Home Health Certification and Plan of Care

Order ID: 1150/15358

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4U62AK2RF89	01/09/2026	From: 01/09/2026 To: 03/09/2026	21013	217058

6. Patient's Name and Address

Dolores Metzger
400 Stemmers Run Rd,
Baltimore, MD 21221
443-922-5096

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 04/14/1927 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	01/09/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	01/09/26
M48.061	Spinal stenosis lumbar region without neurogenic claud	01/09/26
E78.00	Pure hypercholesterolemia unspecified	01/09/26
Q23.81	Other congenital malformations of aortic and mitral valves	01/09/26
M19.90	Unspecified osteoarthritis unspecified site	01/09/26
Z79.82	Long term (current) use of aspirin	01/09/26
Z87.891	Personal history of nicotine dependence	01/09/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	01/09/26

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

Amilodipine - Amlodipine Besylate 10mg by mouth once a day
Hctz - Hydralazine Hydrochloride: Hydrochlorothiazide 25mg by mouth once a day
Lipitor - Atorvastatin Calcium eq 10 mg base eq 10 mg base1 Tablet by mouth once a day
Cipro 250 mg by mouth once a day
Baby Aspirin - Aspirin 81 mg by mouth once a day
Eliquis - Apixaban 2.5 by mouth twice a day Take 1 tab twice daily for blood clot prevention
Prometh Hydrochloride,Phenylephrine Hydrochloride W/Codeine Phosphate - Codeine Phosphate: Phenylephrine Hydrochloride: Promethazine Hydrochloride 10 mg/5ml;5 mg/5ml;6.25 mg/5ml 5ml by mouth as necessary Take 5ml by mouth every 4-6 hours as needed for coughing.
Lidocaine Viscous - Lidocaine Hydrochloride 2% by mouth as necessary Take 15ml of lidocaine solution and swish in mouth then spit. Repeat 3-4 times daily
Trazadone - Trazodone Hydrochloride 100mg by mouth at bedtime Take 1 tab by mouth at bedtime for sleep.
Furosemide - Furosemide 20 mg 1 tab by mouth once a day Take 1 tab daily forfluid retention.
Metoprolol Er - Hydrochlorothiazide: Metoprolol Succinate 50mg by mouth once a day Take 1/4 tab daily by mouth for blood pressure
Nystatin Cream - Nystatin Cream 100,000 units per gram topical twice a day Apply to the affected area twice daily.
Aleve - Naproxen Sodium 220mg by mouth in the morning Take t2o tabs e ery morning for arthritic pain.
Miralax - Polyethylene Glycol 3350 1 capful 17 grams by mouth in the morning Add 1 capsule17 grams of powder to 4-8 ounces of water

14. DME and Supplies:

wheelchair, rolling walker, hand held shower, bath bench, walker, grab bars, commode, cane, 4 wheeled walker

15. Safety Measures:

walker precautions, smoke detectors , emergency phone # clearly displayed, bathroom safety, , ambulates with device, ambulates with assistance, hand rails, , wheelchair precautions, , , , activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Bowel/Bladder Incontinence, Endurance, Ambulation, Hearing

18.B. Activities Permitted

Transfer bed/Chair, Up As Tolerated, Walker, Exercises Prescribed

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: 3. During the day and evening, but not constantly, 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, 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: 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
patient 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:

The patient is a 98-year-old female residing with her daughter, Donna, in a two-story townhouse in Baltimore County, Maryland. The patient's bedroom is located on the second floor and is accessed via a stair lift. The patient experienced an episode of influenza around Christmas and reports that she has not fully recovered since that time. Since the onset of illness, the patient has been unable to access the main living level of the home due to profound weakness, fatigue, and decreased activity tolerance. Upon nursing assessment, the patient was found lying in bed and reported generalized weakness, persistent fatigue, and an overall sense of not feeling well. The patient's daughter reported that the patient has been unable to ambulate more than short distances and is unable to remain upright for extended periods secondary to exhaustion and shortness of breath. The daughter also noted a significant decline from the patient's baseline, as the patient is typically meticulous about her appearance, including hair grooming and wearing dentures, but has lacked the energy and motivation to perform these tasks for several weeks, which is uncharacteristic for her. A comprehensive nursing assessment was completed, during which the patient was noted to have oxygen saturation levels ranging between 88-90% on room air. Given the patient's symptomatic presentation, hypoxia, and absence of a chronic respiratory diagnosis aside from recent influenza, the registered nurse determined that further medical evaluation was necessary. The patient's past medical history is significant for hypertension, hyperlipidemia, atrial fibrillation on anticoagulation therapy, aortic stenosis, cerebrovascular accident, coronary artery

