Home Health Certification and Plan of Care

Order ID: 1150/15214

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
33469859	12/30/2025	From: 12/30/2025 To: 02/27/2026	20771	217058

6. Patient's Name and Address

Phyllis Fountain
155 Grundy Street Apt 108,
BALTIMORE, MD 21224-
443-802-5209

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 03/05/1946 | 9.Sex Female

11. ICD	Principal Diagnosis	Date
I11.0	Hypertensive heart disease with heart failure	12/30/25

13. ICD	Other Pertinent Diagnoses	Date
I50.9	Heart failure unspecified	12/30/25
E78.5	Hyperlipidemia unspecified	12/30/25
F34.1	Dysthymic disorder	12/30/25
Z79.82	Long term (current) use of aspirin	12/30/25
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	12/30/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	12/30/25

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

Albuterol Sulfate - Albuterol Sulfate 108 (90 Base) MCG/ACT Inhalation,INHALE 2 PUFFS by mouth every hour INHALE 2 PUFFS BY MOUTH EVERY & HOURS AS NEEDED FOR WHEEZING
Allopurinal - Allopurinol 100 MG Oral Tablet,Take 1 tablet by mouth once a day 100 MG Oral Tablet

Take 1 tablet by mouth daily
Amlodipine Besylate - Amlodipine Besylate 10 MG Oral Tablet,TAKE 1 TABLET by mouth once a day TAKE 1 TABLET BY MOUTH EVERY DAY
Aspirin - Aspirin 81 MG Oral Tablet,Take 1 tablet by mouth once a day 81 MG Oral Tablet Delayed Release

Take 1 tablet (81 mg) by mouth daily
Brimonidine Tartrate: Timolol Maleate - Brimonidine Tartrate: Timolol Maleate 0.2-0.5% Ophthalmic Solution drops as necessary per optho
Vitamin D - Ergocalciferol 50 MCG (2000 UT) Oral Tablet,Take 1 tablet by mouth once a day take 1 tablet (2,000 units) by mouth daily
Ciclopirox - Ciclopirox 8% External Solution,1 application topical once a day 1 application topically to affected area daily
Clotrimazole And Betamethasone Dipropionate - Betamethasone Dipropionate: Clotrimazole 1-0.05% External Cream,1 application topical twice a day 1 application topically to affected area 2 times per day
Cyclobenzaprine Hydrochloride - Cyclobenzaprine Hydrochloride 5 MG Oral Tablet,Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times per day as needed
Diclofenac Sodium - Diclofenac Sodium 1% External Gel 4 grams topically topical four times a day 4 grams topically to affected area 4 times per day
Ezetimibe - Ezetimibe 10 MG Oral Tablet,TAKE 1 TABLET by mouth once a day TAKE 1 TABLET BY MOUTH EVERY DAY
Fluticasone Propionate - Fluticasone Propionate 50 MCG/ACT Nasal Suspension,SPRAY 2 SPRAYS topical once a day SPRAY 2 SPRAYS IN EACH NOSTRIL EVERY DAy
Furosemide - Furosemide 40 MG. Oral Tablet,TAKE 1 TABLET by mouth once a day
Gabapentin - Gabapentin 100 MG Oral Capsule,Take 1 capsule by mouth twice a day Take 1 capsule by mouth 2 times per day
Hydralazine And Hydrochlorothiazide - Hydralazine Hydrochloride: Hydrochlorothiazide 10 MG Oral Tablet,TAKE 1 TABLET by mouth three times a day TAKE 1 TABLET BY MOUTH THREE TIMES A DAY WITH FOOD
Hydrochlorothiazide - Hydrochlorothiazide 25 MG Oral Tablet by mouth as necessary PO QDAY
Hydroxyzine Hydrochloride - Hydroxyzine Hydrochloride 25 MG Oral Tablet,TAKE ONE TABLET by mouth every hour TAKE ONE TABLET BY MOUTH EVERY & HOURS AS NEEDED
Ketotifen Fumarate - Ketotifen Fumarate 0.025% Ophthalmic Solution1 drop, drops twice a day 1 drop into affected eye 2 times per day
Iontocaine - Epinephrine: Lidocaine Hydrochloride 5% External Patch,apply 1-2 patches topical every 12 hours apply 1-2 patches to affected area qday. On for 12 hours, then off for 12 hours.
Losartan Potassium - Losartan Potassium 100 MG Oral Tablet,TAKE ONE TABLET by mouth once a day TAKE ONE TABLET BY MOUTH EVERY DAY
Pantoprazole - Pantoprazole Sodium 40 mg oral TAKE 1 TABLET by mouth once a day TAKE 1 TABLET BY MOUTH EVERY DAY
Potassium Chloride Microencapsulated Crystals 20 MEQ Oral Tablet,TAKE ONE TABLET by mouth twice a day
Pravastatin Sodium - Pravastatin Sodium 80 MG Oral Tablet,TAKE ONE TABLET by mouth once a day TAKE ONE TABLET BY MOUTH ONCE DAILY
Topiramate - Topiramate 25 MG Ora TABLET l ,TAKE ONE TABLET by mouth twice a day TAKE ONE TABLET BY MOUTH 2 TIMES A DAY
Travoprost - Travoprost 0.004% Ophthalmic Sotation topical as necessary per optho

14. DME and Supplies:

rolling walker, grab bars, bath bench, 4 wheeled walker

15. Safety Measures:

, remove environmental barriers, , , electrical safety measures, cardiac precautions, , bathroom safety, , ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

18.B. Activities Permitted

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/30/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Bhavandeep Bajaj
3455 Wilkens Ave Suite L-10
Baltimore, MD 21229
PHONE: 410-644-4444 FAX: 14106444484 NPI: 1003011214

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 : 12/17/2025

27. Attending Physician's Signature and Date Signed **01/09/2026**: 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.

