Home Health Certification and Plan of Care

Order ID: 1150/15557

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
241058291	01/20/2026	From: 01/20/2026 To: 03/20/2026	21634	217058

6. Patient's Name and Address

Regina Williams
1009 WALNUT AVE,
BALTIMORE, MD 21229-
410-598-9192

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 03/24/1960 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M84.451D	Pathological fracture right femur subs for fx w routn heal	01/20/26

13. ICD	Other Pertinent Diagnoses	Date
C34.90	Malignant neoplasm of unsp part of unsp bronchus or lung	01/20/26
D63.0	Anemia in neoplastic disease	01/20/26
I26.99	Other pulmonary embolism without acute cor pulmonale	01/20/26
I82.411	Acute embolism and thrombosis of right femoral vein	01/20/26
J96.01	Acute respiratory failure with hypoxia	01/20/26
I10.	Essential (primary) hypertension	01/20/26
E05.20	Thyrotxcosis w toxic multinod goiter w/o thyrotoxic crisis	01/20/26
E03.9	Hypothyroidism unspecified	01/20/26
E78.5	Hyperlipidemia unspecified	01/20/26
F41.9	Anxiety disorder unspecified	01/20/26
F32.A	Depression unspecified	01/20/26
R05.3	Chronic cough	01/20/26
E66.9	Obesity unspecified	01/20/26
Z68.39	Body mass index [BMI] 39.0-39.9 adult	01/20/26
F17.200	Nicotine dependence unspecified uncomplicated	01/20/26
Z79.01	Long term (current) use of anticoagulants	01/20/26

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

Benzonatate - Benzonatate 100 MG capsule by mouth 3 times daily as needed for Cough for up to 14 days Commonly known as: TESSALON
Enoxaparin Sodium - Enoxaparin Sodium 100 MG/ML injection into the skin every 12 hours for 5 days Inject 0.95 mLs. Commonly known as: LOVENOX
Gabapentin - Gabapentin 100 MG capsule by mouth nightly Commonly known as: NEURONTIN
Accuneb - Albuterol Sulfate 108 (90 BASE) mcg/act aerosol solution by mouth every 6 hours as needed (cough) Take 2 puffs. Commonly known as: VENTOLIN HFA
Tramadol - Tramadol Hydrochloride 50 mg / 1 Tablet by mouth every 6 hours Take 0.5 tablets by mouth every 6 hours as needed. Commonly known as: ULTRAM
Dexamethasone - Dexamethasone 1 mg 1 Tablet by mouth twice a day Commonly known as: DECADRON
Levothyroxine - Levothyroxine Sodium 175 MCG tablet by mouth once a day Take 175 mcg by mouth daily before breakfast. Commonly known as: SYNTHROID
Dabigatran Etexilate - Dabigatran Etexilate 150MG capsule by mouth once a day Do not start before January 22, 2026. Start taking on: January 22, 2026. Commonly known as: PRADAXA
O2 - Oxygen 2L nasal cannula as necessary intermittent

14. DME and Supplies:

oxygen supplies, grab bars, walker, bath bench

15. Safety Measures:

walker precautions, , , , , supervision at all times, , bathroom safety, , activity supervision, ambulates with assistance, ambulates with device

16. Nutrition:

regular,

17. Allergies:

no known allergies

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation, Endurance

18.B. Activities Permitted

Up As Tolerated, Walker

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: 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
family/caregiver will be responsible for managing treatment

Homebound status:

Due to diagnosis of Pathological Fracture, Right Femur, Subsequent Encounter For 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.

