Home Health Certification and Plan of Care

Order ID: 1150/15971

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
86247645	12/04/2025	From: 02/02/2026 To: 04/02/2026	20016	217058

6. Patient's Name and Address

Nancy Soper
1913 Church Road,
Dundalk, MD 21222-
410-456-4781

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 08/23/1956 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
G89.4	Chronic pain syndrome	12/04/25

13. ICD	Other Pertinent Diagnoses	Date
M25.512	Pain in left shoulder	12/04/25
S61.412D	Laceration without foreign body of left hand subs encntr	12/04/25
J43.2	Centrilobular emphysema	12/04/25
J45.909	Unspecified asthma uncomplicated	12/04/25
J98.01	Acute bronchospasm	12/04/25
F32.A	Depression unspecified	12/04/25
K21.9	Gastro-esophageal reflux disease without esophagitis	12/04/25
F17.210	Nicotine dependence cigarettes uncomplicated	12/04/25
F40.240	Claustrophobia	12/04/25
F41.0	Panic disorder [episodic paroxysmal anxiety]	12/04/25
F43.12	Post-traumatic stress disorder chronic	12/04/25
N13.6	Pyonephrosis	12/04/25
K59.00	Constipation unspecified	12/04/25
Z91.81	History of falling	12/04/25

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

Duoneb - Albuterol Sulfate: Ipratropium Bromide 0.5 mg-3 mg(2.5 mg base)/3 mL Neb Soln 3 mL, 3 mL X1 inhalant as necessary
Ultram - Tramadol Hydrochloride 50 mg, Take 1 tablet by mouth as necessary Take 1 tablet
by mouth 2 to 3
times a day as
needed for
moderate to
severe pain
Lyrica - Pregabalin 75 mg, Take 1 capsule by mouth at bedtime Take 1 capsule
by mouth daily
at bedtime
Ventolin Hfa - Albuterol Sulfate 90 mcg/actuation Inhl HFAA, Inhale 2 puffs inhalant every 4 hours Inhale 2 puffs
by mouth every
4 hours as
needed for
quick relief of
asthma
symptoms or
shortness of
breath
Zoloft - Sertraline Hydrochloride 100 mg, Take 2 tablets by mouth at bedtime Take 2 tablets
by mouth daily
at bedtime
Seroquel - Quetiapine Fumarate 400 mg, Take 1 and one-half tablets by mouth at bedtime Take 1 and
one-half tablets
by mouth daily
at bedtime
Lipitor - Atorvastatin Calcium 40 mg, Take 1 tablet by mouth once a day
Lopressor - Metoprolol Tartrate 50 mg, Take 1 tablet by mouth every other day
Motrin - Ibuprofen 800 mg, Take 1 tablet by mouth every 8 hours Take 1 tablet
by mouth every
8 hours as
needed for pain
. Take with food
Combivent - Albuterol Sulfate: Ipratropium Bromide 20- 100 mcg/actuation, Inhale 1 puf inhalant every 6 hours
Phenergan - Promethazine Hydrochloride 25 mg, Take 1 tablet by mouth every 6 hours Take 1 tablet
by mouth every
6 hours as
needed for
nausea
Protonix - Pantoprazole Sodium 40 mg Oral TBEC DR Tab, Take 1 tablet by mouth twice a day Take 1 tablet
by mouth 2
times a day as
needed for
heartburn 30 to
60 minutes
prior to meals

14. DME and Supplies:

rolling walker, commode, cane

15. Safety Measures:

fall precautions, ambulates with assistance, activity supervision, cardiac precautions, diabetic precautions

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET,

17. Allergies:

oxycodone peanuts predinsone

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Transfer bed/Chair, Exercises Prescribed, Up As Tolerated, Walker

19. Mental & Pyschosocial Status: COGNITION: 2. Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance)., ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: wfl, HISTORY OF DEPRESSION:

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/31/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Laura Emmanuel-Allen
7141 Security Blvd
Woodlawn, MD 21044
PHONE: FAX: NPI: 1114312352

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 : 11/25/2025

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.

