# Home Health Certification and Plan of Care

**Order ID: 1150/15455**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 27355818 | 01/16/2026 | From: 01/16/2026 To: 03/16/2026 | 21477 | 217058 |

**6. Patient's Name and Address**
Norma Panico
4717 Wigglesworth Court,
Ellicott City, MD 21043-
3158763855

**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** 04/11/1952 | **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| M54.16 | Radiculopathy lumbar region | 01/16/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| I10. | Essential (primary) hypertension | 01/16/26 |
| I34.0 | Nonrheumatic mitral (valve) insufficiency | 01/16/26 |
| J44.9 | Chronic obstructive pulmonary disease unspecified | 01/16/26 |
| K21.9 | Gastro-esophageal reflux disease without esophagitis | 01/16/26 |
| R13.10 | Dysphagia unspecified | 01/16/26 |
| M81.0 | Age-related osteoporosis w/o current pathological fracture | 01/16/26 |
| F33.0 | Major depressive disorder recurrent mild | 01/16/26 |
| I25.10 | Athscl heart disease of native coronary artery w/o ang pctrs | 01/16/26 |
| E78.5 | Hyperlipidemia unspecified | 01/16/26 |
| G25.0 | Essential tremor | 01/16/26 |
| G25.81 | Restless legs syndrome | 01/16/26 |
| Z85.3 | Personal history of malignant neoplasm of breast | 01/16/26 |
| Z85.118 | Personal history of malignant neoplasm of bronchus and lung | 01/16/26 |
| Z87.01 | Personal history of pneumonia (recurrent) | 01/16/26 |
| Z98.1 | Arthrodesis status | 01/16/26 |

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

Lyrica - Pregabalin 2 capsules Oral daily at bedtime Take 2 capsules by mouth daily at bedtime
Desyrel - Trazodone Hydrochloride 150 mg Oral every evening Take 150 mg by mouth every evening
Accuneb - Albuterol Sulfate 2 Puffs Inhalation every 4 hours as needed for shortness of breath Inhale 2 Puffs by mouth every 4 hours as needed for shortness of breath
Sertraline - Sertraline Hydrochloride 200 mg Oral every morning Take 200 mg by mouth every morning
Budesonide - Budesonide 0.5 mg Inhalation 2 times a day Inhale 0.5 mg by mouth 2 times a day
Meloxicam - Meloxicam 7.5 mg by mouth once a day For pain
Atorvastatin - Atorvastatin Calcium 40 mg by mouth once a day For HLD
Hydroxyzine Pamoate - Hydroxyzine Pamoate eq 25 mg hcl by mouth at bedtime For anxiety
Montelukast Sodium - Montelukast Sodium 10 mg by mouth at bedtime For allergies
Benzonatate - Benzonatate 100 mg by mouth three times a day For cough as needed
Metoprolol Succinate - Metoprolol Succinate 12.5 mg by mouth once a day For blood pressure
Pantoprazole - Pantoprazole Sodium 40 mg 40 mg by mouth once a day Take 1 tablet by mouth daily, Gerd

**14. DME and Supplies:**
reacher, bath bench, rolling walker, cane

**15. Safety Measures:**
ambulates with device, standard precautions, fall precautions

**16. Nutrition:**
Z. NO PHYSICIAN-ORDERED DIET

**17. Allergies:**
penicillinn

**18.A. Functional Limitations**
Endurance

**18.B. Activities Permitted**
No Restrictions

**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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

**20. Prognosis:** good

**22. A Rehabilitation Potential:**
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

**22.B.Discharge Plans**
family/caregiver will be responsible for managing treatment

**Homebound status:** Due to diagnosis of Radiculopathy lumbar region, 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 73-year-old woman status post C4-C7 anterior cervical discectomy and fusion (ACDF) on 12/15/25 for cervical myelopathy secondary to spinal compression, previously presenting with neck pain, balance impairment, and upper-extremity weakness. Postoperatively, she developed bilateral lower-extremity weakness and was hospitalized for three days due to concerns for cardiac rhythm abnormalities related to mitral valve regurgitation and was diagnosed with pneumonia. She reports a history of dysphagia that worsened following cervical surgery. Her past medical history is significant for cervical myelopathy, postural instability of gait, bilateral lower-extremity weakness, COPD, CAD, hypertension, hyperlipidemia, osteoporosis, cervical spondylosis, spinal stenosis, lung cancer, and right breast cancer. The patient resides in a single-family home with a first-floor setup and lives with her daughter and family. She ambulates with a rolling walker or cane and is required to wear a hard cervical collar until the end of January. On evaluation, she demonstrates bilateral upper-extremity weakness (4-/5 MMT), bilateral lower-extremity weakness (knees 3+/5, hips/ankles 4-/5), fair static and fair-minus dynamic standing balance, impaired gait mechanics, and reduced endurance. Bed mobility requires supervision; sit-to-stand, stand-pivot, and toilet transfers require contact guard assistance, and ambulation is limited to 50-75 feet with minimal assistance due to slow cadence, variable gait speed, and impaired motor control. She requires assistance with dressing, bathes using a tub bench, and is limited by balance deficits, endurance, and blurred vision, placing her at high risk for falls. Skilled home health physical therapy is medically necessary to address strength, balance, gait safety, and endurance deficits to improve functional independence, reduce fall risk, and support safe recovery following cervical spine surgery.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 01/16/2026<br> Order<o:p></o:p> Physician Face-to-Face Date: 01/13/2026<br> Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat DX: Radiculopathy lumbar region<br> 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> <br> 1 - SOC - OT Notes:<br> PT Eval Notes:<o:p></o:p> Physician: Lee, Alicia

**SN Careplans**

**SN Goals**

**23. Signature and Date of Verbal SOC Where Applicable:**
Electronically Signed by Messick, Charles RN on 01/16/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
Alicia Lee
7070 Samuel Morse Dr
Columbia, MD 21046
PHONE: 4103094600 FAX: 14103093357 NPI: 1194023929

**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 : 01/13/2026

**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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## PT Careplans

PT WK2: 1 (01/18/26-01/24/26) ,WK3: 2 (01/25/26-01/31/26) ,WK4: 2 (02/01/26-02/07/26) ,WK5: 1 (02/08/26-02/14/26) ,WK6: 1 (02/15/26-02/21/26) ,WK7: 1 (02/22/26-02/28/26)

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 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 fall while walking

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 (01/16/26-01/17/26) ,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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 5. Decline in mental, emotional, or behavioral status 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating, D0160 - Depression, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, heartburn/indigestion, Pain Interference with ADLs, balance deficit

PROCEDURES: Therapeutic exercises , Patient/caregiver recalls related purpose and schedule of medications: Medication review , cough/deep breathing exercises, transfers training

TEACH PATIENT/CAREGIVER: * 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, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, related medication(s) purpose, schedule, *

## OT Goals

PATIENT-STATED GOAL: Patient wants to get better

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

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

patient/caregiver recalls
* diet
* weight-bearing exercises to promote bone healing and strengthening
* fluids to prevent constipation
* home safety
* pain control
* 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

Sit to Stand - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Signature of Physician:

Date



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

Date
01/16/2026

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strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, 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

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Eating - 06. Independent

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 01/16/2026 |