

Home Health Certification and Plan of Care				Order ID: 1150/15001					
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
7KR8NP4MQ44		12/11/2025		From: 12/11/2025 To: 02/08/2026		20319		217058	
6. Patient's Name and Address Denise Truitt 5 Solar Cir Apt D, PARKVILLE, MD 21234- 443-927-4173					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 02/05/1950 9.Sex Female					10. Medications: Dose/Frequency/Route (N)ew (C)hanged				
11. ICD J44.89		Principal Diagnosis Other specified chronic obstructive pulmonary disease			Date 12/11/25		Atorvastatin - Atorvastatin Calcium 80 mg , Take 1 tablet(s) by mouth once a day Take 1 tablet(s) every day by oral route as directed. Pantoprazole - Pantoprazole Sodium 40 mg , Take 1 tablet(s) by mouth once a day Take 1 tablet(s) every day by oral route before meal(s). Acetaminophen - Acetaminophen 500 mg,Take 2 tablet(s) by mouth every 8 hours Take 2 tablet(s) every 8 hours by oral route as directed. Quetiapine Fumarate - Quetiapine Fumarate 25 mg, Take 1 tablet(s) by mouth at bedtime Take 1 tablet(s) every day by oral route at bedtime. Oxycodone - Ibuprofen: Oxycodone Hydrochloride 10 mg, TAKE 1 TABLET by mouth every 8 hours TAKE 1 TABLET BY MOUTH EVERY 8 HOURS AS NEEDED FOR 30 DAYS Eliquis - Apixaban 2.5 mg, Take 1 tablet(s) by mouth twice a day Take 1 tablet(s) twice a day by oral route as directed. Budesonide - Budesonide 0.5 mg/2 mL, Inhale 2 mL inhalant twice a day budesonide 0.5 mg/2 mL suspension for nebulization Inhale 2 mL twice a day by nebulization route as directed. Gabapentin - Gabapentin 300 mg , Take 1 capsule(s) by mouth once a day Take 1 capsule(s) every day by oral route as directed. Folic Acid - Folic Acid 1 mg, Take 1 tablet(s) by mouth once a day Take 1 tablet(s) every day by oral route as directed. Hydrocortisone - Hydrocortisone 2.5% topical cream, APPLY A THIN LAYER TOPICALLY topical twice a day PPLY A THIN LAYER TOPICALLY TO THE AFFECTED AREA S) 2 TIMES A DAY Senna - Senna 8.6 mg-50 mg, Take 1 tablet(s) by mouth twice a day Take 1 tablet(s) twice a day by oral route as directed. Oxygen - Oxygen 2.5L nasal cannula at bedtime SOB, wheezing		
14. DME and Supplies: wheelchair, hospital bed, commode, oxygen supplies, wound care supplies					15. Safety Measures: wheelchair precautions, standard precautions, non-weight bearing RLE, non-weight bearing LLE, fall precautions, bleeding precautions, O2 precautions, medication safety, bedrails up while in bed, bathroom safety, anticoagulant precautions				
16. Nutrition: regular					17. Allergies: codeine				
18.A. Functional Limitations Dyspnea With Minimal Exertion, Ambulation					18.B. Activities Permitted Wheelchair				
19. Mental & Psychosocial 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: Yes									
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 patient will be responsible for managing treatment				
Homebound status: Due to diagnosis of Other specified chronic obstructive pulmonary disease, 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:		<p class="MsoNoSpacing">The patient is a 75-year-old female with a past medical history significant for COPD, CHF, arthritis, asthma, and hypertension, who was recently hospitalized for shortness of breath, wheezing, and a bark-like cough. She is alert and oriented 4 and is currently receiving oxygen at 2.5 L/min, used intermittently at night or as needed, though she is also noted to be on continuous oxygen at this rate. The patient reports occasional shortness of breath, right leg pain, exhaustion, and severe generalized weakness, and appears emaciated. She is wheelchair-bound, non-weight-bearing to both lower extremities, with bilateral ankle inversion deformities, and requires maximum assistance with transfers and all activities of daily living. She has a necrotic right leg wound and a right heel ulcer; wound care was previously managed by MedStar Home Health, though no wound care orders were included on the hospital discharge, and follow-up with the primary care provider is planned. The patient resides with her son, who is her primary caregiver and assists with all self-care, functional mobility, transfers, and household tasks. Currently, the patient demonstrates decreased sitting balance, sitting tolerance, bilateral upper extremity strength, and overall activity tolerance, resulting in the need for extensive assistance with self-care and mobility. Skilled occupational therapy services are recommended to address these deficits and support a return toward her prior level of function.<o:p></o:p></p> <p class="MsoNoSpacing"><o:p>&nbsp;</o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">12/11/2025<o:p></o:p></p> <p class="MsoNoSpacing">Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 12/05/2025
 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat DX: Other specified chronic obstructive pulmonary disease
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p></p> <p class="MsoNoSpacing">
 1 - SOC - SN Notes: <o:p></o:p></p> <p class="MsoNoSpacing">PT Eval Notes:
 OT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Hickson, Nicole</p>							
SN Careplans					SN Goals				
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 12/11/2025					25. Date HHA Received Signed POT				
24. Physician's Name and Address Nicole Hickson 1120 N Charles St Ste 400 Baltimore, MD 21201 PHONE: 4437393889 FAX: 18339750904 NPI: 1073157459					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 : 12/05/2025				
27. Attending Physician's Signature and Date Signed 12/23/2025 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. PAGE 1 of 3				

