Home Health Certification and Plan of Care

Order ID: 1150/15344

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9JV4R06GT09	01/06/2026	From: 01/06/2026 To: 03/06/2026	20086	217058

6. Patient's Name and Address

Jennifer McElgunn
1254 Hoodmills Rd,
WOODBINE, MD 21797-
410-660-9452

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 11/23/1957 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
C34.92	Malignant neoplasm of unsp part of left bronchus or lung	01/06/26

13. ICD	Other Pertinent Diagnoses	Date
C79.81	Secondary malignant neoplasm of breast	01/06/26
N18.9	Chronic kidney disease u	01/06/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	01/06/26
G89.29	Other chronic pain	01/06/26
M54.50	Low back pain unspecified	01/06/26
S91.301D	Unspecified open wound right foot subsequent encounter	01/06/26
M48.54XD	Collapsed vert NEC thor region subs for fx w routn heal	01/06/26
J44.9	Chronic obstructive pulmonary disease unspecified	01/06/26
G89.4	Chronic pain syndrome	01/06/26
E46.	Unspecified protein-calorie malnutrition	01/06/26
F41.9	Anxiety disorder unspecified	01/06/26
K21.9	Gastro-esophageal reflux disease without esophagitis	01/06/26
G47.00	Insomnia unspecified	01/06/26
F32.A	Depression unspecified	01/06/26
G43.909	Migraine unsp not intractable without status migrainosus	01/06/26
M54.12	Radiculopathy cervical region	01/06/26
E02.	Subclinical iodine-deficiency hypothyroidism	01/06/26
R73.03	Prediabetes	01/06/26
Z87.891	Personal history of nicotine dependence	01/06/26
Z87.01	Personal history of pneumonia (recurrent)	01/06/26

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

Acetaminophen - Acetaminophen 650 mg Tablet by mouth every 6 hours PRN PO ANY PAIN Last administered on 11/23/25at 10:24; Admin Dose 650 MG; Start 11/20/25 at 20:15
Anastrozole - Anastrozole 1 mg Tablet by mouth once a day
Clonazepam - Clonazepam 0.5 mg Tablet by mouth once a day QHS PRN PO ; Start 11/23/25 at 12:00
Pepcid - Famotidine 20 mg Tablet by mouth as necessary QHS PO Last administered on 11/22/25at 21:21; Admin Dose 20 MG; Start 11/21/25 at 22:00
Prozac - Fluoxetine Hydrochloride 40 mg oral capsule by mouth once a day PO Last administered on 11/23/25at 10:22; Admin Dose 40 MG; Start 11/21/25
at 10:00
Lasix - Furosemide 40 mg oral Tablet by mouth once a day IV Last administered on 11/23/25at 10:28; Admin Dose 40 MG; Start 11/23/25 at 10:00
Guaifenesin - Guaifenesin 200 mg Tablet, take 4 tablet by mouth four times a day PO Last administered on 11/22/25at 21:22; Admin Dose 200 MG; Start 11/21/25 at 10:00
Zofran - Ondansetron Hydrochloride 4 mg, tablet by mouth every 6 hours PRN IV NAUSEA Last administered on 11/21/25at 10:28; Admin Dose 4 MG; Start 11/20/25 at 20:15
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5 mg Tablet by mouth every 6 hours PRN PO PAIN; Start 11/23/25 at 12:00; Stop 11/26/25 at 11:5
Polyethylene Glycol - Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 17 gm tablet by mouth twice a day D PO Last administered on 11/22/25at 21:22;
Admin Dose 17 GM; Start 11/20/25 at 22:00
Sennosides - Senna 8.6 mg Tablet by mouth twice a day PO Last administered on 11/22/25at 21:21; Admin Dose 8.6 MG; Start 11/20/25 at 22:00
Tobrex - Tobramycin 1 application droups drops twice a day OPHTH Last administered on 11/23/25at 10:37; Admin Dose 1
APPLICATIO; Start 11/21/25 at 10:00

14. DME and Supplies:

wheelchair, walker, cane

15. Safety Measures:

walker precautions, bathroom safety, ambulates with device, transfer with assist, supervision at all times, non-slip surface in tub, , ambulates with assistance, , , activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

