Home Health Certification and Plan of Care

Order ID: 1150/15804

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7KM1HA5YJ15	01/23/2026	From: 01/23/2026 To: 03/23/2026	14424	217058

6. Patient's Name and Address

Williene Richardson
2126 CHANTILLA ROAD,
CATONSVILLE, MD 21228-
410-982-5909

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 06/10/1949 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M48.062	Spinal stenosis lumbar region with neurogenic claudication	01/23/26

13. ICD	Other Pertinent Diagnoses	Date
I73.9	Peripheral vascular disease unspecified	01/23/26
I13.10	Hyp hrt & chr kdny dis w/o hrt fail w stg 1-4/unsp chr kdny	01/23/26
N18.31	Chronic kidney disease stage 3a	01/23/26
I48.0	Paroxysmal atrial fibrillation	01/23/26
E78.5	Hyperlipidemia unspecified	01/23/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	01/23/26
M1A.9XX0	Chronic gout unspecified without tophus (tophi)	01/23/26
F33.9	Major depressive disorder recurrent unspecified	01/23/26
K21.9	Gastro-esophageal reflux disease without esophagitis	01/23/26
F11.20	Opioid dependence uncomplicated	01/23/26
Z79.82	Long term (current) use of aspirin	01/23/26
Z79.899	Other long term (current) drug therapy	01/23/26
Z79.01	Long term (current) use of anticoagulants	01/23/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	01/23/26
Z87.891	Personal history of nicotine dependence	01/23/26
Z89.421	Acquired absence of other right toe(s)	01/23/26
Z90.710	Acquired absence of both cervix and uterus	01/23/26
Z87.440	Personal history of urinary (tract) infections	01/23/26
Z98.84	Bariatric surgery status	01/23/26
Z91.81	History of falling	01/23/26

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

Acetaminophen - Acetaminophen 325mg; 2 tab by mouth every 6 hours as needed for pain
Eliquis - Apixaban 5 mg 1tablet by mouth twice a day for Atrial Fibrillation
Ondansetron - Ondansetron 4 mg 4 mg1tablet by mouth as necessary very 6 hrs as needed for FOR NAUSEA / VOMITING
Triamterene And Hydrochlorothiazide - Hydrochlorothiazide: Triamterene 25 mg;37.5 mg 37.5-25mg1 cap by mouth in the morning blood pressure
Melatonin - Melatonin 5 mg 1tablet by mouth as necessary by mouth every 24 hours as needed for FOR
INSOMNIA GIVE I TAB QHS PRN FOR SLEEP
Cozaar - Losartan Potassium 25 mg 25mg; 3 tabs by mouth once a day for FOR HTN
Atorvastatin - Atorvastatin Calcium 10mg; 1tablet by mouth at bedtime cholesterol
Percocet - Acetaminophen: Oxycodone Hydrochloride 325 mg;10 mg 10-325mg; 1 tab by mouth every 8 hours for pain
Aspirin - Aspirin 1 tablet 81 mg by mouth once a day Heart health

14. DME and Supplies:

wheelchair, urinary/catheter supplies, rolling walker, hand held shower, bath bench, walker, grab bars, cane

15. Safety Measures:

wheelchair precautions, , , , ambulates with device, , ambulates with assistance, transfer with assist, , activity supervision

16. Nutrition:

cardiac diet

17. Allergies:

morphine

18.A. Functional Limitations

Endurance, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted

Cane, Wheelchair, Walker, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, 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 Spinal Stenosis Lumbar Region With Neurogenic Claudication, 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 76-year-old female recently admitted to the inpatient setting due to altered mental status secondary to a urinary tract infection, which was treated with meropenem. She was subsequently discharged from subacute rehabilitation and is now receiving skilled home health services. Her past medical history is significant for chronic spinal stenosis, bilateral lower extremity radiculopathy, peripheral vascular disease (PVD), hypertension, hyperlipidemia, gout, chronic kidney disease (CKD), gastroesophageal reflux disease (GERD), and long-term use of multiple narcotic medications for chronic pain management. Skilled nursing services are ordered at a frequency of 1 visit per week for 12 weeks, then 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> per week for 1 week, followed by 1 visit per week for 6 weeks. Physical and occupational therapy evaluations were ordered, with occupational therapy to further assess the need for home health aide services. The patient was recently seen by her primary care provider and has a follow-up appointment scheduled for Wednesday of next week. Family members are actively involved and provide assistance with all activities of daily living (ADLs) and instrumental activities of daily living (IADLs) as needed. At the time of skilled nursing assessment, the patient was alert and oriented to person, place, and time. She reported chronic low back pain rated at 6/10 and stated she last took Percocet earlier in the day. She denied shortness of breath; lung sounds were clear throughout all fields. The patient reported a good appetite and stated her last bowel movement occurred today. She is incontinent of urine and wears disposable briefs. No edema was noted in the extremities. The patient currently uses a wheelchair for functional mobility within the home. Vital signs were stable, and no acute distress was observed during the visit. Skilled nursing reviewed all medications present in the home. The patient reported that she was recently seen by her physician to assist with medication management. Education was provided regarding medication indications, and the patient verbalized