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SN WK1: 1 (12/11/25-12/13/25) ,WK2: 1 (12/14/25-12/20/25) ,WK3: 1 (12/21/25-12/27/25) ,WK4: 1 (12/28/25-01/03/26) ,WK5: 2 (01/04/26-01/10/26) ,WK6: 2 (01/11/26-01/17/26) ,WK7: 2 (01/18/26-01/24/26) ,WK8: 2 (01/25/26-01/31/26) ,WK9: 2 (02/01/26-02/07/26) 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: 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; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed. Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day. Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions. Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake. Provide education content at patient's level of health literacy. Assess/Instruct Pt/Pcg: Safety measures to prevent injury. Assess: Musculoskeletal status. Teach Pt/PCg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage. Pt/PCg educated in pain management techniques including positioning and relaxation techniques Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education., Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing. ; 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: D0160 - Depression, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, heartburn/indigestion, frequent urination, muscle weakness, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, open sores/lesions, #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Right Heel - , #2 - Open Wound - Anterior Right Foot - PROCEDURES: Medication Review: Medication reviewed with patient /caregiver., cough/deep breathing exercises, physician-ordered wound care 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 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 relaxation skills and diversional activities, related medication(s) purpose, schedule, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * low-fat diet lifestyle modifications to manage esophageal condition, 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 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-STATED GOAL: For wound to heal 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 medication(s) purpose, schedule patient/caregiver recalls * how to achieve wound healing including cleaning and dressing wound * position changes * skin care * diet modification * record wound measurements * recalls related medication(s) purpose, schedule 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 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 medication(s) purpose, schedule patient/caregiver recalls * low-fat diet * lifestyle modifications to manage esophageal condition * recalls related medication(s) purpose, schedule patient/caregiver recalls * depression-prevention strategies including avoidance of isolation * healthy eating * sleeping habits * identification of activities that bring pleasure * preventive care * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule 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 relaxation skills and diversional activities * 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		
PT Careplans		PT Goals		
Signature of Physician:		Date		
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Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by Messick, Charles RN		12/11/2025		

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PT WK2: 1 (12/14/25-12/20/25) ,WK4: 2 (12/28/25-01/03/26) ,WK5: 2 (01/04/26-01/10/26) ,WK6: 2 (01/11/26-01/17/26) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400 Dyspnea, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, 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: The medication was reviewed with the patient , Home exercises: Long arc , slr le abd/add---10x2 reps , cough/deep breathing exercises, incentive spirometer, wheelchair training, gait training on uneven surfaces, 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 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 relaxation skills and diversional activities, related medication(s) purpose, schedule, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, 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, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent			PATIENT-STATED GOAL: To walk again GOALS Chair to Bed to Chair - 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 medication(s) purpose, schedule Wheel 50 ft w 2 Turns - 06. Independent 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 relaxation skills and diversional activities * recalls related medication(s) purpose, schedule Wheel 150 feet - 06. Independent Sit to Stand - 06. Independent Toilet Transfer - 05. Setup or clean-up assistance 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 WK2: 1 (12/14/25-12/20/25) ,WK5: 1 (01/04/26-01/10/26) ,WK6: 1 (01/11/26-01/17/26) ,WK7: 1 (01/18/26-01/24/26) ,WK8: 1 (01/25/26-01/31/26) ,WK9: 1 (02/01/26-02/07/26) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, 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 PROCEDURES: Medication Review: Medication reviewed with patient and caregiver. All listed medications in the home., equipment training, work simplification/energy conservation, transfers training, assist with bathing, assist with toilet transferring, assist with transferring, assist with lower body dressing, assist with upper body dressing, therapeutic exercises 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 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 relaxation skills and diversional activities, related medication(s) purpose, schedule, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 05. Setup or clean-up assistance			OT Goals PATIENT-STATED GOAL: Get on the commode 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 medication(s) purpose, schedule 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 relaxation skills and diversional activities * recalls related medication(s) purpose, schedule Oral Hygiene - 05. Setup or clean-up assistance Toileting Hygiene - 06. Independent Shower/Bathe Self - 03. Partial/moderate assistance Upper Body Dressing - 05. Setup or clean-up assistance Lower Body Dressing - 05. Setup or clean-up assistance Don/Doff Footwear - 05. Setup or clean-up 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	12/11/2025