Home Health Certification and Plan of Care

Order ID: 1150/15468

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
351283607	01/15/2026	From: 01/15/2026 To: 03/15/2026	21447	217058

6. Patient's Name and Address

Marquita Bady
1057 Carbondale Way,
GAMBRILLS, MD 21054-
202-369-1493

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 11/20/1983 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S82.841D	Displ bimalleol fx r low leg subs for clos fx w routn heal	01/15/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	01/15/26
G62.9	Polyneuropathy unspecified	01/15/26
E78.5	Hyperlipidemia unspecified	01/15/26
N02.B9	Other recurrent and persistent immunoglobulin A nephropathy	01/15/26
F32.A	Depression unspecified	01/15/26
G89.29	Other chronic pain	01/15/26
Z94.0	Kidney transplant status	01/15/26
Z79.01	Long term (current) use of anticoagulants	01/15/26
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	01/15/26

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

Eliquis - Apixaban 2.5 mg Oral 2 TIMES A DAY
Col-Probenecid - Colchicine: Probenecid 0.6 mg mouth daily At onset of gout flare (Day 1): take 2 tablets (1.2 mg) by mouth for 1 dose, then 1 tablet (0.6 mg) 1 hour later. Starting Day 2: Take 1 tablet (0.6 mg) 2 times a day for 3 days or until flare resolves, then 1 tablet daily
Cellcept - Mycophenolate Mofetil 500 mg Oral 2 TIMES A DAY
Cymbalta - Duloxetine Hydrochloride 60 MG
Carvedilol - Carvedilol 3.125 mg / 1 Tablet by mouth twice a day WITH MEALS. Commonly known as: COREG
Atorvastatin - Atorvastatin Calcium 40 mg / 1 Tablet by mouth once a day For cholesterol and heart protection. Commonly known as: LIPITOR
Gabapentin - Gabapentin 300 mg / 1 Capsule by mouth twice a day Take 3 Capsules (900 mg total) by mouth 2 times daily. Commonly known as: NEURONTIN
Nortriptyline Hydrochloride - Nortriptyline Hydrochloride eq 50 mg base / 1 Capsule by mouth at bedtime Commonly known as: PAMELOR
OZEMPIC (0.25 OR 0.5 MG/DOSE) SC subcutaneous once a week Administer 2 mg by subcutaneous injection once a week
Tacrolimus - Tacrolimus eq 1 mg base / 1 Capsule by mouth twice a day Take 5 Capsules (5 mg total) by mouth 2 times daily. Commonly known as: PROGRAF
Venlafaxine Hydrochloride - Venlafaxine Hydrochloride eq 37.5 mg base / 1 Capsule by mouth once a day Commonly known as: EFFEXOR-XR
oxycodoneAcetaminophen 7. 5mg-325 mg tablet by mouth as necessary Take 1 tab by mouth every 8 hours as needed for moderate to severe pain. May take 1 extra tablet as needed for breakthrough pain, maximum of 4 tablets in 24 hours
Amen - Medroxyprogesterone Acetate 2.5 mgs by mouth once a day
Climara - Estradiol 0.025 mg/24hr 1 patch subcutaneous once a week

14. DME and Supplies:

wheelchair, rolling walker, hand held shower

15. Safety Measures:

transfer with assist, , avoid temperature extremes, ambulates with device, wheelchair precautions, , non-weight bearing RLE, ambulates with assistance, walker precautions, smoke detectors , , bathroom safety, activity supervision

16. Nutrition:

regular

17. Allergies:

latex nsaids

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Walker, Exercises Prescribed, Wheelchair, Transfer bed/Chair, 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: 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

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Displaced Bimalleolar Fracture Of Right Lower Leg, Subsequent Encounter For Closed Fracture With Routine Healing, 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/15/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Idongesit Attang
1221 Mercantile Lane
Largo, MD 20774
PHONE: FAX: NPI: 1114312758

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.