Clinical Condition Requiring Homecare:

The patient is a 65-year-old woman who returned home following a recent hospitalization related to pulmonary embolism (PE), deep vein thrombosis (DVT), and a right hip fracture, with a complex medical history that includes stage IV lung cancer with lymph node involvement, hypothyroidism, hyperlipidemia, hypokalemia, recurrent falls, and hypoxia. The patient is currently undergoing intravenous chemotherapy every three weeks and reports palpable masses beneath the breast and at the posterior shoulder, which she states are decreasing in size with ongoing treatment. She is alert and oriented to person, place, and time, occasionally to situation (A&O x3-4). The patient is homebound due to significant effort required to leave the home related to impaired endurance, ambulation limitations, oxygen dependence, and recent PE/DVT, as evidenced by a Tinetti score of 10/28, indicating a high risk for falls. She resides in a single-family, multi-level home with a first-floor setup and four steps to enter, living with her son who provides assistance, along with support from her wife, brothers, and sons. Her son James is listed as the emergency contact. On assessment, the patient ambulates approximately 30 feet indoors with a rolling walker, requiring contact guard assistance and verbal cues for gait pattern, and reports right hip pain rated at 6/10, which limits mobility and endurance. Transfers from sit to stand, bed, and bedside commode are performed with supervision to contact guard assistance and verbal cues for proper limb placement. Bed mobility requires supervision and encouragement, and she requires assistance from her son to reposition in her adjustable bed. Bilateral lower extremity dependent edema is present, resolving with elevation. No open wounds or skin breakdown were noted. The patient denies recent falls and reports no abnormal bleeding. She demonstrates bilateral upper extremity strength of approximately 4/5 on manual muscle testing and requires moderate assistance for lower body dressing and contact guard assistance for upper body dressing. Outside ambulation, stair negotiation, and car transfers were not assessed during this visit. The patient experiences shortness of breath related to hypoxia and her recent PE/DVT diagnosis and utilizes supplemental oxygen at 2 L/min via nasal cannula, with both portable and concentrator systems in the home. Pulse oximetry, heart rate, and blood pressure are electronically transmitted to the provider via the Tenovi system. The patient is prescribed anticoagulation therapy with Lovenox injections every 12 hours for five days, scheduled to be completed by Thursday, 1/22/26. Medication reconciliation was completed, including inhalers and inhalation therapies, and the patient demonstrated understanding of medication purpose and administration. She verbalized correct dosing and timing of Lovenox injections, reported self-administration without difficulty, and was educated on <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-10 CE-FMS-anticoagulant%20precautions">anticoagulant precautions</mh>,

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/20/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Abigail Hamilton
1701 Twin Springs Rd
Halthorpe, MD 21227
PHONE: 410-737-5000 FAX: 14107375401 NPI: 1821592817

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 : 01/17/2026

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: 1150/15557

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
241058291	01/20/2026	From: 01/20/2026 To: 03/20/2026	21634	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Regina Williams 1009 WALNUT AVE, BALTIMORE, MD 21229- 410-598-9192	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

including monitoring for bruising or bleeding at injection sites. No concerns were reported. The patient also has a nebulizer in the home; the skilled nurse removed it from the box, reviewed proper setup, and administered an albuterol treatment for shortness of breath. Prior to treatment, the patient had a productive cough with clear, throaty sputum; post-treatment, white clumps of sputum were observed. The patient was instructed to repeat nebulizer treatments every 5-6 hours as needed for symptoms and verbalized understanding. Therapeutic exercise tolerance was assessed, with the patient completing 10 repetitions of supine exercises including hip flexion, bridging, hooklying trunk rotation, straight leg raises, and hip abduction, with active-assisted range of motion required for straight leg raises, hip flexion, and hip abduction. Education was provided regarding energy conservation, safe ambulation with a rolling walker, oxygen safety, edema management through elevation, and fall prevention strategies. The patient reports adherence to a diet closely monitored by her sons in accordance with oncology recommendations. Upcoming appointments include an ENT visit scheduled for today at 1:30 p.m. and a primary care appointment with Dr. Hamilton on 1/21/26 at the KP South Baltimore office. Consents were reviewed and signed with understanding verbalized. The patient has active orders for skilled nursing, home health aide services, physical therapy, and occupational therapy. Skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> are planned at a frequency of two <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> per week for two weeks, followed by one visit per week for three weeks. The overall plan of care focuses on monitoring cardiopulmonary status and anticoagulation therapy, managing pain and hypoxia, improving strength, balance, and functional mobility, increasing independence with activities of daily living, reducing fall risk, and supporting the patient and family in safely managing complex medical needs in the home setting.
 Date of Order 01/20/2026 Orders Physician Face-to-Face Date: 01/17/2026 Clinical Condition Requiring home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Pathological Fracture, Right Femur, Subsequent Encounter For 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-SN Notes: SOC PT Eval Notes: OT Eval Notes:
 Physician Hamilton, Abigail

