

Home Health Certification and Plan of Care				Order ID: 1150/14738	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
100011583		12/09/2025		From: 12/09/2025 To: 02/06/2026	
				4. Medical Record No.	
				20009	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Elsie Walker 2522 E Joppa Rd, PARKVILLE, MD 21234- 443-680-6939			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
07/14/1939			Female		
11. ICD			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
K26.9			Remeron - Mirtazapine 15 MG tablet, Take 15 mg by mouth at bedtime		
Duodenal ulcer unsp as acute or chronic w/o hemor or perfr			Questran - Cholestyramine 4 g powder, Take 1 packe by mouth twice a day		
12/09/25			Take 1 packet by mouth 2 times daily for 14 days		
13. ICD			Zestoretic - Hydrochlorothiazide: Lisinopril 20- 25 MG tablet, Take 1 tablet		
D64.9			by mouth once a day		
Anemia unspecified			Imodium - Loperamide Hydrochloride 2 MG capsule, Take 1 capsule by		
12/09/25			mouth every 12 hours Take 1 capsule by mouth every 12 hours as		
110.			needed.		
Essential (primary) hypertension			Lopressor - Metoprolol Tartrate 50 MG tablet, Take 50 mg by mouth twice a		
12/09/25			day Take 50 mg by mouth 2 times daily		
E53.8			Protonix - Pantoprazole Sodium 40 mg tablet, Take 1 tablet by mouth twice		
Deficiency of other specified B group vitamins			a day Take 1 tablet by mouth 2 times daily		
12/09/25			Zocor - Simvastatin 40 MG tablet, Take 40 mg by mouth in the evening		
E78.5			Extra Strength Tylenol - Acetaminophen 2tab by mouth every 6 hours As		
Hyperlipidemia unspecified			needed for pain		
12/09/25					
F41.9					
Anxiety disorder unspecified					
12/09/25					
G89.29					
Other chronic pain					
12/09/25					
M17.0					
Bilateral primary osteoarthritis of knee					
12/09/25					
E44.0					
Moderate protein-calorie malnutrition					
12/09/25					
14. DME and Supplies:			15. Safety Measures:		
rolling walker, bath bench			walker precautions, , , ambulates with assistance, ambulates with device		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Ambulation, Hearing			Walker, Cane, Exercises Prescribed, Transfer bed/Chair, Up As Tolerated		
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: 1. Rarely, 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: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.			family/caregiver will be responsible for managing treatment		
Homebound status: Due to diagnosis of Duodenal Ulcer, Unspecified As Acute Or Chronic, Without Hemorrhage Or Perforation, 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:<div>The patient is an 86-year-old female recently admitted for management of a perforated duodenal ulcer with associated abnormal renal function. Her past medical history is significant for bilateral knee osteoarthritis, anemia, anxiety, and duodenal ulcer disease. She resides alone in a single-family home, with her daughters providing intermittent assistance as needed. At the time of assessment, the patient demonstrated generalized weakness and an unsteady gait. Objective balance and mobility testing revealed a Timed Up and Go (TUG) score of 18 seconds with noted balance deficits, and a Tinetti score of 17/28, indicating a high risk for falls. Patient education was provided regarding fall prevention strategies, including environmental safety measures and safe ambulation techniques. A home exercise program was instructed and demonstrated to address strength, balance, and mobility deficits, with the patient verbalizing understanding. The plan of care includes continued skilled therapy to improve functional mobility, reduce fall risk, and promote safe independence within the home.</div><div> </div><div> </div><div>Date of Order</div><div> </div><div>12/09/2025</div><div>Orders</div><div>Physician Face-to-Face Date: 11/23/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat due to Duodenal Ulcer, Unspecified As Acute Or Chronic, Without Hemorrhage Or Perforation</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div> </div><div> </div><div>1 - SOC - PT Notes: soc</div><div>Physician</div><div> </div><div>Guelfack, Regine</div></div>					
SN Careplans			SN Goals		
PT Careplans			PT Goals		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 12/09/2025				25. Date HHA Received Signed POT	
24. Physician's Name and Address Regine Guelfack 8901 Clement Ave Parkville, MD 21234 PHONE: 4106614670 FAX: 14106614671 NPI: 1285279364			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 : 11/23/2025		
27. Attending Physician's Signature and Date Signed 01/07/2026 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. PAGE 1 of 3		

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PT WK1: 2 (12/09/25-12/13/25) ,WK2: 1 (12/14/25-12/20/25) ,WK3: 1 (12/21/25-12/26/25) 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: 1. Non-agency caregiver(s) currently provide assistance HOSPITALIZATION RISKS: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 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: GG0130B1 - Oral Hygiene, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating, GG0170E1 - Chair to Bed to Chair, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, M1033 - Unintentional Weight Loss, limited strength, muscle weakness, weak hand grips, balance deficit, B0200 - Hearing Deficit PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , Home exercises : SLR, LONG ARC, MINI SQUAT , SIDE KICKS AND HEEL RAISES --10X2 , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training, coordinate/arrange home modifications for hearing impaired, i.e. alarms 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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * dietary guidelines lifestyle modifications to manage gastric condition, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, 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, * how to keep home safe for hearing-impaired including installing special fire-detector/C O2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver performs medical/rehabilitation treatments with adequate competence, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 06. Independent, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 _ Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent		PATIENT-STATED GOAL: To get stronger , walk longer distance GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent patient/caregiver recalls * dietary guidelines * lifestyle modifications to manage gastric condition * 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 * dietary guidelines for managing nutritional deficit * 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 * 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 * strategies to increase caloric intake * 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 keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule caregiver performs medical/rehabilitation treatments with adequate competence Oral Hygiene - 06. Independent Eating - 06. Independent Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 06. Independent Walk 50 ft with 2 Turns - 06. Independent Walk 150 Feet - 06. Independent Walk 10 ft on Uneven Surface - 06. Independent 1 _ Step (curb) - 06. Independent 4 Steps - 06. Independent 12 Steps - 06. Independent Picking Up Object - 06. Independent Lower Body Dressing - 06. Independent		
Signature of Physician:		Date		
		PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by Messick, Charles RN		12/09/2025		

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