

Home Health Certification and Plan of Care				Order ID: 1150/15836	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
141039972		01/27/2026		From: 01/27/2026 To: 03/27/2026	
				4. Medical Record No.	
				21800	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Marie Blevins				HomeCentris Healthcare LLC	
3301 Firelight Lane Apt G,				10 Crossroads Drive, Suite 102	
GWYNN OAK, MD 21207-				Owings Mills, MD 21117-8284	
443-991-2686				410-321-8448	
				1487113239	
8. DOB				9. Sex	
06/29/1946				Female	
11. ICD		Principal Diagnosis		Date	
N17.9		Acute kidney failure unspecified		01/27/26	
13. ICD		Other Pertinent Diagnoses		Date	
C19.		Malignant neoplasm of rectosigmoid junction		01/27/26	
E87.5		Hyperkalemia		01/27/26	
I10.		Essential (primary) hypertension		01/27/26	
E78.6		Lipoprotein deficiency		01/27/26	
R73.03		Prediabetes		01/27/26	
Z79.01		Long term (current) use of anticoagulants		01/27/26	
Z93.2		Ileostomy status		01/27/26	
Z86.718		Personal history of other venous thrombosis and embolism		01/27/26	
Z87.440		Personal history of urinary (tract) infections		01/27/26	
14. DME and Supplies:				15. Safety Measures:	
bath bench, cane				standard precautions, fall precautions, bleeding precautions, medication safety, anticoagulant precautions, activity supervision	
16. Nutrition:				17. Allergies:	
Z. NO PHYSICIAN-ORDERED DIET				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
Endurance, Ambulation				Up As Tolerated, Exercises Prescribed, Cane	
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: 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: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.				patient will be responsible for managing treatment	
Homebound status: Due to diagnosis of Acute kidney failure 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: <p class="MsoNoSpacing">The patient is a 79-year-old woman with a history of stage IV colon cancer, adenocarcinoma status post low anterior resection with colostomy on 12/25, and subsequent resection with diverting ileostomy following hospitalization from 12/26-1/1 for persistent rectal bleeding. Her medical history is also significant for deep vein thrombosis on Pradaxa, acute renal failure, and urinary retention. She was rehospitalized briefly for dehydration and poor oral intake but currently reports a good appetite. The patient is alert and oriented 3, denies pain and shortness of breath, and has decreased lung sounds on auscultation. She has a right upper quadrant ostomy; the stoma was unable to be assessed, though her granddaughter is independent with ostomy care, using a Coloplast Sensura Mio two-piece system. The patient reports decreased endurance but ambulates independently in the home without an assistive device, though she owns a cane. She is independent with bathing, dressing, and transfers, using a shower chair for safety. Muscle strength is 5/5 in bilateral upper extremities. She refused home health aide services, and her granddaughter assists with all ADLs and IADLs as needed. Skilled nursing reviewed medications and provided education on signs and symptoms of bleeding. Physical and occupational therapy evaluations were ordered; however, no further OT services are indicated at this time.</p><p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">01/27/2026 Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 01/21/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Acute kidney failure unspecified Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p></p> <p class="MsoNoSpacing"> 1 - SOC - SN Notes: OT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Dicocco, Eva</p>					
SN Careplans				SN Goals	
SN WK1: 1 (01/27/26-01/31/26) ,WK2: 2 (02/01/26-02/07/26) ,WK3: 2 (02/08/26-02/14/26) ,WK4: 1 (02/15/26-02/21/26) ,WK5: 1 (02/22/26-02/28/26) ,WK6: 1 (03/01/26-03/07/26) ,WK7: 1 (03/08/26-03/14/26) ,WK8: 1 (03/15/26-03/21/26) ,WK9: 1 (03/22/26-03/25/26)				PATIENT-STATED GOAL: i want 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: 3. Multiple hospitalizations (2 or more) in the past 6 months, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8				* ostomy management including how to clean stoma	
				* change ostomy pouch	
				* 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	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 01/27/2026					
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.	
Eva Dicocco				F2F date : 01/21/2026	
7141 Security Blvd					
Woodlawn, MD 21244					
PHONE: 443-663-6000 FAX: 14436636215 NPI: 1598990624					
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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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:Living Will PROBLEMS IDENTIFIED ON ASSESSMENT: , M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, lung sounds not clear, muscle weakness, limited strength, limited endurance, balance deficit, loss of appetite, M1630 - GI Ostomy PROCEDURES: cough/deep breathing exercises, ostomy care & irrigation, monitor intake & output 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, * ostomy management including how to clean stoma change ostomy pouch, 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		* recalls related medicatio 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		
OT Careplans OT WK1: 1 (01/27/26-01/31/26) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, 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 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 - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent		OT Goals PATIENT-STATD GOAL: Eval only 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 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 - 05. Setup or clean-up assistance Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent Upper Body Dressing - 06. Independent		
Signature of Physician:		Date PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist: Electronically Signed by Messick, Charles RN		Date 01/27/2026		

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