Home Health Certification and Plan of Care

Order ID: 1150/15424

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
94309236	01/12/2026	From: 01/12/2026 To: 03/12/2026	21236	217058

6. Patient's Name and Address
Alice Baty
11913 Tarragon Road Apt E,
Reisterstown, MD 21136-
210-744-9956

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 09/19/1947 | 9.Sex Female

11. ICD	Principal Diagnosis	Date
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	01/12/26

13. ICD	Other Pertinent Diagnoses	Date
J43.9	Emphysema unspecified	01/12/26
J10.1	Flu due to oth ident influenza virus w oth resp manifest	01/12/26
J96.21	Acute and chronic respiratory failure with hypoxia	01/12/26
I10.	Essential (primary) hypertension	01/12/26
E78.5	Hyperlipidemia unspecified	01/12/26
M81.0	Age-related osteoporosis w/o current pathological fracture	01/12/26
E43.	Unspecified severe protein-calorie malnutrition	01/12/26
K21.9	Gastro-esophageal reflux disease without esophagitis	01/12/26
Z79.82	Long term (current) use of aspirin	01/12/26
Z79.51	Long term (current) use of inhaled steroids	01/12/26
Z99.81	Dependence on supplemental oxygen	01/12/26

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

Budesonide-Formoterol (BREYNA) 160-4.5 mcg/actuation Inhl HFAA 2 PUFFS Oral TWICE DAILY INHALE 2 PUFFS BY MOUTH TWICE DAILY USING SPACER (THIS REPLACES SYMBICORT)
Buspar - Buspirone Hydrochloride 5 mg / 1 Tablet by mouth twice a day Take 1 tablet by mouth 2 times a day as needed
Tenormin - Atenolol 50 mg / 1 Tablet by mouth once a day
Pepcid - Famotidine 20 mg / 1 Tablet by mouth once a day Take 1 tablet by mouth daily as needed for heartburn
Aspirin (ECOTRIN LOW STRENGTH) Oral TBEC DR Tab 81 mg by mouth once a day
Duoneb - Albuterol Sulfate: Ipratropium Bromide 0.5 mg-3 mg(2.5 mg base)/3 mL inhalant every 6 hours Use 3 ML via nebulizer every 6 hours for WHEEZING
Albuterol (PROAIR/PROVENTIL/VENTOLIN) 90 mcg/actuation Inhl HFAA inhalant every 4 hours Inhale 2 puffs by mouth every 4 hours as needed for cough , shortness of breath or wheezing (Rescue inhaler)
Atrovent - Ipratropium Bromide 0.021 mg/spray (0.03 %) nasal three times a day Use 2 sprays in each nostril 3 times a day
Daliresp - Roflumilast 250 mcg / 1 Tablet by mouth once a day Take 1 tablet by mouth daily
Apresoline - Hydralazine Hydrochloride 10 mg 1 Tablet by mouth as necessary Take 1 tablet by mouth daily As needed for BP>140
Iron,Carbonyl-Vitamin C (VITRON C) 65 mg iron- 125 mg Oral TBEC DR Tab by mouth once a day Take 1 tablet by mouth daily
Singulair - Montelukast Sodium eq 10 mg base eq 10 mg baseeq 10 mg base1 Tablet by mouth Take 1 tablet by mouth every evening
Fosamax - Alendronate Sodium eq 70 mg base eq 70 mg base1 Tablet by mouth once a week Take 1 tablet by mouth; Takes on Sunday every week . Take in the morning with 8 ounces of water at least 30 minutes before the first food, drink or other medication of the day. Do not lie down for at least 30 minutes after swallowing this medication
B12 - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 1000mcg (1

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/12/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Eva Dicocco
7141 Security Blvd
Woodlawn, MD 21244
PHONE: 443-663-6000 FAX: 14436636215 NPI: 1598990624

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 : 01/06/2026

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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Tablet) by mouth once a day
Calcium With Vitamin D - Calcium Acetate 1200mg/1000iu (2 Tablets) by mouth once a day
Omega 3 Fish Oil - Cod Liver Oil 1200mg/360mg (2Tablets) by mouth once a day
Oxygen - Oxygen 2L inhalant continuous

