Home Health Certification and Plan of Care

Order ID: 1150/16025

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
39309520	02/02/2026	From: 02/02/2026 To: 04/02/2026	21844	217058

6. Patient's Name and Address

Margaret Wirth
901 10th Street,
PASADENA, MD 21122-
410-868-0355

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 05/27/1947 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z48.815	Encntr for surgical aftcr following surgery on the dgstv sys	02/02/26

13. ICD	Other Pertinent Diagnoses	Date
N28.1	Cyst of kidney acquired	02/02/26
K57.30	Dvrtclos of lg int w/o perforation or abscess w/o bleeding	02/02/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	02/02/26
I50.32	Chronic diastolic (congestive) heart failure	02/02/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	02/02/26
N18.9	Chronic kidney disease u	02/02/26
J44.9	Chronic obstructive pulmonary disease unspecified	02/02/26
I71.21	Aneurysm of the ascending aorta without rupture	02/02/26
M51.369	Oth intvrt disc degen lum rgn w/o lum bck or lw extrm painOth intvrt disc degen lum rgn w/o lum bck or lw extrm pain	02/02/26
M41.9	Scoliosis unspecified	02/02/26
M48.00	Spinal stenosis site unspecified	02/02/26
G89.29	Other chronic pain	02/02/26
E78.5	Hyperlipidemia unspecified	02/02/26
K21.9	Gastro-esophageal reflux disease without esophagitis	02/02/26
R33.9	Retention of urine unspecified	02/02/26
Z46.6	Encounter for fitting and adjustment of urinary device	02/02/26
Z90.49	Acquired absence of other specified parts of digestive tract	02/02/26
Z90.710	Acquired absence of both cervix and uterus	02/02/26
Z79.891	Long term (current) use of opiate analgesic	02/02/26
Z87.891	Personal history of nicotine dependence	02/02/26

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

Losartan Potassium - Losartan Potassium 100 mg 100 mg1 Tablet by mouth once a day blood pressure
Gabapentin - Gabapentin 300 mg 300MG capsule by mouth once a day
Commonly known as: NEURONTIN
pain
Pravastatin - Pravastatin Sodium 40 mg / 1 Tablet by mouth once a day
Commonly known as: PRAVACHOL
cholesterol
Carvedilol - Carvedilol 12.5 mg 12.5MG tablet; 1 tab by mouth twice a day
Commonly known as: COREG
2 tabs for blood pressure
Furosemide - Furosemide 20 mg 20MG tablet; 1 tab by mouth twice a day
fluid pill
lidocaine 5 % patch Place 1 patch onto the skin daily. topical once a day
Commonly known as: LIDODERM
pain
MAGNESIUM PO -1 tab by mouth once a day supplement
Acetaminophen - Acetaminophen 0325mg; 1 tab by mouth every 8 hours as needed for pain
Iron - Ferrous Sulfate: Folic Acid 1 tab by mouth once a day supplement

14. DME and Supplies:

cane, walker

15. Safety Measures:

standard precautions, fall precautions, ambulates with device

16. Nutrition:

cardiac diet

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Exercises Prescribed, Walker, Cane, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., 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:

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

patient will be responsible for managing treatment

Homebound status:

Due to diagnosis of Encounter for surgical aftercare following surgery on the digestive system, 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 78-year-old female recently hospitalized for ventral hernia repair status post total hysterectomy and laparoscopic ventral hernia repair with mesh on December 29, 2025, complicated by a small bowel obstruction requiring additional surgery on January 25, 2026. Her past medical history includes COPD, diastolic heart failure, ascending thoracic aortic aneurysm, chronic kidney disease, type 2 diabetes mellitus, essential hypertension, hyperlipidemia, degenerative disc disease, spinal stenosis, scoliosis, chronic back pain on long-term opioid therapy, and chronically elevated WBC. She is alert and oriented 3, reports low back pain rated 5/10 controlled with acetaminophen, and experiences shortness of breath with moderate exertion. The patient ambulates indoors with a rollator and requires supervision to minimal assistance for transfers, bed mobility, and basic ADLs, with assistance from family as needed, and demonstrates decreased endurance, strength, balance, and functional mobility, placing her at increased risk for falls. The abdominal incision is closed, measuring 10.0 cm, with no signs of infection, appetite is good, and bowel movement was reported on the day of visit. Skilled nursing reviewed medications, incision care, and pain management, while physical and occupational therapy provided instruction on safe transfers, ambulation, bed mobility, fall prevention, and home exercise program. The patient is homebound due to dyspnea on exertion, decreased endurance, and the need for an assistive device and caregiver assistance to leave the home, and will benefit from continued skilled nursing, physical therapy, and occupational therapy to prevent deconditioning, improve functional mobility, and restore independence.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 02/02/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 01/23/2026
 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat HHA-adls DX: Encounter for surgical aftercare

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/02/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Sherin Varghese
2931 Greenspring Drive
Timonium, MD 21093
PHONE: FAX: NPI: 1952471153

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 : 01/23/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/16025

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
39309520	02/02/2026	From: 02/02/2026 To: 04/02/2026	21844	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Margaret Wirth 901 10th Street, PASADENA, MD 21122- 410-868-0355	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

following surgery on the digestive system
 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>
 1 - SOC - SN Notes:
 PT Eval Notes:<o:p></o:p> OT Eval Notes:<o:p></o:p> Physician:<span style="font-size: 10.5pt; background-image: initial; background-position: initial; background-size: initial; background-repeat: initial; background-attachment: initial; background-origin: initial; background-clip: initial;"> Varghese, Sherin

SN Careplans

SN WK1: 1 (02/02/26-02/07/26) ,WK2: 2 (02/08/26-02/14/26) ,WK3: 1 (02/15/26-02/21/26) ,WK4: 1 (02/22/26-02/28/26) ,WK5: 1 (03/01/26-03/07/26) ,WK6: 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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: , M2020 - Oral Med Management, Home Safety, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, obesity, #1 - Observable Surgical Wound - Other - MIDLINE ABDOMINAL CLOSED INCISION - CLOSED

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Other - MIDLINE ABDOMINAL CLOSED INCISION - CLOSED: OPEN TO AIR, cough/deep breathing exercises, incentive spirometer, coordinate/arrange for maintenance of clean/uncluttered living area

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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: TO GET STRONGER AND BETTER

GOALS
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

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
* 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

patient's living environment is clean/uncluttered

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 2 (02/02/26-02/07/26) ,WK2: 1 (02/08/26-02/14/26) ,WK3: 2 (02/15/26-02/21/26) ,WK4: 1 (02/22/26-02/28/26) ,WK5: 1 (03/01/26-03/07/26) ,WK6: 1 (03/08/26-03/14/26) ,WK7: 1 (03/15/26-03/21/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: cough/deep breathing exercises, home exercise program: Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., gait training on uneven surfaces, gait training/stair 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, Chair to Bed to Chair - 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, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

PT Goals

PATIENT-STATED GOAL: To be able to return to my home

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/02/2026

Home Health Certification and Plan of Care

Order ID: 1150/16025

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
39309520	02/02/2026	From: 02/02/2026 To: 04/02/2026	21844	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Margaret Wirth 901 10th Street, PASADENA, MD 21122- 410-868-0355	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Picking Up Object - 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

OT Careplans

OT WK1: 1 (02/02/26-02/07/26) ,WK2: 1 (02/08/26-02/14/26) ,WK3: 1 (02/15/26-02/21/26) ,WK4: 1 (02/22/26-02/28/26)

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: Therapeutic exercise , Balance training , Medication review , cough/deep breathing exercises, equipment training, work simplification/energy conservation

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 - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 03. Partial/moderate assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Return to plof and get stronger

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 03. Partial/moderate assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/02/2026