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/09/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Van Lomis
9106 Philadelphia Road Suite 308
Baltimore, MD 21237
PHONE: 410-687-4004 FAX: 14106871736 NPI: 1689765059

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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disease, secondary polycythemia, and cognitive impairment. Due to concern for hypoxia and overall clinical decline, the patient was sent to Franklin Square Hospital for further evaluation. Start of care was completed. Following referral, the patient was evaluated for skilled home health physical and occupational therapy services. The patient presents with significant functional limitations, including impaired bed mobility, decreased ability to perform functional transfers, reduced standing tolerance and balance, diminished bilateral upper extremity strength, decreased activity tolerance, and impaired functional ambulation. These deficits are compounded by ongoing fatigue, shortness of breath, and decreased cognition following her recent influenza illness. Prior to the current decline, the patient required extensive assistance with self-care, functional transfers, and ambulation; however, her current functional status reflects a further reduction in independence and safety. Skilled physical therapy is medically necessary to address deficits in bed mobility, transfers, balance, strength, and ambulation to promote safe mobility and reduce fall risk. Skilled occupational therapy is recommended to address impairments in self-care performance, upper extremity strength, standing tolerance, and functional task participation, as well as to provide caregiver education and training. The overall plan of care focuses on improving functional independence to the greatest extent possible, ensuring patient safety within the home environment, and supporting the caregiver in managing the patient's current needs.
 Date of Order 01/09/2026 Orders Physician Face-to-Face Date: 01/02/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN medication and disease management, PR eval and treat, OT eval and treat due to Unspecified Dementia, Unspecified Severity, Without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, And Anxiety 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 Lomis, Van

SN Careplans

SN WK1: 1 (01/09/26-01/10/26) ,WK2: 1 (01/11/26-01/17/26) ,WK3: 1 (01/18/26-01/24/26) ,WK5: 1 (02/01/26-02/07/26) ,WK7: 1 (02/15/26-02/21/26) ,WK9: 1 (03/01/26-03/07/26)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 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: M1745 - Behavioral Issues, M1700 - Cognition, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M2020 - Oral Med Management, itchy/runny nose, dizziness/syncope, lightheadedness, wheezing, lung sounds not clear, coughing, M1400 - Dyspnea, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, constipation, M1610 - Urinary Incontinence, poor muscle tone, limited range of motion, limited endurance, limited strength, muscle weakness, daytime fatigue, difficulty sleeping, B1000 - Vision Deficit, balance deficit, weak hand grips, lethargy, loss of appetite

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, teach/coordinate/arrange medication packaging and/or administration

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 keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * 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 increase caloric intake, related medication(s) purpose, schedule, * 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: I want to feel better so I can open Christmas present with my family.

GOALS
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
* 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 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 peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* 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/caregiver recalls
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/09/2026

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

caregiver performs medical/rehabilitation treatments with adequate competence

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

patient is adequately supervised

caregiver administers and/or packages medications appropriately

PT Careplans

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)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: 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: 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 - 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 - 06. Independent, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

PT Goals

PATIENT-STATED GOAL: Not to go back to hospital

GOALS
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 - 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 - 06. Independent

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

OT Careplans

OT WK2: 1 (01/11/26-01/17/26) ,WK3: 1 (01/18/26-01/24/26) ,WK5: 1 (02/01/26-02/07/26) ,WK7: 1 (02/15/26-02/21/26) ,WK9: 1 (03/01/26-03/07/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: Medication Review : Medication reviewed with patient and caregiver. All medications in home with AM pills taken prior to tx , equipment training, work simplification/energy conservation, transfers training, assist with bathing, assist with transferring, assist with mobility, assist with lower body dressing, assist with upper body dressing, assist with toileting

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, Oral Hygiene - 03. Partial/moderate 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 - 01. Dependent, Don/Doff Footwear - 01. Dependent, Eating - 05. Setup or clean-up assistance

OT Goals

PATIENT-STATED GOAL: Get up and out of the room

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

Oral Hygiene - 03. Partial/moderate 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 - 01. Dependent

Don/Doff Footwear - 01. Dependent

Eating - 05. Setup or clean-up assistance

HHA Careplans

HHA WK2: 2 (01/11/26-01/17/26) ,WK3: 2 (01/18/26-01/24/26) ,WK4: 2 (01/25/26-01/31/26) ,WK5: 2 (02/01/26-02/07/26) ,WK6: 2 (02/08/26-02/14/26) ,WK7: 2 (02/15/26-02/21/26) ,WK8: 2 (02/22/26-02/28/26) ,WK9: 2 (03/01/26-03/07/26)

HHA Goals

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/09/2026