14. DME and Supplies:
rolling walker, bath bench, walker, nebulizer, grab bars, oxygen supplies, cane, 4 wheeled walker

15. Safety Measures:
walker precautions, smoke detectors , no constrictive clothing, emergency phone # clearly displayed, bathroom safety, ambulates with device, , hand rails, ambulates with assistance, , , activity supervision

16. Nutrition:
regular

17. Allergies:
codeine doxycycline ether levaquin losartan magnesium mold oxycodone statin

18.A. Functional Limitations
Dyspnea With Minimal Exertion, Ambulation, Endurance

18.B. Activities Permitted
Walker, Exercises Prescribed, Up As Tolerated

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: 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

Homebound status: Due to diagnosis of Chronic Obstructive Pulmonary Disease With Exacerbation, 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 78-year-old widowed female residing in an apartment with her son. Her past medical history is significant for severe COPD/emphysema with chronic hypoxemic respiratory failure requiring 2 L of oxygen as needed with activity, hypertension, hyperlipidemia, palpitations, and bilateral cataracts. She was recently directly admitted to the hospital for a COPD exacerbation secondary to Influenza A and has since been discharged home. The patient denies symptoms of depression or anxiety. She is edentulous and owns dentures; however, she reports that they do not fit properly. She has cataracts in both eyes and has declined surgical intervention. Since hospitalization, the patient presents with generalized deconditioning, bilateral lower extremity weakness, impaired balance, and decreased activity tolerance accompanied by exertional dyspnea. She ambulates primarily with a rollator but is able to ambulate short distances within the home without an assistive device, using the rollator as needed for safety and endurance. She demonstrates reduced functional endurance, placing her at increased risk for falls and potential rehospitalization. From a functional standpoint, the patient is independent with upper and lower body dressing and bathing tasks, utilizing a tub chair in the shower as needed. She safely performs sit-to-stand transfers, toilet transfers, and tub transfers using appropriate techniques without the need for verbal cues. Manual muscle testing reveals normal bilateral upper extremity strength at 5/5. Based on occupational therapy <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient is functioning at her baseline level for activities of daily living and does not require ongoing skilled OT services at this time. Skilled home health physical therapy is medically necessary to address the patient's deconditioning, lower extremity weakness, impaired balance, gait mechanics, and decreased activity tolerance. The plan of care will focus on strengthening, balance training, energy conservation techniques, safe mobility within the home, and fall risk reduction in order to improve functional independence and prevent rehospitalization.
 Date of Order 01/12/2026 Orders Physician Face-to-Face Date: 01/06/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat, OT eval and treat, HHA due to Chronic Obstructive Pulmonary Disease With Exacerbation 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 Dicocco, Eva

SN Careplans

SN WK1: 1 (01/12/26-01/17/26) ,WK2: 1 (01/18/26-01/24/26) ,WK3: 1 (01/25/26-01/31/26) ,WK4: 1 (02/01/26-02/07/26) ,WK5: 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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 4. Multiple emergency department visits (2 or more) in the past 6 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102c - Med Admin

SN Goals

PATIENT-STATED GOAL: Patient states "I want to be independent again and not have to wear my oxygen continuously."

GOALS
patient/caregiver recalls
* dietary guidelines for managing nutritional deficit
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient is adequately supervised

caregiver administers and/or packages medications appropriately

Signature of Physician:

Date

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

Date
01/12/2026

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PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102 - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, limited endurance, limited strength

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , Educate proper diet : -Encourage increased protein -Encourage small frequent meals/bites throughout the day -Encourage good hydration -Encourage dietary supplements to add extra calories., cough/deep breathing exercises, incentive spirometer: Educate on both IS and Flutter., teach/coordinate/arrange medication packaging and/or administration

TEACH PATIENT/CAREGIVER: * dietary guidelines for managing nutritional deficit, related medication(s) purpose, schedule, * 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, patient is adequately supervised, caregiver administers and/or packages medications appropriately

PT Careplans

PT WK1: 1 (01/12/26-01/17/26) ,WK2: 1 (01/18/26-01/24/26) ,WK3: 1 (01/25/26-01/31/26) ,WK4: 1 (02/01/26-02/07/26)

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., B LE mm strengthening, 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 on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 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

PT Goals

PATIENT-STATED GOAL: not to go back to hospital

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

OT Careplans

OT WK1: 1 (01/12/26-01/17/26)

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

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 - 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: Eval only

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

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

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/12/2026