Home Health Certification and Plan of Care

Order ID: 1150/15468

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
351283607	01/15/2026	From: 01/15/2026 To: 03/15/2026	21447	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Marquita Bady 1057 Carbondale Way, GAMBRILLS, MD 21054- 202-369-1493	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

The patient is a 42-year-old female who was evaluated at start of care for home physical therapy following a syncopal episode on 1/11/26 that resulted in a fall and a right ankle fracture. She subsequently underwent open reduction and internal fixation of the right ankle on 1/12/26 and was discharged home with family assistance on 1/14/26. The patient is currently non-weight bearing on the right lower extremity and is residing on the ground level of her three-story home, sleeping on an air mattress with access to a ground-level bathroom and one small step required to enter the home. Family members are currently present at all times to assist with care, although her spouse is expected to return to work next week. Prior to this injury, the patient was an independent ambulator without the use of an assistive device. At the time of <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, medication reconciliation and home safety review were completed, the patient handbook was provided and reviewed, and the physical therapy plan of care was discussed and developed with the patient. The patient demonstrates significant functional limitations, including right ankle pain, decreased strength, decreased balance, unsteady gait, difficulty with transfers, impaired functional mobility, and difficulty negotiating steps, placing her at high risk for falls and further decline. She is currently able to ambulate approximately 35 to 45 feet by hopping with a walker while maintaining non-weight-bearing status on the right lower extremity, but requires assistance to do so safely. The patient is homebound, as she requires both an assistive device and the assistance of another person to safely leave the home, and the effort required to do so is taxing and unsafe given her current condition. Skilled home physical therapy is medically necessary to address deficits in strength, balance, gait, transfers, stair negotiation, and safety awareness in order to restore functional independence and reduce fall risk. Without skilled intervention, the patient is at increased risk for falls, further functional decline, and loss of independence. The patient is scheduled to follow up with her orthopedic surgeon in approximately two weeks to reassess healing and weight-bearing status, and therapy will continue to focus on maintaining non-weight-bearing precautions, improving mobility and safety within the home, and preparing the patient for progression of activity as medically appropriate.
 Date of Order 01/15/2026 Orders Physician Face-to-Face Date: 01/13/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT evaluate and treat due to Displaced Bimalleolar Fracture Of Right Lower Leg, Subsequent Encounter For Closed Fracture With Routine Healing 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 - PT Notes: soc
 Physician Attang, Idongesit

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (01/15/26-01/17/26) ,WK2: 2 (01/18/26-01/24/26) ,WK3: 2 (01/25/26-01/31/26) ,WK4: 1 (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) ,WK8: 1 (03/01/26-03/07/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 50 > 90, O2 saturation < 88 > 100, pain < 0 > 5

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 7. Currently taking 5 or more medications, 9. Other risk(s) not listed in 1- 8

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: GG0130E1 - Shower/Bathe Self, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0130C1 - Toileting Hygiene, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, D0160 - Depression, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, Home Safety, M2020 - Oral Med Management, M1400 - Dyspnea, muscle weakness, limited range of motion, Pain Effect on Sleep, Pain Interference with Therapy activities

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , train caregiver(s) to perform medical/rehabilitation treatments, wheelchair training, home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, hip flex, hip abd, hip ext, leg curls., equipment training, work simplification/energy conservation, gait training/stair training, transfers training, coordinate/arrange for adequate fire safety devices

TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the

PT Goals

PATIENT-STATED GOAL: I want to be able to walk again

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

patient/caregiver recalls
* pain control
* therapeutic exercises to optimize range of motion of affected area
* diet and fluids to promote healing
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* 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) purpos

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 home enviroment has adequate fire safety devices

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/15/2026

Home Health Certification and Plan of Care

Order ID: 1150/15468

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
351283607	01/15/2026	From: 01/15/2026 To: 03/15/2026	21447	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Marquita Bady 1057 Carbondale Way, GAMBRILLS, MD 21054- 202-369-1493	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

reading, 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient home enviroment has adequate fire safety devices, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/15/2026