Home Health Certification and Plan of Care

Order ID: 1150/15332

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4PH8XR5RJ42	12/31/2025	From: 12/31/2025 To: 02/28/2026	20981	217058

6. Patient's Name and Address

Myrna Lee
2514 LODGE FOREST DR,
SPARROWS POINT, MD 21219-
443-463-6390

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 01/17/1943 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S83.221D	Prph tear of medial meniscus current injury r knee subs	12/31/25

13. ICD	Other Pertinent Diagnoses	Date
S83.261D	Prph tear of lat mensc current injury right knee subs	12/31/25
M17.11	Unilateral primary osteoarthritis right knee	12/31/25
S43.015D	Anterior dislocation of left humerus subsequent encounter	12/31/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	12/31/25
E78.5	Hyperlipidemia unspecified	12/31/25
J45.909	Unspecified asthma uncomplicated	12/31/25
I10.	Essential (primary) hypertension	12/31/25
E66.01	Morbid (severe) obesity due to excess calories	12/31/25
E87.1	Hypo-osmolality and hyponatremia	12/31/25
R74.8	Abnormal levels of other serum enzymes	12/31/25
R74.01	Elevation of levels of liver transaminase levels	12/31/25
R26.2	Difficulty in walking not elsewhere classified	12/31/25
Z91.81	History of falling	12/31/25
Z87.891	Personal history of nicotine dependence	12/31/25
Z96.652	Presence of left artificial knee joint	12/31/25
Z68.41	Body mass index [BMI] 40.0-44.9 adult	12/31/25
Z79.82	Long term (current) use of aspirin	12/31/25

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

Acetaminophen - Acetaminophen 500 mg, Ora tablet by mouth three times a day 500 mg, Oral, 3X daily
Budesonide - Budesonide 0.5 mg, Inhalation, inhalant twice a day 0.5 mg, Inhalation, RT 2X daily
Arformoterol Tartrate - Arformoterol Tartrate 15 mcg, Inhalation inhalant twice a day 15 mcg, Inhalation, RT 2X daily
Aspirin - Aspirin 81 mg, Oral tablet by mouth once a day 81 mg, Oral, 1X daily
Atorvastatin - Atorvastatin Calcium 20 mg, Oral tablet by mouth at bedtime , 20 mg, Oral, nightly
Furosemide - Furosemide 20 mg, Oral tablet by mouth once a day 20 mg, Oral, 1X daily QAM
Multivitamins - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet, Oral by mouth once a day 1 tablet, Oral, 1X daily
Potassium Chloride - Potassium Chloride 20 mEq, Oral tablet by mouth once a day 20 mEq, Oral, 1X daily
Albuterol - Albuterol 1.25 mg, Inhalation inhalant every 6 hours 1.25 mg, Inhalation, Q6H PRN
Hydralazine - Hydralazine Hydrochloride 10 mg, Oral,tablet by mouth every 8 hours 10 mg, Oral, Q8H PRN
Melatonin - Melatonin 6 mg, Oral, tablet by mouth at bedtime 6 mg, Oral, nightly PRN
Ondansetron Hydrochloride - Ondansetron Hydrochloride 4 mg, Intravenous, intravenous every 6 hours , 4 mg, Intravenous, Q6H PRN
Polyethylene Glycol - Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride , 17 g, Oral tablet by mouth once a day 17 g, Oral, 1X daily PRN
Senna - Senna 2 tablet, Oral by mouth at bedtime 2 tablet, Oral, nightly PRN
Tramadol - Tramadol Hydrochloride 25 mg, Oral tablet by mouth every 6 hours 25 mg, Oral, Q6H PRN
Hydrochlorathiazide - Hydralazine Hydrochloride: Hydrochlorothiazide 012.5 mg, Oral, tablet by mouth once a day 12.5 mg, Oral, 1X daily QAM
Discontinued temporarily on 1/8/2026 by PCP