Home Health Certification and Plan of Care

Order ID: 1150/15214

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
33469859	12/30/2025	From: 12/30/2025 To: 02/27/2026	20771	217058

6. Patient's Name and Address
Phyllis Fountain
155 Grundy Street Apt 108,
BALTIMORE, MD 21224-
443-802-5209

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

Ambulation, Endurance, Balance

Up As Tolerated, Walker, Exercises Prescribed

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: No

20. Prognosis: fair

22. A Rehabilitation Potential:
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.

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status:
Due to diagnosis of Hypertensive Heart Disease With Heart Failure, 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 79-year-old individual recently evaluated in the physician's office and referred for home-based Physical Therapy (PT) and Occupational Therapy (OT) to improve mobility and functional independence. Past medical history is significant for hypertension, hyperlipidemia, diabetes mellitus, transient ischemic attack (TIA), pacemaker placement, and right foot drop. The patient resides alone in an elevator-accessible senior apartment and prevents leaving the home due to the significant and taxing effort required, supported by a Tinetti score of 10/28, consistent with high fall risk and limited community mobility. The patient receives assistance from a paid home health aide for 2 hours per day, 3 days per week, with support for laundry and bathing; additional caregiver assistance has included household tasks, meal preparation/cooking, and supervision with bathing. On assessment, the patient demonstrates impaired standing balance, reduced standing tolerance, decreased bilateral upper extremity strength, and overall reduced activity tolerance, which contribute to decreased independence with self-care tasks, functional transfers, and household ambulation compared to prior level of function. The patient ambulates on indoor surfaces using a rolling walker for approximately 30 feet twice with supervision, with gait limitations impacted by right foot drop. The patient completes transfers to bed, toilet, and chair with supervision. Bed mobility is performed with supervision, utilizing a stool to access the bed. Outdoor mobility, stair/step negotiation, and car transfer abilities were not assessed during this visit. Skilled home PT and OT are indicated to address strength, balance, endurance, and safety with functional mobility and activities of daily living, with the goal of improving independence and reducing fall risk within the home environment. Revealed needs include continued gait training with the rolling walker, progressive therapeutic exercise for lower extremity strength and overall conditioning, balance training, and transfer/bed mobility training with emphasis on safe techniques and fall prevention. OT services are recommended to improve performance in self-care, increase upper extremity strength and activity tolerance, and optimize safety and independence with daily routines. The plan of care includes ongoing home therapy to maximize functional mobility, support return toward prior level of function, and reduce the burden of care, with continued coordination with caregiver supports as needed.
 Date of Order 12/30/2025 Orders Physician Face-to-Face Date: 12/17/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat due to Hypertensive Heart Disease With Heart Failure 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 Bajaj, Bhavandeep

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (12/30/2025 - 01/03/2026), WK2: 2 (01/04/2026 - 01/10/2026), WK3: 2 (01/11/2026 - 01/17/2026), WK4: 1 (01/18/2026 - 01/24/2026)

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: 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

PT Goals

PATIENT-STATED GOAL: Be able to walk longer distances and not be tired

GOALS
Toilet Transfer - 06. Independent

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
* 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

Signature of Physician:

Date

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

Date
12/30/2025

Home Health Certification and Plan of Care

Order ID: 1150/15214

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
33469859	12/30/2025	From: 12/30/2025 To: 02/27/2026	20771	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Phyllis Fountain 155 Grundy Street Apt 108, BALTIMORE, MD 21224- 443-802-5209	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, limited endurance, limited strength, Pain Effect on Sleep, Pain Interference with ADLs, 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 , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, gait training/stair training, 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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * 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, * 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, caregiver performs medical/rehabilitation treatments with adequate competence, Toilet 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, Car Transfer - 05. Setup or clean-up assistance, Chair to Bed to Chair - 02. Substantial/maximal assistance, Sit to Stand - 06. Independent, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

works best to relieve pain
* teach relaxatio

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

caregiver performs medical/rehabilitation treatments with adequate competence

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

Car Transfer - 05. Setup or clean-up assistance

patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* recalls related medication(s) purpose, schedule

Walk 10 Feet - 04. Supervision or touching assistance

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

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

Sit to Stand - 06. Independent

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

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

OT Careplans

OT WK2: 1 (01/04/26-01/10/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170I1 - Walk 10 Feet, 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, GG0170J1 - Walk 50 ft with 2 Turns, GG0130B1 - Oral Hygiene, 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. , equipment training, work simplification/energy conservation, 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, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, 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 - 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: Get in the shower

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

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Car Transfer - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Walk 150 Feet - 04. Supervision or touching assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/30/2025

Home Health Certification and Plan of Care

Order ID: 1150/15214

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
33469859	12/30/2025	From: 12/30/2025 To: 02/27/2026	20771	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Phyllis Fountain 155 Grundy Street Apt 108, BALTIMORE, MD 21224- 443-802-5209	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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

Sit to Stand - 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 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/30/2025