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/23/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Elekwachi Nwaogbo
6501 Suite D Baltimore National Pike
Catonsville, MD 21228
PHONE: 6672342100 FAX: 14107445117 NPI: 1326137662

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 : 11/28/2025

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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understanding. Reinforcement of medication adherence and follow-up with the primary care provider was emphasized, with the patient confirming a scheduled appointment next week. A physical therapy evaluation was completed. Prior to hospitalization, the patient ambulated with a rollator under supervision and utilized a stair lift for stair negotiation within her multi-level home. Currently, she demonstrates significant functional decline, with decreased bilateral lower extremity strength measured at approximately 2-/5 on manual muscle testing. She requires contact guard assistance for transfers and short-distance ambulation with a rollator. Mobility limitations are primarily related to chronic low back and bilateral lower extremity pain. The patient is actively working with her physician to achieve improved pain control. Skilled physical therapy services are indicated to address strength deficits, balance impairments, and decreased functional mobility in order to improve safety, reduce fall risk, and facilitate a return toward her prior level of function. Occupational therapy assessment findings indicate the patient demonstrates bilateral upper extremity weakness at approximately 4-/5 on manual muscle testing. She requires minimal to contact guard assistance for bathing and dressing tasks and contact guard assistance for sit-to-stand transfers, toileting, and shower transfers. The patient resides with her daughter in a multi-level home equipped with stair lifts. Occupational therapy will continue to address deficits in self-care performance, safety awareness, and adaptive strategies, and will further evaluate the need for ongoing home health aide support. The interdisciplinary plan of care focuses on continued skilled nursing for medical management and education, skilled physical therapy to improve strength, balance, and mobility, and skilled occupational therapy to enhance independence and safety with ADLs. The patient and family were informed of the plan of care and are in agreement.
 Date of Order 01/23/2026 Orders Physician Face-to-Face Date: 11/28/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Spinal Stenosis Lumbar Region With Neurogenic Claudication 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 Nwaogbo, Elekwachi

SN Careplans

SN WK1: 1 (01/23/26-01/24/26) ,WK2: 1 (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) ,WK7: 1 (03/01/26-03/07/26) ,WK8: 1 (03/08/26-03/14/26) ,WK9: 1 (03/15/26-03/21/26)

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: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will 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, 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: D0160 - Depression, M2020 - Oral Med Management, meal preparation, M2102c - Med Admin, M1033 - Exhaustion, M1400 - Dyspnea, M1600 - UTI, M1610 - Urinary Incontinence, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, obesity

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, teach/coordinate/arrange medication packaging and/or administration

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, * 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, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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, caregiver administers and/or packages medications appropriately

SN Goals

PATIENT-STATED GOAL: i want to be able to get around better

GOALS
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
* 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
* 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/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
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/23/2026

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

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

PT Careplans

PT 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) ,WK7: 1 (03/01/26-03/07/26) ,WK8: 1 (03/08/26-03/14/26) ,WK9: 1 (03/15/26-03/21/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, 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: Medication Review: - medications reviewed with patient/caregiver, cough/deep breathing exercises, therapeutic exercises, 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, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 05. Setup or clean-up assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

PT Goals

PATIENT-STATED GOAL: To be able to walk without help

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

Sit to Stand - 05. Setup or clean-up assistance

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

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 05. Setup or clean-up assistance

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 Feet - 02. Substantial/maximal assistance

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

Walk 150 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

OT Careplans

OT 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) ,WK7: 1 (03/01/26-03/07/26) ,WK8: 1 (03/08/26-03/14/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, 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: Patient/caregiver recalls related purpose and schedule of medications: Medication review , Pelvic floor training , cough/deep breathing exercises, therapeutic exercises, 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up 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, 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

OT Goals

PATIENT-STATED GOAL: Patient wants better strength in order to stand better

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 medicatio

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

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

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

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HHA Goals

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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