Home Health Certification and Plan of Care

Order ID: 1150/15842

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9F56WX7FY63	01/20/2026	From: 01/20/2026 To: 03/20/2026	21399	217058

6. Patient's Name and Address

Kathleen Lutz
1816 Kinship Rd,
Dundalk, MD 21222-
443-586-5624

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 10/14/1956 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
G89.29	Other chronic pain	01/20/26

13. ICD	Other Pertinent Diagnoses	Date
M06.9	Rheumatoid arthritis unspecified	01/20/26
I48.0	Paroxysmal atrial fibrillation	01/20/26
I11.0	Hypertensive heart disease with heart failure	01/20/26
I50.9	Heart failure unspecified	01/20/26
J44.9	Chronic obstructive pulmonary disease unspecified	01/20/26
F41.1	Generalized anxiety disorder	01/20/26
F32.A	Depression unspecified	01/20/26
D75.839	Thrombocytosis unspecified	01/20/26
R13.10	Dysphagia unspecified	01/20/26
E78.5	Hyperlipidemia unspecified	01/20/26
K21.9	Gastro-esophageal reflux disease without esophagitis	01/20/26
M19.90	Unspecified osteoarthritis unspecified site	01/20/26
M81.0	Age-related osteoporosis w/o current pathological fracture	01/20/26
N13.9	Obstructive and reflux uropathy unspecified	01/20/26
R33.9	Retention of urine unspecified	01/20/26
Z46.6	Encounter for fitting and adjustment of urinary device	01/20/26
Z85.3	Personal history of malignant neoplasm of breast	01/20/26
Z79.01	Long term (current) use of anticoagulants	01/20/26
Z79.891	Long term (current) use of opiate analgesic	01/20/26
Z87.440	Personal history of urinary (tract) infections	01/20/26
Z91.81	History of falling	01/20/26

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

Wixela Inhub Inhalation Aerosol Powder Breath Activated 250-50 MCG/ACT (Fluticasone-Salmeterol) 1inhalation by mouth twice a day for COPD rinse and spit after use
Pantoprazole - Pantoprazole Sodium 40 mg 1 Tablet by mouth once a day for GERD
Acetaminophen - Acetaminophen 500 mg / 1 Tablet by mouth every 6 hours Give 2 Tablets by mouth every 6 hours as needed for Mild Pain (1-4) Do not exceed more than 3 grams per day from all sources
Eliquis - Apixaban 5 mg / 1 Tablet by mouth twice a day for A-fib
Atorvastatin Calcium - Atorvastatin Calcium 40 mg / 1 Tablet by mouth at bedtime for HLD
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) mg / 1 Tablet by mouth once a day for Supplement
Fluticasone Propionate Nasal Suspension 50 mcg/act - once a day 2 sprays in both nostrils one time a day for Nasal Congestion
Folic Acid - Folic Acid 1 mg 1 Tablet by mouth once a day for Supplement
Lyrica - Pregabalin 50 mg 1 Capsule by mouth every 8 hours for Neuropathy Hold for sedation
Melatonin - Melatonin 3 mg / 1 Tablet by mouth at bedtime Give 2 Tablet by mouth at bedtime for sleep aide
Metoprolol Tartrate - Metoprolol Tartrate 25 mg / 1 Tablet by mouth once a day Give 0.5 tablet by mouth one time a day for HTN Hold for SBP less than 100 and or HR less than 60
Mirtazapine - Mirtazapine 7.5 mg 1 Tablet by mouth at bedtime for Depression
Multivitamin Oral Tablet (Multiple Vitamin) 1 Tablet by mouth once a day for Supplement
Naloxone HCL Nasal Liquid (Naloxone HCL) 4 mg/0.1ml - - 1 spray in nostril every 3 minutes as needed for overdose may repeat in alternating nostrils every 3 minutes until Coherent. Call 911, continue until paramedics arrive. Notify provider
Ondansetron Hydrochloride - Ondansetron Hydrochloride eq 8 mg base 1 Tablet by mouth every 6 hours as needed for Nausea and Vomitting
Oxycodone Hydrochloride - Oxycodone Hydrochloride 10 mg 1 Tablet by mouth every 4 hours as needed for Moderate/Severe Pain (5-10)
Polyethylene Glycol 3350 Powder (Polyethylene Glycol 3350 (Bulk)) 17 gram by mouth once a day for Bowel Regimen Dissolve in 8oz of water; hold for loose stools
Prochlorperazine Maleate - Prochlorperazine Maleate eq 10 mg base 1 Tablet by mouth every 6 hours as needed for nausea
Senna Plus - Senna 8.6-50 mg / 1 Tablet by mouth every 12 hours as needed for Constipation
Simethicone - Simethicone 80 mg / 1 Tablet by mouth every 4 hours as needed for Gas pain
Tizanidine Hydrochloride - Tizanidine Hydrochloride eq 4 mg base 1 Tablet by mouth every 8 hours as needed for Muscle spasm
Venlafaxine Hydrochloride - Venlafaxine Hydrochloride eq 37.5 mg base 1 Tablet by mouth twice a day for Depression
Dicyclomine HCL Oral Tablet 20 mg / 1 Tablet by mouth every 6 hours Give 1 tablet by mouth every 6 hours for IBS
Ipratropium-Albuterol Solution 0.5-2.5 (3) mg/3ml inhalant every 6 hours 3 ml inhale orally via nebulizer every 6 hours as needed for SOB
Lidocaine External Cream 10% - topical every 6 hours Apply to Bilateral hands topically every 6 hours as needed for Pan Stop upon dc from facility pt may self administer if possible

14. DME and Supplies:

wheelchair, rolling walker, hand held shower, bath bench, walker, nebulizer, grab bars, commode, hospital bed, 4 wheeled walker