14. DME and Supplies:
reacher, walker

15. Safety Measures:
non-weight bearing RLE,

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
phenergan tricor

18.A. Functional Limitations
None of the above

18.B. Activities Permitted
Up As Tolerated, Walker

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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Peripheral Tear Of The Medial Meniscus, Current Injury, Right Knee, Subsequent Encounter, 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 an 82-year-old female with a significant past medical history including coronary artery disease, hypertension, hyperlipidemia, asthma, morbid obesity, bilateral knee osteoarthritis, left total knee replacement in 2021, and a recent left anterior shoulder dislocation. She was referred for skilled home health services, including physical therapy evaluation, due to acute right knee pain with inability to ambulate safely. At baseline prior to this decline, the patient was independent with basic self-care, functional transfers, and functional ambulation, and was able to complete instrumental activities of daily living such as simple meal preparation, laundry, and household cleaning. At the time of evaluation, the patient presents with significant functional decline characterized by right lower extremity weakness (manual muscle testing approximately 3-/5), pain-limited range of motion, impaired balance, decreased standing tolerance, reduced activity tolerance, and decreased bilateral upper extremity strength. She demonstrates altered gait mechanics and is currently non-weight bearing on the right lower extremity, with severe pain limiting mobility. She requires moderate assistance for bed mobility, maximal assistance for transfers, and is unable to ambulate safely at this time. The patient is also wearing a sling on the left upper extremity due to the recent shoulder dislocation, further limiting functional use of the upper extremities for mobility and self-care. Standardized balance testing was deferred as it is not safe to perform given her current

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
George Weiner
9512 Harford Rd
Parkville, MD 21234
PHONE: 4108820600 FAX: 14108822133 NPI: 1871553941

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 : 12/29/2025

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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pain level, non-weight-bearing status, and high fall risk. The patient is considered homebound secondary to severe right knee pain, non-weight-bearing restrictions, impaired balance, high risk for falls, and the need for assistance and specialized transportation to safely leave the home. Skilled home health physical therapy is medically necessary to address pain management, lower extremity strengthening, transfer training, balance and safety education, and gradual progression of mobility in order to reduce fall risk and support a safe return toward her prior level of function. The patient has been educated on safety precautions, weight-bearing restrictions, and the importance of adherence to the plan of care. She is scheduled to see her physician this Friday for follow-up regarding her left shoulder and plans to schedule an orthopedic appointment for further evaluation of her right knee.
 Date of Order 12/31/2025 Orders Physician Face-to-Face Date: 12/29/2025 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat ot-eval & treat due to Peripheral Tear Of The Medial Meniscus, Current Injury, Right Knee, Subsequent Encounter 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 OT Eval Notes:
 Physician Weiner, George

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (12/31/25-01/03/26) ,WK2: 2 (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)

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: 1. Non-agency caregiver(s) currently 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170R1 - Wheel 50 ft w 2 Turns - 06. Independent, GG0170S1 - Wheel 150 feet - 01. Dependent, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, muscle weakness, limited range of motion, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs

PROCEDURES: Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , B LE strengthening, home exercise program: Ankle pumps, quad sets, glute sets, heel slides, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day., equipment training, gait training on uneven surfaces, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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, * how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promo, * 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, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to

PT Goals

PATIENT-STATED GOAL: Be safe at home until I get things straightened out

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

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

Shower/Bathe Self - 05. Setup or clean-up assistance

patient/caregiver recalls
* pain control
* therapeutic exercises to optimize range of motion of affected area
* diet and fluids to promote healing
* recalls related medication(s) purpose, schedule

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
* 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

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 - 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

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

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promote healing, related medication(s) purpose, schedule, 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 - 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, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Car Transfer - 05. Setup or clean-up assistance, Chair to Bed to Chair - 02. Substantial/maximal assistance, Sit to Stand - 06. Independent, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up 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

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

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Car Transfer - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up 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

patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promo

Chair to Bed to Chair - 02. Substantial/maximal assistance

Eating - 06. Independent

OT Careplans

OT 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)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, GG0170J1 - Walk 50 ft with 2 Turns, GG0130A1 - Eating, 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, GG0130B1 - Oral Hygiene, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing

PROCEDURES: Medication Review : Medication reviewed with patient and morning medication taken., equipment training, work simplification/energy conservation, gait training on uneven surfaces, 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 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 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

OT Goals

PATIENT-STATED GOAL: Cooking and cleaning my house.

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

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

Signature of Physician:

Date

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

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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

Upper Body Dressing - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
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