

Home Health Certification and Plan of Care				Order ID: 1150/15394	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
5EJ7U89CE49		01/08/2026		From: 01/08/2026 To: 03/08/2026	
				4. Medical Record No.	
				14621	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Esther Jacobs 6002 Berkeley ave, BALTIMORE, MD 21209- 301-273-5652				HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239	
8. DOB				9. Sex	
06/08/1942				Female	
11. ICD J90.		Principal Diagnosis		Date	
		Pleural effusion not elsewhere classified		01/08/26	
13. ICD J96.01 F01.50 I48.91 I25.10 E11.22 N18.4 K74.60 Z79.01 Z79.899 Z99.81 Z79.84 Z90.5 Z87.440 Z87.891		Other Pertinent Diagnoses		Date	
		Acute respiratory failure with hypoxia		01/08/26	
		Vascular dementia unsp severity without beh/psych/mood/anx		01/08/26	
		Unspecified atrial fibrillation		01/08/26	
		AthscI heart disease of native coronary artery w/o ang pctrs		01/08/26	
		Type 2 diabetes mellitus w diabetic chronic kidney disease		01/08/26	
		Chronic kidney disease stage 4 (severe)		01/08/26	
		Unspecified cirrhosis of liver		01/08/26	
		Long term (current) use of anticoagulants		01/08/26	
		Other long term (current) drug therapy		01/08/26	
		Dependence on supplemental oxygen		01/08/26	
		Long term (current) use of oral hypoglycemic drugs		01/08/26	
		Acquired absence of kidney		01/08/26	
		Personal history of urinary (tract) infections		01/08/26	
		Personal history of nicotine dependence		01/08/26	
14. DME and Supplies:				15. Safety Measures:	
cane, wheelchair, 4 wheeled walker				walker precautions, , , diabetic precautions, supervision at all times, transfer with assist, wheelchair precautions, , bathroom safety, activity supervision	
16. Nutrition:				17. Allergies:	
low sodium, cardiac diet				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
Endurance, Ambulation, Hearing				Up As Tolerated	
19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, 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:				22.B.Discharge Plans	
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.				family/caregiver will be responsible for managing treatment	
Homebound status: Due to diagnosis of Pleural Effusion Not Elsewhere Classified , 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: <div>The patient is an 83-year-old female admitted to home health services following a recent short-term acute care hospitalization for decompensated volume overload related to cirrhosis. Her past medical history is significant for vascular dementia, coronary atherosclerosis, atrial fibrillation managed with apixaban, type 2 diabetes mellitus, chronic kidney disease status post right nephrectomy, cirrhosis, congestive heart failure, anemia, bipolar disorder, major depressive disorder, prior right hip fracture, and prior right ankle fracture. She resides in an apartment attached to her son's home and has a 24/7 private in-home health aide who assists with activities of daily living as needed. On admission <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert and oriented to person, place, and time, intermittently oriented to situation (x3-4), and denied pain or shortness of breath. She ambulates with a rollator and currently requires skilled nursing, physical therapy, and occupational therapy services. Physical <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed bilateral lower extremity trace to +1 edema with several scabbed-over sores, expiratory wheezing noted on lung auscultation, positive bowel sounds, and palpable pulses in all four extremities. The patient's height is 5'5" and weight is 153 lbs; she is weighed daily by the aide. The patient and her son-in-law reported a recent increase in weight over the past several days, as well as worsening bilateral lower extremity edema since returning home. The son-in-law plans to discuss the recent weight gain with the cardiologist. The patient reports difficulty with elimination, stating she must manually stimulate herself to initiate urination, though she denies pain, burning, or urgency. Additionally, both the patient and aide report that she requires manual rectal stimulation to have a bowel movement; her last bowel movement was yesterday. A physical therapy evaluation was completed, noting that prior to hospitalization the patient ambulated with supervision using a rollator. Currently, she demonstrates decreased bilateral lower extremity strength (3/5 MMT), requires contact guard assistance for transfers and short-distance ambulation with a rolling walker, and is limited by generalized weakness, shortness of breath, and severe insomnia, at times reporting no sleep at all. Skilled physical therapy is indicated to improve strength, balance, safety, and functional mobility in order to facilitate a return to her prior level of function. An occupational therapy evaluation determined that the patient presents with deficits in activities of daily living, functional activity tolerance, functional mobility, and safety. She would benefit from skilled occupational therapy services one time per week for four weeks to address ADL training, adaptive equipment training, functional mobility training, and therapeutic exercises. Admission <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, vital signs, and admission interview were completed, and the plan of care includes ongoing skilled nursing oversight, therapy services, patient and caregiver education, and close monitoring of edema, weight changes, functional status, and elimination patterns.</div><div> </div><div></div><div>Date of Order</div><div>01/08/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 12/29/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat, OT eval and treat, HHA due to Pleural Effusion Not Elsewhere					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 01/08/2026					