15. Safety Measures:

walker precautions, smoke detectors , emergency phone # clearly displayed, bedrails up while in bed, bathroom safety, , ambulates with device, ambulates with assistance, , hand rails, supervision at all times, wheelchair precautions, transfer with assist, , , , aspiration precautions, activity supervision

16. Nutrition:

regular, pureed

17. Allergies:

aspirin azithromycin bupropion conjugated estrogrens erythromycin ibuprofen p

18.A. Functional Limitations

Ambulation, Bowel/Bladder Incontinence, Speech, Endurance

18.B. Activities Permitted

Wheelchair, Transfer bed/Chair, Exercises Prescribed

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

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

Phyllis Jennings
1576 Merritt Blvd Ste 14
Dundalk, MD 21222
PHONE: 4106502000 FAX: 8666395353 NPI: 1154846699

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 : 01/13/2026

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.

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20. Prognosis: good

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
family/caregiver will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Other Chronic Pain, 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 69-year-old female who was recently hospitalized following a mechanical fall complicated by urinary retention and a urinary tract infection. Her past medical history is significant for heart failure, chronic obstructive pulmonary disease, anxiety, atrial fibrillation managed with anticoagulation, dysphagia requiring a pureed diet, rheumatoid arthritis, scoliosis, pelvic tilt, aphasia, and a prior right hip fracture. The patient is a full code. She resides in a single-family home with her husband, who serves as her primary caregiver, and has previously received home care services. Durable medical equipment in the home includes a hospital bed, bedside commode, and wheelchair. All prescribed medications are present in the home. A urinary catheter was discontinued during her rehabilitation stay prior to discharge. The patient's primary care provider from the VA is scheduled to complete a home visit tomorrow. At the time of assessment, the patient is bedbound with profound generalized weakness and multiple musculoskeletal deformities, including scoliosis and pelvic tilt. She is unable to bear weight and is fully dependent for bed mobility, transfers from bed, and all activities of daily living, including personal hygiene. The patient requires one-person assistance for transfers and relies on a wheelchair for mobility; however, she is unable to perform functional ambulation. Due to her inability to bear weight and lack of capacity to participate meaningfully in therapeutic interventions, she is not considered a candidate for physical therapy, and no further physical therapy <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> are planned. Prior to the recent hospitalization, the patient resided with her husband in a two-story home and was able to complete basic self-care tasks independently, including dressing, grooming while seated in a wheelchair, toileting, and bathing with the use of a shower chair. She was also independent with wheelchair mobility and functional transfers. Currently, the patient demonstrates a significant decline from her prior level of function, presenting with decreased bilateral upper extremity strength, reduced activity tolerance, impaired unsupported sitting balance, and limited sitting tolerance. These deficits significantly impact her ability to perform self-care tasks, functional transfers, and mobility. Skilled occupational therapy services are recommended to address these functional impairments and to support the patient in maximizing safety, comfort, and quality of life within the context of her current limitations and overall plan of care.
 Date of Order 01/20/2026 Orders Physician Face-to-Face Date: 01/13/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Other Chronic Pain 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 OT Eval Notes: PT Eval Notes:
 Physician Jennings, Phyllis

SN Careplans

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

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 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

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

SN Goals

PATIENT-STATED GOAL: Patient states she wants to get stronger so she can stop falling and feeling tired all the time.

GOALS
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
* 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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related m

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
* diet
* weight-bearing exercises to promote bone healing and strengthening
* fluids to prevent constipation
* home safety
* pain control

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
01/20/2026

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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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M2020 - Oral Med Management, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, M1610 - Urinary Catheter, urine retention, frequent urination, limited strength, muscle weakness, limited endurance, muscle spasms, limited range of motion, poor muscle tone, weak hand grips, daytime fatigue, B1000 - Vision Deficit, difficulty sleeping, Pain Interference with ADLs, Pain Effect on Sleep, impaired speech

PROCEDURES: incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision

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 modification to manage blood condition including dietary changes bleeding precautions, 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related m, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * strategies to increase caloric intake, 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, * 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 medic, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

* recalls related medication(s) purpose, schedule

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

caregiver administers and/or packages medications appropriately

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
* prevent constipation
* home safety
* recalls related medic

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 modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

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

PT Careplans

PT WK1: 1 (01/20/26-01/24/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, GG0170F1 - Toilet Transfer, GG0170B1 - Sit to Lying, GG0170C1 - Lying to sitting/bed, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet

PROCEDURES: Medication Review: The medication was reviewed with the patient , cough/deep breathing exercises, incentive spirometer, wheelchair 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, Sit to Lying - 06. Independent, Lying to sitting/bed - 06. Independent, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 01. Dependent, Car Transfer - 06. Independent, Wheel 50 ft w 2 Turns - 01. Dependent, Wheel 150 feet - 01. Dependent

PT Goals

PATIENT-STATED GOAL: The patient is bed bound and could not benefit from physical therapy

GOALS
Chair to Bed to Chair - 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

Sit to Lying - 06. Independent

Lying to sitting/bed - 06. Independent

Sit to Stand - 06. Independent

Toilet Transfer - 01. Dependent

Car Transfer - 06. Independent

Wheel 50 ft w 2 Turns - 01. Dependent

Wheel 150 feet - 01. Dependent

OT Careplans

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
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PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, 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: equipment training, work simplification/energy conservation, assist with bathing, assist with toilet transferring, assist with transferring, assist with lower body dressing, assist with dressing and footwear, assist with toileting

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 - 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, Upper Body Dressing - 06. Independent

PATIENT-STATED GOAL: I want to walk

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 - 06. Independent

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

HHA Careplans

HHA 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)

HHA Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
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