

Home Health Certification and Plan of Care				Order ID: 1150/15388	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
34178625		01/10/2026		From: 01/10/2026 To: 03/10/2026	
				4. Medical Record No.	
				21290	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Janet Gunther			HomeCentris Healthcare LLC		
717 Maiden Choice Lane APT 525,			10 Crossroads Drive, Suite 102		
Catonsville, MD 21228-			Owings Mills, MD 21117-8284		
301-708-4522			410-321-8448		
			1487113239		
SN WK1: 1 (01/10/26-01/10/26) ,WK2: 1 (01/11/26-01/17/26) ,WK3: 2 (01/18/26-01/24/26) ,WK4: 2 (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)			PATIENT-STATED GOAL: I want the edema managed		
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			GOALS		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			patient/caregiver recalls		
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications			* lifestyle modifications to manage cardiac condition including symptom management		
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			* diet changes		
PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, Home Safety, meal preparation, M1400 - Dyspnea, swelling in the arms/legs, dependent edema, M1610 - Urinary Incontinence, frequent urination, poor muscle tone, muscle weakness, limited endurance, limited strength, limited range of motion, open sores/lesions			* regular exercise		
PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , apply anti-embolitic stockings, apply compression bandage			* getting enough sleep		
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, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation recalls, * 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, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals			* recalls related medication(s) purpose, schedule		
OT Careplans			patient/caregiver recalls		
OT 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)			* how to optimize mental status with cognition therapy		
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			* home safety		
PROCEDURES: ADLS , Patient/caregiver recalls related purpose and schedule of medications: Medications review , cough/deep breathing exercises, therapeutic exercises,			* optimize mobility with active and passive range of motion therapeutic exercises		
OT Goals			* diet and fluids to optimize peripheral circulation		
PATIENT-STATED GOAL: Patient wants to get better			* recalls		
GOALS			patient/caregiver recalls		
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		
* lifestyle modifications to manage respiratory condition including			* teach relaxatio		
* diet changes and regular exercise			patient/caregiver recalls		
* strategies to control shortness of breath			* diet		
* home remedies to keep lungs healthy			* weight-bearing exercises to promote bone healing and strengthening		
* recalls related medicatio			* fluids to prevent constipation		
patient/caregiver recalls			* home safety		
* urinary incontinence management including bladder training			* pain control		
* Kegel exercises			* recalls related medication(s) purpose, schedule		
* skin care			patient/caregiver recalls		
* recalls related medication(s) purpose, schedule			* lifestyle modifications to manage respiratory condition including		
patient self-administers medications as prescribed			* diet changes and regular exercise		
* recalls related medication(s) purpose, schedule			* strategies to control shortness of breath		
patient's living environment is clean/uncluttered			* home remedies to keep lungs healthy		
meal preparation is available to patient for all meals			* recalls related medicatio		
Signature of Physician:			Date		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			01/10/2026		

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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 - 03. Partial/moderate assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 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		* 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 - 03. Partial/moderate assistance Upper Body Dressing - 05. Setup or clean-up assistance Lower Body Dressing - 03. Partial/moderate assistance Don/Doff Footwear - 03. Partial/moderate assistance Eating - 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		

Signature of Physician:	Date PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist: Electronically Signed by Messick, Charles RN	Date 01/10/2026