Home Health Certification and Plan of Care

Order ID: 1150/15971

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
86247645	12/04/2025	From: 02/02/2026 To: 04/02/2026	20016	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Nancy Soper 1913 Church Road, Dundalk, MD 21222- 410-456-4781	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

20. Prognosis: fair

22. A Rehabilitation Potential:	22.B.Discharge Plans
SELF-CARE: , MOBILITY:	patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Chronic pain syndrome, 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: At the start of care, the patient was profoundly weak, frail, and bedbound. She has since made some progress with transfers and is now able to ambulate approximately 10 feet with assistance. The patient reported a fall yesterday while transferring to the bedside commode. She continues to demonstrate significant weakness and requires assistance for transfers and ambulation. The home exercise program was reviewed, and fall prevention strategies were reinforced. The patient has the potential to continue making progress in transfers and overall functional mobility.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 01/31/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 11/25/2025
 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and treat, SW community resources due to Chronic Pain Syndrome
 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>
 4 - Recertification PT Notes: due to chronic pain<o:p></o:p> Physician: Emmanuel-Allen, Laura

SN Careplans	SN Goals

PT Careplans	PT Goals
PT WK1: 1 (02/02/26-02/07/26) ,WK2: 2 (02/08/26-02/14/26) ,WK3: 2 (02/15/26-02/21/26) ,WK4: 2 (02/22/26-02/28/26) ,WK5: 1 (03/01/26-03/07/26) 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: wfl 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, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion 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:Do not resuscitate (DNR) orders PROBLEMS IDENTIFIED ON ASSESSMENT: dizziness/syncope, M1033 - Unintentional Weight Loss, nausea/vomiting, muscle weakness, limited endurance, limited strength, loss of appetite, #1 - Laceration - Anterior Left Wrist/Hand - Skin tear on the back of the left hand., #2 - Laceration - Anterior Left Wrist/Hand - Skin tear on the medial back of the left hand. PROCEDURES: physician-ordered wound care: #2 - Laceration - Anterior Left Wrist/Hand - Skin tear on the medial back of the left hand., physician-ordered wound care: #1 - Laceration - Anterior Left Wrist/Hand - Skin tear on the back of the left hand., Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, physician-ordered wound care, wound vacuum, gait training on uneven surfaces, gait training/stair training, transfers training, teach/coordinate/arrange medication packaging and/or administration 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, * 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 relaxation skills and diversional activities, related medication(s) purpose, schedule, * 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) purpose, schedule, * prevention	PATIENT-STATED GOAL: To get stronger , walk and be pain free;Home exercises GOALS Toilet Transfer - 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 medication(s) purpose, schedule Picking Up Object - 06. Independent 12 Steps - 06. Independent 4 Steps - 06. Independent Walk 10 ft on Uneven Surface - 06. Independent Walk 150 Feet - 06. Independent Walk 50 ft with 2 Turns - 06. Independent Walk 10 Feet - 06. Independent Car Transfer - 06. Independent Sit to Stand - 06. Independent 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 medication(s) purpose, schedule patient/caregiver recalls * how to achieve wound healing including cleaning and dressing wound * position changes * skin care * diet modification * record wound measurements * recalls related medication(s) purpose, schedule Sit to Stand - 05. Setup or clean-up assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/31/2026

Home Health Certification and Plan of Care

Order ID: 1150/15971

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
86247645	12/04/2025	From: 02/02/2026 To: 04/02/2026	20016	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Nancy Soper 1913 Church Road, Dundalk, MD 21222- 410-456-4781	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * how to manage symptoms of nicotine withdrawal and nicotine cravings, related medication(s) purpose, schedule, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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, caregiver administers and/or packages medications appropriately, Sit to Stand - 05. Setup or clean-up assistance, 1 - Step (curb) - 06. Independent, Sit to Stand - 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, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

1 - Step (curb) - 06. Independent

caregiver administers and/or packages medications appropriately

patient self-administers medications as prescribed
* 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
* 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
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low-fat diet
* lifestyle modifications to manage esophageal condition
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage symptoms of nicotine withdrawal and nicotine cravings
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

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) 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 relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/31/2026