cortisone medrol morphine

18.A. Functional Limitations

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

18.B. Activities Permitted

Wheelchair, Walker, 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: Yes

20. Prognosis: poor

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 Malignant Neoplasm Of An Unspecified Part Of The Left Bronchus Or Lung, 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 a 67-year-old female who was initially seen on Friday, 01/02/2026, for home health admission and was subsequently transferred to the emergency department via EMS, where she was diagnosed with Influenza A. At the current <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, pulmonary examination reveals rhonchi throughout all lung fields without wheezing. The patient reports a productive cough with yellow sputum but denies worsening shortness of breath. She remains afebrile and denies fever or chills over the weekend. The patient's past medical history is significant for metastatic neuroendocrine carcinoma of the left lung with osseous metastases, invasive ductal carcinoma of the left breast status post radiation treatments, chronic kidney disease, chronic low back pain with suspected pathologic T12 compression fracture, blurry vision affecting the right upper visual field, and a recent hospitalization for acute hypoxic respiratory failure secondary to multifocal pneumonia, followed by discharge from subacute rehabilitation. The patient reports an upcoming surgical intervention for the thoracic fracture within the next several weeks. Following recent hospitalization, the patient has experienced notable functional decline and was referred for skilled home health physical therapy services. On evaluation, she presents with bilateral lower extremity weakness (MMT 3+/5 to 4-/5), impaired balance requiring contact guard assistance for static standing and minimal assistance for dynamic standing, decreased endurance, and altered gait mechanics. She ambulates approximately 20-30 feet with a rolling walker and requires minimal assistance, limited by fatigue, shortness of breath, and low back pain rated at 6/10. Transfers, including sit-to-stand and toilet transfers, require contact guard to minimal assistance with verbal cues for proper limb placement. Additionally, the patient demonstrates bilateral upper extremity

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

Abbey Breen
6501 Baltimore National Pike
Catonsville, MD 21228
PHONE: 6672342100 FAX: 16672342991 NPI: 1386355972

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 : 11/23/2025

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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weakness (MMT 3+/5), impacting activities of daily living. She requires contact guard to minimal assistance for lower body dressing. Bathing is performed sink-side, with shower use requiring family assistance. The patient resides with her family in a multi-level home and primarily stays in the basement, which presents additional mobility and safety considerations. Skilled home health physical therapy is medically necessary to address the patient's deficits in strength, balance, gait, transfers, endurance, and overall functional mobility. Interventions will include skilled therapeutic exercises, gait and transfer training, energy conservation techniques, and patient education to improve safety, reduce fall risk, maximize independence, and prevent rehospitalization.
 Date of Order 01/06/2026 Orders Physician Face-to-Face Date: 11/23/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Malignant Neoplasm Of An Unspecified Part Of The Left Bronchus Or Lung 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 - SN Notes: soc OT Eval Notes: PT Eval Notes:
 Physician Breen, Abbey

SN Careplans

SN WK1: 2 (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)

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: 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, D0160 - Depression, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M1400 - Dyspnea, abnormal sputum production, coughing, dependent edema, itchy/runny nose, lung sounds not clear, swollen lips/tongue/eyes/face, lightheadedness, swelling in the arms/legs, swelling in legs/around eyes, muscle weakness, limited endurance, limited strength, daytime fatigue, headache, lethargy, weak hand grips, balance deficit, B1000 - Vision 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, coordinate/arrange resources for vision-impaired

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related m, * how to manage sleep disorder including changes to daytime habits and bedtime routine maintaining a journal to track sleep patterns, related medication(s) purpose, schedule, * 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 minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, related medication(s) purpose, sched, * migraine/headache prevention including lifestyle changes home remedies dietary modifications to reduce or eliminate triggers alternative medicines such as acupuncture and biofeedback, related medi, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: Pt states "I want my cancer to go back in to remission and get over this flu so that I can get my strength back."

GOALS
patient/caregiver recalls
* how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting
* diarrhea
* appetite loss
* hair loss
* fatigue
* insomnia
* recalls related medication(s) purpose, sched

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

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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related m

patient/caregiver recalls
* how to manage sleep disorder including changes to daytime habits and bedtime routine
* maintaining a journal to track sleep patterns
* recalls related medication(s) purpose, schedule

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
* migraine/headache prevention including lifestyle changes
* home remedies
* dietary modifications to reduce or eliminate triggers
* alternative medicines such as acupuncture and biofeedback
* recalls related medi

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

01/06/2026

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PT 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) ,WK8: 1 (02/22/26-02/23/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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: HEP: Home exercise program reviewed and progressed, including Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day. , Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * 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 - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, 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, Car Transfer - 06. Independent

PATIENT-STATED GOAL: To go back home and stay there

GOALS
Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

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 - 05. Setup or clean-up assistance

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

Toilet Transfer - 05. Setup or clean-up assistance

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

Car Transfer - 06. Independent

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) ,WK5: 1 (02/01/26-02/07/26) ,WK6: 1 (02/08/26-02/14/26) ,WK7: 1 (02/15/26-02/21/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, 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: ADLs , Patient/caregiver recalls related purpose and schedule of medications: Medication review , cough/deep breathing exercises, therapeutic exercises, 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent, Patient will demonstrate improved bilateral upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks

OT Goals

PATIENT-STATED GOAL: Patient wants to get better

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 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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

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

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

Upper Body Dressing - 06. Independent

Patient will demonstrate improved bilateral upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks

Eating - 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