24. Physician's Name and Address				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.	
Julian Jakobovits 2835 Smith Ave Baltimore, MD 21209 PHONE: 4105800900 FAX: 14105800773 NPI: 1780615609				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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				4. Medical Record No. 14621	
				5. Provider No. 217058	
6. Patient's Name and Address Esther Jacobs 6002 Berkeley ave, BALTIMORE, MD 21209- 301-273-5652			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		
Classified </div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div> </div><div>1 - SOC - SN Notes: soc</div><div>PT Eval Notes:</div><div>OT Eval Notes:</div><div> </div><div>Physician</div><div>Jakobovits, Julian</div>					
SN Careplans			SN Goals		
SN WK1: 1 (01/08/26-01/10/26) ,WK2: 2 (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) 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, blood sugar < 60 > 300 CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance HOSPITALIZATION RISKS: 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 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, M2020 - Oral Med Management, M1400 - Dyspnea, delayed capillary refill, swelling in legs/around eyes, weight gain > 2lb/24 h OR 5lb/1 wk, wheezing, abnormal BS < 70/140 > mg/dL, M1600 - UTI, frequent urination, muscle weakness, limited range of motion, limited strength, limited endurance, B0200 - Hearing Deficit, weak hand grips, balance deficit, new incidence of rash, itchy skin PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver., cough/deep breathing exercises, glucose testing via monitor 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 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed , related medication(s) purpose, schedule			PATIENT-STATED GOAL: "I want to get back to painting and moving around more independently again." GOALS 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 * how to keep home safe for patient with dementia * coping strategies for the caregiver * recalls related medication(s) purpose, schedule patient/caregiver recalls * diabetic medication management * blood sugar testing * diabetic foot care * exercise * diabetic 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 * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * 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 * prevention including increase fluid intake * increase Vitamin C intake to promote acidic bladder environment (cranberry juice) * perineal hygiene * recalls related medication(s) purpose, schedule		
PT Careplans			PT Goals		
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 (02/22/26-02/28/26) ,WK9: 1 (03/01/26-03/07/26) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 Dyspnea, 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: Medication Review: - medications reviewed with patient/caregiver, cough/deep breathing exercises, therapeutic exercises, 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 - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, 1 - Step (curb) -			PATIENT-STATED GOAL: To be able to move around more 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 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		
Signature of Physician:			Date		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			01/08/2026		

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06. Independent, 12 Steps - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Car Transfer - 06. Independent, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, Medication Review		1 - Step (curb) - 06. Independent 12 Steps - 02. Substantial/maximal assistance 4 Steps - 02. Substantial/maximal assistance Car Transfer - 06. Independent Picking Up Object - 02. Substantial/maximal assistance Walk 10 Feet - 02. Substantial/maximal assistance Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance Walk 150 Feet - 02. Substantial/maximal assistance Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance Medication Review		
OT Careplans 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) 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: cough/deep breathing exercises, equipment training, work simplification/energy conservation 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 - 05. Setup or clean-up assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 04. Supervision or touching 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 - 05. Setup or clean-up assistance		OT Goals PATIENT-STATED GOAL: To get stronger 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 - 05. Setup or clean-up assistance Toileting Hygiene - 03. Partial/moderate assistance Shower/Bathe Self - 04. Supervision or touching 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 - 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	01/08/2026