

Home Health Certification and Plan of Care				Order ID: 1150/16020	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
02201169		01/30/2026		From: 01/30/2026 To: 03/30/2026	
				4. Medical Record No.	
				21430	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Linda Ward 621 McKewin Ave, BALTIMORE, MD 21218- 443-622-7426			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
10/07/1949			Female		
11. ICD			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
G93.41			Cozaar - Losartan Potassium 100 mg Oral daily		
Principal Diagnosis			Astelin - Azelastine Hydrochloride 137 mcg (0.1 %) Each nostril Use in each nostril 2 times a day		
Metabolic encephalopathy			Centrum Multivitamin - Ascorbic Acid: Biotin: Cyanocobalamin: Ergocalciferol: Folic Acid: Niacinamide: Pantothenic Acid: Phytionadione: Pyridoxine: Ribo 1 tablet Oral daily		
Date			Lipitor - Atorvastatin Calcium eq 10 mg base 1 Tablet by mouth once a day for		
01/30/26			cholesterol		
13. ICD			and heart		
F01.53			protection		
Other Pertinent Diagnoses			Pepcid - Famotidine 20 mg 1 Tablet by mouth twice a day		
Vascular dementia unspecified severity with mood disturb			Pradaxa - Dabigatran Etexilate Mesylate 150 mg 1 Capsule by mouth twice a day		
F33.0			Flomax - Tamsulosin Hydrochloride 0.4 mg 1 Capsule by mouth at bedtime		
Major depressive disorder recurrent mild			Glucophage - Metformin Hydrochloride 500 mg 1 Tablet by mouth twice a day with food		
F01.54			Prozac - Fluoxetine Hydrochloride eq 40 mg base / 1 Tablet by mouth in the morning Take 2 capsules by		
Vascular dementia unspecified severity with anxiety			mouth every		
I11.9			morning		
Hypertensive heart disease without heart failure			Wellbutrin Sr - Bupropion Hydrochloride 200 mg 1 Tablet by mouth twice a day (combination		
E11.9			treatment		
Type 2 diabetes mellitus without complications			with		
S52.91XD			naltrexone)		
Unsp fracture of r forearm subs for clos fx w routn heal			Revia - Naltrexone Hydrochloride 50 mg 1 Tablet by mouth once a day 0.5 tablet bid		
I48.0			taken in		
Paroxysmal atrial fibrillation			combination		
G47.33			with		
Obstructive sleep apnea (adult) (pediatric)			Bupropion		
E78.2			Xalatan - Latanoprost 0.005 perc both eyes at bedtime Instill 1 Drop in both eyes		
Mixed hyperlipidemia			daily at		
K21.9			bedtime		
Gastro-esophageal reflux disease without esophagitis			Apresoline - Hydralazine Hydrochloride 100 mg 1 Tablet by mouth three times a day		
D64.9			Coreg - Carvedilol 25 mg 1 Tablet by mouth twice a day with meals.		
Anemia unspecified			Tylenol Es - Acetaminophen 500 mg / 1 Tablet by mouth twice a day		
E63.9					
Nutritional deficiency unspecified					
D50.8					
Other iron deficiency anemias					
F10.94					
Alcohol use unspecified with alcohol-induced mood disorder					
H42.					
Glaucoma in diseases classified elsewhere					
E55.9					
Vitamin D deficiency unspecified					
R33.9					
Retention of urine unspecified					
E66.01					
Morbid (severe) obesity due to excess calories					
Z79.01					
Long term (current) use of anticoagulants					
Z79.84					
Long term (current) use of oral hypoglycemic drugs					
Z85.841					
Personal history of malignant neoplasm of brain					
Z87.440					
Personal history of urinary (tract) infections					
14. DME and Supplies:			15. Safety Measures:		
wheelchair, diabetic supplies, commode, walker, 4 wheeled walker, rolling walker			hand rails, walker precautions, smoke detectors , medication safety, fall precautions, diabetic precautions, bleeding precautions, ambulates with device, ambulates with assistance, supervision at all times, transfer with assist, wheelchair precautions, standard precautions, bathroom 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			Exercises Prescribed, 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: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: Yes		
20. Prognosis:			good		
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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.			family/caregiver will be responsible for managing treatment		
Homebound status:			Due to diagnosis of Metabolic encephalopathy, 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.		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles RN on 01/30/2026					
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.		
Nkiruka Obioha			F2F date : 01/12/2026		
2391 Greenspring Drive					
Timonium, MD 21093					
PHONE: 4108473000 FAX: 8554160980 NPI: 1073650024					
27. Attending Physician's Signature and Date Signed			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.		
02/11/2026 Date of physician last face-to-face			PAGE 1 of 4		

