Home Health Certification and Plan of Care

Order ID: 1150/15496

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
72325539	01/17/2026	From: 01/17/2026 To: 03/17/2026	16274	217058

6. Patient's Name and Address

Ann Battle
4909 Gilray Dr,
BALTIMORE, MD 21214-
443-922-0333

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 12/24/1945 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I10.	Essential (primary) hypertension	01/17/26

13. ICD	Other Pertinent Diagnoses	Date
E11.69	Type 2 diabetes mellitus with other specified complication	01/17/26
R80.9	Proteinuria unspecified	01/17/26
H40.10X0	Unspecified open-angle glaucoma stage unspecified	01/17/26
H34.8112	Central retinal vein occlusion right eye stable	01/17/26
M85.80	Oth disrd of bone density and structure unspecified site	01/17/26
G50.0	Trigeminal neuralgia	01/17/26
M25.552	Pain in left hip	01/17/26
R60.0	Localized edema	01/17/26
E66.01	Morbid (severe) obesity due to excess calories	01/17/26
Z68.37	Body mass index [BMI] 37.0-37.9 adult	01/17/26
Z60.2	Problems related to living alone	01/17/26

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

Albuterol Sulfate - Albuterol Sulfate 0.63 MG/3ML, 3 milliliter inhale orally via E nebulizer inhalant every 6 hours 3 milliliter inhale orally via E nebulizer every 6 hours as needed for wheezing, SOB
Allopurinol - Allopurinol 300 MG Give 1 tablet by mouth once a day 300 MG (Allopurinol) Give 1 tablet by mouth one time a day for Gout
Eliquis - Apixaban 5 MG Give 1 tablet by mouth twice a day
Brimonidine Tartrate - Brimonidine Tartrate Ophthalmic Solution 0.2%, Instill 1 drop both eyes twice a day Instill 1 drop in both eyes two times a day for Ocular HTN
Diclofenac Sodium - Diclofenac Sodium External Gel 1%, Apply to Affected area topical every 6 hours Apply to Affected area topically every 6 hours as needed for pain
Fluticasone Propionate - Fluticasone Propionate 50 MCG/ACT, 2 spray in both nostrils nasal once a day 2 spray in both nostrils one time a day for nasal congestion for 30 Days
Gabapentin - Gabapentin 300 MG Give 1 tablet by mouth every 8 hours 300 MG Give 1 tablet by mouth every 8 hours for neuropathic pain
Losartan Potassium - Losartan Potassium 100 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HTN Hold for systolic less than 110
Metformin Hydrochloride - Metformin Hydrochloride 500 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for DM
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 17 GM/SCOOP,Give 1 scoop by mouth once a day Give 1 scoop by mouth one time a day for Bowel regimen Dissolve in 4oz of water; hold for loose stools
Naproxen - Naproxen 500 MG, Give 1 tablet by mouth every 12 hours Give 1 tablet by mouth every 12 hours as needed for pain
Pantoprazole Sodium - Pantoprazole Sodium 40 MG, Give 1 tablet by mouth in the morning Give 1 tablet by mouth in the morning for GERD
Pravastatin Sodium - Pravastatin Sodium 20 MG, Give 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for Hyperlipidemia
Sertraline Hcl - Sertraline Hydrochloride 50 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for depression
Spironolactone - Spironolactone 25 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for CHF
Ketoconazole - Ketoconazole 2% topical as necessary Shampoo
Acetaminophen - Acetaminophen 500mg/tab by mouth as necessary Take 2 tabs as necessary by mouth as needed for pain

14. DME and Supplies:

walker, cane

15. Safety Measures:

walker precautions, , emergency phone # clearly displayed, , diabetic precautions, cardiac precautions, , ambulates with assistance

16. Nutrition:

diabetic, cardiac diet,

17. Allergies:

amlodipine cipro codeine doxycycline pcn augmentin lipitor macrobid statins zo

18.A. Functional Limitations

Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Cane, Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 0. Never, 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:

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 Essential Primary Hypertension, 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 01/17/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Sabaina Arshad
1701 N George Mason Dr
Arlington, MD 22205
PHONE: 410-847-3000 FAX: NPI: 1821449216

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 : 01/14/2026

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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Clinical Condition Requiring Homecare:

