Home Health Certification and Plan of Care

Order ID: 1150/15164

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8F10C67YA39	12/19/2025	From: 12/19/2025 To: 02/16/2026	20492	217058

6. Patient's Name and Address

Melody Roth
5233 Hanover Pike,
MANCHESTER, MD 21102-
443-864-0465

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 10/30/1951 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M62.82	Rhabdomyolysis	12/19/25

13. ICD	Other Pertinent Diagnoses	Date
E11.9	Type 2 diabetes mellitus without complications	12/19/25
I10.	Essential (primary) hypertension	12/19/25
E78.49	Other hyperlipidemia	12/19/25
M05.9	Rheumatoid arthritis with rheumatoid factor unspecified	12/19/25
F32.89	Other specified depressive episodes	12/19/25
M62.89	Other specified disorders of muscle	12/19/25
G47.00	Insomnia unspecified	12/19/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	12/19/25
Z79.631	Long term (current) use of antimetabolite agent	12/19/25
Z91.81	History of falling	12/19/25

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

Diclofenac Sodium - Diclofenac Sodium 1% gel ,4gram dose topical four times a day
Bumetanide - Bumetanide 1 mg 1 Tablet by mouth every other day Take one tablet every other day for edema.
Hydralazine Hydrochloride - Hydralazine Hydrochloride 25 mg 1 Tablet by mouth twice a day For Hypertension, hold for systolic blood pressure less than 110
Valsartan - Valsartan 80 mg Take 1 tablet by mouth once a day For hypertension, hold for systolic blood pressure less than 110.
Volteren Gel 1% 4 grams topical four times a day Apply 4g to bilateral hips 4 times daily for Mild to Moderate pain rated 1-5 on numeric scale.
Zyrtec Allergy - Cetirizine Hydrochloride 10 mg 1 Tablet by mouth at bedtime To relieve itching
Melatonin - Melatonin 3mg oral tablet,Take 1 tablet by mouth at bedtime for insomnia
Nesina - Alogliptin Benzoate 1 Tablet (25mg) by mouth in the morning For Type II Diabetes
Atenolol - Atenolol 50 mg 1 Tablet by mouth once a day For Hypertension; hold if Systoilic BP <110 or Heart Rate <60
amlodlpine besylate 1 Tablet (10mg) by mouth once a day For Hypertension; hold if Systoilic BP <110 or Heart Rate <60
Pravastatin Sodium - Pravastatin Sodium 80 mg Take 1 tablet by mouth once a day For Hyperlipidemia (cholesterol)
Methotrexate Sodium - Methotrexate Sodium eq 2.5 mg base 3 Tablets by mouth once a day Take 3 tablets every Monday morning for Rheumatoid Arthritis.
Metformin Hydrochloride - Metformin Hydrochloride 500 mg 2 Tablets by mouth twice a day For Type II Diabetes
Zinc Oxide - Zinc Oxide Thin layer topical three times a day Apply to buttocks, groin, and labia as needed for IASD intertrigo

14. DME and Supplies:

rolling walker, diabetic supplies, 4 wheeled walker

15. Safety Measures:

walker precautions, bathroom safety, ambulates with device, medication safety, hand rails, cardiac precautions, ambulates with assistance, standard precautions, fall precautions, diabetic precautions, activity supervision

16. Nutrition:

diabetic, cardiac diet

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Walker, Exercises Prescribed, Up As Tolerated

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

20. Prognosis: good

22. A Rehabilitation Potential:

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.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Rhabdomyolysis, 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 74-year-old female evaluated for home health services following a recent fall and subsequent change in living situation. She reports a pre-existing right rotator cuff tear with limited right upper-extremity range of motion (right shoulder flexion to 104 degrees and abduction to 80 degrees) but denies current pain. Past medical history is significant for type 2 diabetes mellitus, osteomyelitis, osteoporosis, and a lifelong cognitive deficit; however, she does not carry a diagnosis of dementia and scored 15/15 on the BIMS assessment, answering all questions appropriately. Vital signs were stable, and no acute distress was noted. The patient was previously living independently but is now residing with her sister in a multi-level home with a first-floor setup and plans to transition to a trailer on her sister's property. Functionally, she requires caregiver assistance for indoor ambulation due to bilateral lower-extremity weakness, decreased coordination, altered gait mechanics, poor balance, and fatigue. She ambulates with a rollator using contact guard assistance, performs bed mobility with supervision, and requires contact guard assistance for sit-to-stand and toilet transfers with verbal cues for limb placement. She requires minimal assistance with upper and lower body dressing, particularly with managing clothing from the back, and bathes weekly in the shower with assistance or at the sink when not showering. The home environment is clean and well maintained with no safety hazards noted. The patient's goal is to safely transition to her new living environment and prevent future falls. Skilled physical therapy is indicated to address strength, mobility, safety awareness, and functional independence to support a safe return to home-based living.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 12/19/2025<o:p></o:p> Physician Face-to-Face Date: 12/12/2025
Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Rhabdomyolysis