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BALTIMORE, MD 21218-				Owings Mills, MD 21117-8284	
443-622-7426				410-321-8448	
				1487113239	
Clinical Condition Requiring Homecare:		<p class="MsoNoSpacing">The patient is a 76-year-old female recently hospitalized at Kaiser for acute encephalopathy and hypertension, followed by a short-term stay at Orchard Hill Rehab, now admitted to home care services. She lives with her husband and daughter in a cluttered Baltimore rowhome and remains on the main living level with a bedroom set up in the dining room, sleeping on a full-size bed and using a bedside commode due to lack of a first-floor bathroom. The patient sustained a mechanical fall while on a cruise, resulting in a right forearm fracture treated with ORIF; she is currently wearing a right forearm brace, and the surgical incision is fully healed with no wound care required. Past medical history is significant for vascular dementia, diabetes mellitus, atrial fibrillation, hypertension, anemia, glaucoma, obesity, obstructive sleep apnea, GERD, hyperlipidemia, anxiety, depression, alcohol use disorder, brain cancer, recurrent UTIs, and multiple falls. She ambulates inside the home with a hemi-walker or rollator and supervision, demonstrates impaired balance with a Tinetti score of 12/28, and requires supervision for bed mobility, transfers, and stair negotiation. The patient is homebound due to the significant effort required to leave the home and increased fall risk. She is full code with no known drug allergies, all medications are present in the home, and her daughter assists with ADLs. The patient would benefit from continued skilled home therapy, including physical and occupational therapy, to address strength, functional mobility, ADL training, safety awareness, and fall prevention to improve independence and reduce risk of further decline.</o:p></o:p></p><p class="MsoNoSpacing">01/30/2026
 Order<o:p></o:p></p><p class="MsoNoSpacing">Date of Order<o:p></o:p></p><p class="MsoNoSpacing">01/30/2026
 Order<o:p></o:p></p><p class="MsoNoSpacing">Physician Face-to-Face Date: 01/12/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval &amp; treat ot-eval &amp; treat hha-adl's dx: Metabolic encephalopathy
 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:&nbsp;
 PT Eval Notes:
 OT Eval Notes:<o:p></o:p></p><p class="MsoNoSpacing">Physician:Obioha, Nkiruka</p>			
SN Careplans		SN Goals			
SN WK1: 1 (01/30/26-01/31/26) ,WK3: 1 (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)		PATIENT-STATED GOAL: Patient states she wants to be able to do more things for herself so she does not need to rely on her family for so much.			
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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance		patient/caregiver recalls			
HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 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		* depression-prevention strategies including avoidance of isolation			
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.		* healthy eating			
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.		* sleeping habits			
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		* identification of activities that bring pleasure			
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.		* preventive care			
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.		* recalls related medication(s) purpos			
Provide education content at patient's level of health literacy.		patient/caregiver recalls			
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.		* lifestyle modifications to manage respiratory condition including			
Assess: Musculoskeletal status.		* diet changes and regular exercise			
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		* strategies to control shortness of breath			
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.		* home remedies to keep lungs healthy			
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques		* recalls related medicatio			
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education.,		patient/caregiver recalls			
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training		* management of mental health condition including joining a peer group			
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.		* maintaining regular contact with mental health professional			
; 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		* avoiding known stressors			
Advance Directive:No Advance Directive		* controlling impulses			
PROBLEMS IDENTIFIED ON ASSESSMENT: , M1745 - Behavioral Issues, D0160 - Depression, M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, dependent edema, muscle weakness, limited strength, limited endurance, balance deficit		* recalls related medication(s)			
PROCEDURES: incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision		patient self-administers medications as prescribed			
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, * depression-prevention strategies including avoidance of isolation		* recalls related medication(s) purpose, schedule			
caregiver administers and/or packages medications appropriately					
Signature of Physician:		Date			
		PAGE 2 of 4			
Optional Name/Signature of Nurse/Therapist:		Date			
Electronically Signed by Messick, Charles RN		01/30/2026			

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healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purposos, * 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), patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately				
PT Careplans PT 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) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, 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: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Sitting knee extension, ankle pumps. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats , incentive spirometer, 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, * 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, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance		PT Goals PATIENT-STATED GOAL: Return to sleeping upstairs. 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 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 Walk 150 Feet - 04. Supervision or touching assistance 1 - Step (curb) - 04. Supervision or touching assistance 12 Steps - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching assistance Car Transfer - 05. Setup or clean-up assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance Walk 10 Feet - 04. Supervision or touching assistance Walk 50 ft with 2 Turns - 04. Supervision or touching assistance Sit to Stand - 05. Setup or clean-up assistance Chair to Bed to Chair - 05. Setup or clean-up assistance 4 Steps - 04. Supervision or touching assistance		
OT Careplans OT WK1: 1 (01/30/26-01/31/26) ,WK2: 1 (02/01/26-02/07/26) ,WK3: 1 (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) PROBLEMS IDENTIFIED ON ASSESSMENT: 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 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 - 03. Partial/moderate assistance, Upper Body Dressing - 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		OT Goals PATIENT-STATED GOAL: To stop needing my daughter's help 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 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 Shower/Bathe Self - 03. Partial/moderate assistance Upper Body Dressing - 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		
HHA Careplans HHA WK3: 1 (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)		HHA Goals		
Signature of Physician:		Date		
		PAGE 3 of 4		
Optional Name/Signature of Nurse/Therapist:		Date		
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(02/22/26-02/28/26) ,WKR6: 1 (03/01/26-03/07/26) ,WKR 7: 1 (03/08/26-03/14/26)

PROCEDURES: Change linens as needed, assist with bathing; In chair or BSC, assist with toilet transferring, assist with toileting hygiene, assist with transferring, assist with mobility, assist with feeding/eating, assist with infection control, assist with fall prevention, assist with assistive devices prn, assist with lower body dressing, assist with upper body dressing

Signature of Physician:	Date
	PAGE 4 of 4
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