Home Health Certification and Plan of Care

Order ID: 1150/15810

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1D76XE7JX83	01/20/2026	From: 01/20/2026 To: 03/20/2026	21583	217058

6. Patient's Name and Address
Mary Pompey
2817 Pelham Avenue,
BALTIMORE, MD 21213-
410-585-4255

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 05/07/1953 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J44.9	Chronic obstructive pulmonary disease unspecified	01/20/26

13. ICD	Other Pertinent Diagnoses	Date
L30.9	Dermatitis unspecified	01/20/26
I10.	Essential (primary) hypertension	01/20/26
G81.91	Hemiplegia unspecified affecting right dominant side	01/20/26
F01.53	Vascular dementia unspecified severity with mood disturb	01/20/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	01/20/26
E78.00	Pure hypercholesterolemia unspecified	01/20/26
M81.0	Age-related osteoporosis w/o current pathological fracture	01/20/26
K59.00	Constipation unspecified	01/20/26
D64.9	Anemia unspecified	01/20/26
Z79.82	Long term (current) use of aspirin	01/20/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	01/20/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	01/20/26
Z89.511	Acquired absence of right leg below knee	01/20/26
Z91.81	History of falling	01/20/26

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

Amlodipine - Amlodipine Besylate 5 mg / 1 Tablet by mouth once a day for 31 days
Albuterol Sulfate HFA Aerosol Inhaler 90 mcg/actuation inhalant every 6 hours Inhale 2 puff(s) every 6 hours by inhalation route as needed for 1 day.
Aspirin Chewable Tablet 81 mg / 1 Tablet by mouth once a day Chew 1 tablet(s) every day by oral route for 30 days.
Atorvastatin - Atorvastatin Calcium 80 mg / 1 Tablet by mouth once a day Take 1 tablet(s) every day by oral route at bedtime for 30 days.
Budesonide - Budesonide 0.5 mg/2ml inhalant twice a day DX asthma, severe persistent.
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 125 mcg (5,000 unit) / 1 Tablet by mouth once a day FOR supplement
Esomeprazole Magnesium - Esomeprazole Magnesium 20 mg 1capsule(s) by mouth once a day for 30 days
Ferosul - Ferrous Sulfate: Folic Acid 325 mg (65 mg iron) by mouth once a day for 30 days.
Ipratropium 0.5 mg- Albuterol 3 mg (2.5 mg base)/3ml nebulaztion soln - inhalant four times a day Inhale 3 mL 4 times a day by nebulization route.
Metoprolol Tartrate - Metoprolol Tartrate 50 mg 1 Tablet by mouth twice a day for 30 days.
Senna - Senna 50 mg / 1 Tablet by mouth once a day for 30 days.
Triamcinolone Acetonide - Triamcinolone Acetonide 0.1 perc topical twice a day APPLY THIN LAYER TO THE AFFECTED AREA(S)

14. DME and Supplies:
wheelchair, small base cane, hospital bed, commode, Right prosthesis

15. Safety Measures:
restricted ROM, supervision at all times, wheelchair precautions, transfer with assist, , remove environmental barriers, , , bedrails up while in bed, , bathroom safety, , activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance, Bowel/Bladder Incontinence, Amputation, Contracture left knee and hip. Non use of right arm

18.B. Activities Permitted
Wheelchair, Exercises Prescribed, Transfer bed/Chair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 2. Sometimes, 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: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 9. Not Applicable

