

Home Health Certification and Plan of Care				Order ID: 1150/14079	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
02120363530		11/16/2025		From: 11/16/2025 To: 01/14/2026	
				4. Medical Record No.	
				17127	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Carolyn Penn				HomeCentris Healthcare LLC	
3016 Arundle on the Bay Rd Apt E1,				10 Crossroads Drive, Suite 102	
ANNAPOLIS, MD 21403-				Owings Mills, MD 21117-8284	
443-822-2638				410-321-8448	
				1487113239	
8. DOB 08/26/1953				9. Sex Female	
11. ICD 10.		Principal Diagnosis		Date	
		Essential (primary) hypertension		11/16/25	
13. ICD 148.0		Other Pertinent Diagnoses		Date	
G47.00		Paroxysmal atrial fibrillation		11/16/25	
M17.0		Insomnia unspecified		11/16/25	
E55.9		Bilateral primary osteoarthritis of knee		11/16/25	
R26.89		Vitamin D deficiency unspecified		11/16/25	
R41.841		Other abnormalities of gait and mobility		11/16/25	
Z91.81		Cognitive communication deficit		11/16/25	
Z79.01		History of falling		11/16/25	
		Long term (current) use of anticoagulants		11/16/25	
14. DME and Supplies:				15. Safety Measures:	
bath bench, hooyer lift, wheelchair, hospital bed, grab bars				wheelchair precautions, standard precautions, fall precautions, cardiac precautions, activity supervision	
16. Nutrition:				17. Allergies:	
regular				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
Endurance, Ambulation				Wheelchair, 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: No					
20. Prognosis: fair					
22. A Rehabilitation Potential:				22.B.Discharge Plans	
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.				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 assitive mobility device.					
Clinical Condition Requiring Homecare: <p class="MsoNoSpacing">The patient is a 72-year-old female with a medical history of atrial fibrillation, hypertension, insomnia, urinary retention, and osteoarthritis who was recently discharged from Autumn Lake Rehabilitation due to weakness and a decline in functional status related to osteoarthritis. She currently resides in an assisted living facility with around-the-clock support for activities of daily living. Upon assessment, the patient was alert, oriented, and without complaints of chest pain, shortness of breath, pain, or discomfort. She was afebrile, with no edema noted. Skilled nursing care will focus on medication education for facility staff and disease-process teaching related to atrial fibrillation, osteoarthritis, and hypertension. Physical and occupational therapy evaluations reveal significant functional deficits, including decreased bilateral lower-extremity strength, impaired balance, unsteady gait, limited transfer ability, and overall reduced mobility. The patient primarily uses a wheelchair but can ambulate short distances with a rolling walker and requires moderate assistance for transfers, dressing, bathing, and mobility. She reports pain in her right shoulder and knee and is at high risk for falls due to general deconditioning and poor safety awareness. Skilled PT and OT services are recommended to improve strength, functional mobility, balance, safety awareness, and independence, with a planned PT frequency beginning 11/18/25. Without skilled intervention, the patient remains at risk for further functional decline and loss of independence.</p><p class="MsoNoSpacing">Date of Order</p><p class="MsoNoSpacing">11/16/2025</p><p class="MsoNoSpacing">Date: 11/07/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Essential (primary) hypertension Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</p><p class="MsoNoSpacing"> 1 - SOC - SN Notes: PT Eval Notes: OT Eval Notes:</p><p class="MsoNoSpacing">Physician: Majekodunmi, Kunmi</p>					
SN Careplans				SN Goals	
SN WK1: 2 (11/16/25-11/22/25) ,WK2: 1 (11/23/25-11/29/25) ,WK3: 1 (11/30/25-12/06/25) ,WK4: 1 (12/07/25-12/13/25)				PATIENT-STATED GOAL: To get better	
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				GOALS	
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance				patient/caregiver recalls	
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, 8. Currently reports exhaustion				* lifestyle modifications to manage cardiac condition including symptom management	
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				* diet changes	
				* regular exercise	
				* getting enough sleep	
				* 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	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 11/16/2025					
24. Physician's Name and Address				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.	
Kunmi Majekodunmi				F2F date : 11/07/2025	
1600 South Crain Highway					
Glen Burnie, MD 21061					
PHONE: 4107600098 FAX: 14107619131 NPI: 1497791917					
27. Attending Physician's Signature and Date Signed 01/29/2026 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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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: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, M1620 - Bowel Incontinence, limited range of motion, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, weak hand grips PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, 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 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, * how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, * bowel incontinence management including dietary changes bowel training skin care, 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, meal preparation is available to patient for all meals	* prevent constipation * home safety * 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 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 * bowel incontinence management including dietary changes * bowel training * skin care * 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 patient/caregiver recalls * how to manage complications of immobility including * skin care * strength, balance * dexterity and range-of-motion therapeutic exercises * promotion of peripheral circulation * fluid and diet intake to promote healing and prevent constipation patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule meal preparation is available to patient for all meals
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PT Careplans PT WK1: 2 (11/16/25-11/22/25) ,WK2: 1 (11/23/25-11/29/25) ,WK3: 2 (11/30/25-12/06/25) ,WK4: 1 (12/07/25-12/13/25) ,WK5: 1 (12/14/25-12/20/25) ,WK6: 1 (12/21/25-12/27/25) ,WK7: 1 (12/28/25-01/03/26) PROBLEMS IDENTIFIED ON ASSESSMENT: 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: Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., standing tolerance exercises, dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., gait training/stair training, transfers training, assist with fall prevention 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 - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 04. Supervision or touching assistance, Car Transfer - 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 - 04. Supervision or touching, 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	PT Goals PATIENT-STATED GOAL: To improve my strength 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 Sit to Stand - 04. Supervision or touching assistance Chair to Bed to Chair - 04. Supervision or touching assistance Car Transfer - 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 - 04. Supervision or touching 1 - Step (curb) - 04. Supervision or touching assistance
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/16/2025

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			4 Steps - 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 Toilet Transfer - 04. Supervision or touching assistance	
OT Careplans OT WK1: 1 (11/16/25-11/22/25) ,WK2: 1 (11/23/25-11/29/25) ,WK3: 1 (11/30/25-12/06/25) ,WK4: 1 (12/07/25-12/13/25) ,WK5: 1 (12/14/25-12/20/25) ,WK6: 1 (12/21/25-12/27/25) ,WK7: 1 (12/28/25-01/03/26) PROBLEMS IDENTIFIED ON ASSESSMENT: 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: Home exercise program , cough/deep breathing exercises, 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 medication(s) purpose, schedule, Oral Hygiene - 06. Independent, Lower Body Dressing - 03. Partial/moderate assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent, Therapeutic activity , To improve endurance, improve standing tolerance			OT Goals PATIENT-STATED GOAL: to be able to walker to the bathroom using a rolling walke r GOALS Shower/Bathe Self - 05. Setup or clean-up assistance 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 Oral Hygiene - 06. Independent Lower Body Dressing - 03. Partial/moderate assistance Toileting Hygiene - 03. Partial/moderate assistance Don/Doff Footwear - 03. Partial/moderate assistance Eating - 06. Independent Therapeutic activity To improve endurance improve standing tolerance	

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