The patient is an 80-year-old female referred by her physician for disease process management and strengthening following a recent hospitalization due to a fall. The patient was alert and oriented to person and place during the assessment and was able to follow commands, though she required frequent verbal cues to maintain attention and redirection due to tangential speech. Thought content was notable for delusional statements, including reports of events from early childhood, belief that a deceased spouse will be resurrected, and other non-reality-based narratives, which interfered with completion of the evaluation. Vital signs were stable at the time of assessment. The patient has occasional urinary incontinence; skin was intact with no breakdown noted. Significant bilateral lower-extremity edema was present at +3. The patient reports ongoing left hip pain since a fall approximately six weeks ago and is currently awaiting prescribed pain medication following an emergency room visit on Sunday. Past medical history is significant for essential hypertension, hyperlipidemia, type 2 diabetes mellitus, neuropathy, congestive heart failure, radiculopathy of the cervical and lumbar spine, rheumatoid arthritis, Crohn's disease, asthma, glaucoma, gastroesophageal reflux disease, anemia, and metastatic breast cancer with bone involvement. The patient received radiation therapy last year and currently receives oncology infusions every three weeks; documentation also notes frequent chemotherapy <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> multiple times per week. The patient resides in a single-level home. While one report indicates she lives alone with assistance from her sister Kathy, a friend named Floyd, and other informal caregivers, her nephew was present during this assessment and assists with care. The home has one step to enter, with bedroom and bathroom located on the first floor. Functionally, the patient ambulates approximately 30 feet within the home without an assistive device under supervision. She is able to transfer to and from bed, chair, and toilet with supervision. Bed mobility is independent when rolling onto the right side; however, she is unable to roll supine due to left hip pain. Outside ambulation, stair negotiation, and car transfers were not assessed during this visit. The patient tolerated seated therapeutic exercises, including knee extensions and ankle pumps, completing 10 repetitions. The patient is considered homebound due to the significant effort required to leave the home and impaired balance, as evidenced by a Tinetti score of 16/28. She requires 24-hour supervision for safety. The patient would benefit from skilled therapy services to address decreased strength, impaired balance, pain, and reduced functional mobility. Physical and occupational therapy evaluations were ordered. Occupational therapy is recommended at a frequency of 1 visit per week for 6 weeks to address activities of daily living training, functional mobility, therapeutic exercise, home exercise program instruction, and safety education. Skilled nursing services are recommended at a frequency of 1 visit for 1 week, followed by 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> per week for 2 weeks, then 1 visit per week for 2 weeks to address disease process management, medication management, monitoring of edema and skin integrity, and patient and caregiver education. The next skilled nursing visit is scheduled for Tuesday.
 Date of Order 01/17/2026 Orders Physician Face-to-Face Date: 01/14/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat, OT eval and treat HHA SW due to Essential Primary <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-10 CE-FMS-Hypertension">Hypertension</mh> 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 PT Eval Notes: OT Eval Notes:
 Physician Arshad, Sabaina

SN Careplans

SN WK1: 1 (01/17/26-01/17/26) ,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: 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, 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: M1700 - Cognition, M1745 - Behavioral Issues, M2020 - Oral Med Management, M1400 - Dyspnea, dependent edema, abnormal BS < 70/140 > mg/dL, poor muscle tone, muscle weakness, limited endurance, limited strength, obesity

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver., coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, 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 optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation recalls, * 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, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, related medication(s) purpose, schedule, * how to keep journal of food and fluid intake healthy meal plan tips exercise program nutritional knowledge, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related

SN Goals

PATIENT-STATED GOAL: I want to get to know everyone

GOALS
patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

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
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls

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
* how to keep journal of food and fluid intake
* healthy meal plan tips
* exercise program
* nutritional knowledge
* 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

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/17/2026

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medication(s) purpose, schedule

* home remedies to keep lungs healthy
* recalls related medicatio

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

PT Careplans

PT WK2: 2 (01/18/26-01/24/26) ,WK3: 2 (01/25/26-01/31/26) ,WK4: 2 (02/01/26-02/07/26) ,WK5: 2 (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: Pain Effect on Sleep, 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: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Sitting knee extension, ankle pumps. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps , 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 - 06. Independent, Sit to Stand - 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, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

PT Goals

PATIENT-STATED GOAL: For her left hip to feel better

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 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 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 - 06. Independent

Car Transfer - 06. Independent

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

4 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

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

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

OT Careplans

OT 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) ,WK6: 1 (02/15/26-02/21/26) ,WK7: 1 (02/22/26-02/28/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, 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, incentive spirometer, 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, * 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching 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 - 06. Independent

OT Goals

PATIENT-STATED GOAL: To not be in pain

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

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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 - 06. Independent

HHA Careplans

HHA WK3: 1 (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)

HHA Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

01/17/2026