SN Careplans

SN WK1: 2 (01/20/26-01/24/26) ,WK2: 2 (01/25/26-01/31/26) ,WK3: 1 (02/01/26-02/07/26) ,WK4: 1 (02/08/26-02/14/26) ,WK5: 1 (02/15/26-02/21/26)

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: 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, 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 ; 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.

no wounds noted
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, meal preparation, M2020 - Oral Med Management, abn cholesterol > 200 mg/dL, M1033 - Exhaustion, dependent edema, weak pulses in feet, cramping calves/thighs/hips, abnormal sputum production, M1400 - Dyspnea, abnormal thyroid <> 0.40 - 4.50 mIU/mL, muscle weakness, swelling of affected area, limited strength, limited endurance, Pain Interference with ADLs, extremity burn/tingle/numb, balance deficit, Pain

SN Goals

PATIENT-STATED GOAL: to walk independently and breath without supplemental oxygen

GOALS
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
* 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
* strict compliance with physician orders for anticoagulant administration
* avoiding activities that create unnecessary risk for injury
* monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual

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

meal preparation is available to patient for all meals

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
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prescribed dietary modifications
* monitoring intake and output

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/20/2026

Home Health Certification and Plan of Care

Order ID: 1150/15557

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
241058291	01/20/2026	From: 01/20/2026 To: 03/20/2026	21634	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Regina Williams 1009 WALNUT AVE, BALTIMORE, MD 21229- 410-598-9192	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Interference with Therapy activities, Pain Effect on Sleep, obesity

PROCEDURES: cough/deep breathing exercises, cough/deep breathing exercises, incentive spirometer, home exercise program, coordinate/arrange preparation of missing meals

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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * strict compliance with physician orders for anticoagulant administration avoiding activities that create unnecessary risk for injury monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual, * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * prescribed dietary modifications monitoring intake and output monitoring weight loss or weight gain monitor changes in neurological status, 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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 medication(s) purpose, schedule, meal preparation is available to patient for all meals

* monitoring weight loss or weight gain
* monitor changes in neurological status
* 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
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

PT Careplans

PT WK1: 1 (01/20/26-01/24/26) ,WK2: 2 (01/25/26-01/31/26) ,WK3: 2 (02/01/26-02/07/26) ,WK4: 1 (02/08/26-02/14/26) ,WK5: 1 (02/15/26-02/21/26) ,WK6: 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. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps , incentive spirometer, 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 - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet 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, Car Transfer - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

PT Goals

PATIENT-STATED GOAL: To be able to get around the house by myself

GOALS
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 - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up 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

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

Car Transfer - 04. Supervision or touching assistance

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

OT Careplans

OT WK1: 1 (01/20/26-01/24/26) ,WK2: 1 (01/25/26-01/31/26) ,WK3: 1 (02/01/26-02/07/26) ,WK4: 1 (02/08/26-02/14/26) ,WK5: 1 (02/15/26-02/21/26) ,WK6: 1 (02/22/26-02/28/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: ADLs , Patient/caregiver recalls related purpose and schedule of medications: Medication review , cough/deep breathing exercises, therapeutic exercises, transfers training

OT Goals

PATIENT-STATED GOAL: Patient wants to be able to walk better and get rid of rolling walker

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/20/2026

Home Health Certification and Plan of Care

Order ID: 1150/15557

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
241058291	01/20/2026	From: 01/20/2026 To: 03/20/2026	21634	217058

6. Patient's Name and Address

Regina Williams
1009 WALNUT AVE,
BALTIMORE, MD 21229-
410-598-9192

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

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 - 03. Partial/moderate 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, Patient will demonstrate improved bilateral upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

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 - 03. Partial/moderate 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

Patient will demonstrate improved bilateral upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

HHA Careplans

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

HHA Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

01/20/2026