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Chronic Obstructive Pulmonary Disease Unspecified, 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 72-year-old individual referred to home health services due to decreased mobility and the introduction of new caregivers following a transition from an assisted living facility to her niece's townhouse in September. The patient's extensive medical history includes left cerebrovascular accident with right hemiplegia, right above-knee amputation (2024), diabetes mellitus, dementia, chronic obstructive pulmonary disease, hypertension, coronary artery disease, hypercholesterolemia, anemia, right partial hip replacement, and a history of multiple falls. The patient resides in a two-story townhouse with six steps to enter; the bedroom and bathroom are located on the second floor. Current durable medical equipment includes a hospital bed without rails and a standard wheelchair without footrests. Although a Hoyer lift is reportedly available, it could not be located at the time of evaluation. At the time of <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was bedbound and required maximal assistance for rolling side to side and for transitioning from supine to sitting. When seated at the edge of the bed, the patient demonstrated poor postural control with a left-sided lean and required minimal assistance to maintain sitting balance, tolerating the position for approximately two minutes. Sit-to-stand transfers required maximal assistance, and ambulation, stair negotiation, and outdoor mobility were not assessed due to the patient's condition. The patient is unable to sit safely in a standard wheelchair secondary to poor sitting balance and may benefit from a high-back wheelchair for improved postural support. The patient is considered homebound due to being bedbound and requiring significant effort and assistance to leave the home. Range of motion <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed the right upper extremity resting in full elbow extension with no active movement noted, consistent with hemiplegia. The left lower extremity was positioned in flexion with a knee extension deficit of approximately 32 degrees. The patient also presents with a right hand contracture; however, passive range of motion remains adequate for hygiene. No splint is currently in use. The patient is dependent for all activities of daily living, with the exception of feeding, during which she is able to provide minimal assistance. Skin integrity risks were identified, including pressure injury risk to the left heel. Education was provided to the niece, who serves as the primary caregiver and demonstrated willingness to participate in training. Instruction included proper positioning and regular turning to prevent pressure injuries, floating the left heel, hygiene management of the contracted right hand using a washcloth placed in the palm to maintain cleanliness and dryness, and stretching of the left knee multiple times daily to address limited extension. A first-floor living setup was recommended to improve safety and accessibility. The caregiver expressed a goal of assisting the patient with showering when safely feasible. The use of regular acetaminophen (Tylenol) twice daily was recommended for comfort, as tolerated and per physician guidance. The patient would benefit from continued skilled home health services, including physical therapy to address strength, range of motion, and functional mobility, and occupational therapy at a frequency of 1 visit per week for 4 weeks to focus on activities of daily living training, contracture management, positioning, functional mobility, and caregiver education. The overall plan of care is aimed at maximizing patient comfort, preventing secondary

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
Nicole Hickson
1120 N Charles St Ste 400
Baltimore, MD 21201
PHONE: 4437393889 FAX: 18339750904 NPI: 1073157459

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 : 01/16/2025

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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complications, and supporting safe caregiving within the home environment.
 Date of Order 01/20/2026 Orders Physician Face-to-Face Date: 01/16/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat due to Chronic Obstructive Pulmonary Disease Unspecified 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 OT Eval Notes:
 Physician Hickson, Nicole

SN Careplans

SN Goals

PT Careplans

PT 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) ,WK6: 1 (02/22/26-02/28/26) ,WK7: 1 (03/01/26-03/07/26) ,WK8: 1 (03/08/26-03/14/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 8

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, 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; 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.

; 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:Durable power of attorney for health care/Medical power of attorney

PT Goals

PATIENT-STATED GOAL: To be able to get out of bed

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 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
* how to keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications
* low-residue dietary guidelines
* alternative medicine options for ulcerative colitis
* 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
* 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
* bowel incontinence management including dietary changes
* bowel training
* skin care
* 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

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

Signature of Physician:	Date

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

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PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, GG0170F1 - Toilet Transfer, D0160 - Depression, M1745 - Behavioral Issues, M1700 - Cognition, D0700 - Social Isolation, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, M1620 - Bowel Incontinence, constipation, M1610 - Urinary Incontinence, muscle weakness, limited endurance, limited range of motion, limited strength, Pain Interference with ADLs, balance deficit

PROCEDURES: Standing tolerance, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, wheelchair training, home exercise program: Supine quad sets, hip flexion, bridging, straight leg raise, hooklying rotation. Sitting knee extension, ankle pumps, transfers training, coordinate/arrange long-term socialization activities

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, * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * 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, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, 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, * strategies to increase socialization, related medication(s) purpose, schedule, Chair to Bed to Chair - 02. Substantial/maximal assistance, Sit to Stand - 02. Substantial/maximal assistance, caregiver performs medical/rehabilitation treatments with adequate competence, Toilet Transfer - 03. Partial/moderate assistance, Wheel 50 ft w 2 Turns - 01. Dependent, Wheel 150 feet - 01. Dependent, Car Transfer - 06. Independent, ROM left knee will be 10 to 100 degrees

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

caregiver performs medical/rehabilitation treatments with adequate competence

Toilet Transfer - 03. Partial/moderate assistance

Car Transfer - 06. Independent

ROM left knee will be 10 to 100 degrees

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

Sit to Stand - 02. Substantial/maximal assistance

Chair to Bed to Chair - 02. Substantial/maximal assistance

Wheel 50 ft w 2 Turns - 01. Dependent

Wheel 150 feet - 01. Dependent

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

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)

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: splint care, equipment training, strengthening 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 - 03. Partial/moderate assistance, Toileting Hygiene - 01. Dependent, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 01. Dependent, Lower Body Dressing - 01. Dependent, Don/Doff Footwear - 01. Dependent, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: to be able to use shower (caregiver

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

Shower/Bathe Self - 03. Partial/moderate assistance

Eating - 06. Independent

Oral Hygiene - 03. Partial/moderate assistance

Toileting Hygiene - 01. Dependent

Upper Body Dressing - 01. Dependent

Lower Body Dressing - 01. Dependent

Don/Doff Footwear - 01. Dependent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/20/2026