concerns, the patient would benefit from skilled home therapy services to address deficits in functional mobility, balance, and safety with activities of daily living, with the goal of reducing fall risk and maximizing functional independence within the home environment.</div><div> </div><div> </div><div>Date of Order</div><div>01/06/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 12/24/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to Unspecified Dementia, Unspecified Severity, Without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, And Anxiety</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div> </div><div>1 - SOC - PT Notes: soc</div><div> </div><div>Physician</div><div>Marur, Surendra</div></div>		
SN Careplans			SN Goals		
PT Careplans			PT Goals		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles RN on 01/06/2026					
24. Physician's Name and Address			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.		
Surendra Marur 6565 N Charles St Towson, MD 21204 PHONE: 4438493760 FAX: 14438493887 NPI: 1679524847			F2F date : 12/24/2025		
27. Attending Physician's Signature and Date Signed			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.		
Date of physician last face-to-face			PAGE 1 of 2		

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PT WK1: 1 (01/06/26-01/10/26) PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, 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: 1. Non-agency caregiver(s) currently provide assistance HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 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, 8. Currently reports exhaustion 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: GG0130E1 - Shower/Bathe Self, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, M1700 - Cognition, M1745 - Behavioral Issues, Home Safety, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, limited endurance, limited strength, balance deficit PROCEDURES: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension,ankle pumps, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, equipment training, 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 keep home safe for patient with dementia coping strategies for the caregiver, 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s, * 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 living environment has safe floor coverings, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 03. Partial/moderate assistance, Car Transfer - 06. Independent, 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, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching 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 - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance			PATIENT-STATED GOAL: To be able to get into the shower GOALS Chair to Bed to Chair - 06. Independent patient/caregiver recalls * how to keep home safe for patient with dementia * coping strategies for the caregiver * 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 * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * 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/caregiver recalls * management of mental health condition including joining a peer group * maintaining regular contact with mental health professional * avoiding known stressors * controlling impulses * recalls related medication(s) patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient living environment has safe floor coverings Sit to Stand - 06. Independent Toilet Transfer - 03. Partial/moderate assistance Car Transfer - 06. Independent 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 4 Steps - 04. Supervision or touching assistance 12 Steps - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching 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 - 03. Partial/moderate assistance Lower Body Dressing - 03. Partial/moderate assistance Don/Doff Footwear - 03. Partial/moderate assistance Eating - 05. Setup or clean-up assistance	

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/06/2026