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/19/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Thomas Ghiorzi
6501 Baltimore National Pike
Catonsville, MD 21228
PHONE: 6672342100 FAX: 14107445117 NPI: 1750328753

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 : 12/12/2025

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.

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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: <o:p></o:p> PT Eval Notes:<o:p></o:p> OT Eval Notes:<o:p></o:p> Physician: Ghiorzi, Thomas

SN Careplans

SN WK1: 1 (12/19/25-12/20/25) ,WK4: 1 (01/04/26-01/10/26) ,WK5: 1 (01/11/26-01/17/26) ,WK6: 1 (01/18/26-01/24/26) ,WK7: 1 (01/25/26-01/31/26)

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, 7. Currently taking 5 or more medications, 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: D0160 - Depression, M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, abnormal blood pressure, M1610 - Urinary Incontinence, limited range of motion, limited endurance, limited strength, balance deficit, obesity

PROCEDURES: Medication Review: All medications reviewed with patient/ caregiver, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor: Patient's sister to obtain patient's glucometer for next visit week of 12/21/2025., bladder training, teach/coordinate/arrange medication packaging and/or administration

TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, 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 medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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, * pain control therapeutic exercises for muscle strengthening and flexibility diet and fluids to optimize and prevent constipation, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: Patient states "I want to be able to move into my own little trailer on the property to be independent again."

GOALS
patient/caregiver recalls
* pain control
* therapeutic exercises for muscle strengthening and flexibility
* diet and fluids to optimize and prevent constipation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* 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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

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

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK2: 1 (12/21/25-12/27/25) ,WK3: 1 (12/28/25-01/03/26) ,WK4: 1 (01/04/26-01/10/26) ,WK5: 1 (01/11/26-01/17/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer - 03. Partial/moderate assistance, GG0170D1 - Sit to Stand - 02. Substantial/maximal assistance, GG0170E1 - Chair to Bed to Chair - 02. Substantial/maximal assistance, GG0170G1 - Car Transfer - 02. Substantial/maximal assistance, GG0170I1 - Walk 10 Feet - 02. Substantial/maximal assistance, GG0170J1 - Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, GG0170K1 - Walk 150 Feet - 02. Substantial/maximal assistance, GG0170L1 - Walk 10 ft on Uneven Surface - 02. Substantial/maximal

PT Goals

PATIENT-STATED GOAL: Transition to her new home environment and remain safe

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/19/2025

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assistance, GG0170M1 - 1 - Step (curb) - 02. Substantial/maximal assistance, GG0170N1 - 4 Steps - 02. Substantial/maximal assistance, GG0170O1 - 12 Steps - 02. Substantial/maximal assistance, GG0170P1 - Picking Up Object - 02. Substantial/maximal assistance

PROCEDURES: HEP: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day. , Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , B LE strengthening, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car 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, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

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

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

OT Careplans

OT WK3: 1 (12/28/25-01/03/26) ,WK4: 1 (01/04/26-01/10/26) ,WK5: 1 (01/11/26-01/17/26) ,WK6: 1 (01/18/26-01/24/26) ,WK7: 1 (01/25/26-01/31/26) ,WK8: 1 (02/01/26-02/07/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, M1400 - Dyspnea, GG0130B1 - Oral Hygiene - 05. Setup or clean-up assistance, GG0130F1 - Upper Body Dressing - 03. Partial/moderate assistance, GG0130G1 - Lower Body Dressing - 03. Partial/moderate assistance, GG0130H1 - Don/Doff Footwear - 03. Partial/moderate assistance, GG0130E1 - Shower/Bathe Self - 04. Supervision or touching assistance, GG0130C1 - Toileting Hygiene - 05. Setup or clean-up assistance, GG0130A1 - Eating - 06. Independent

PROCEDURES: ADLs , Patient/caregiver recalls related purpose and schedule of medications: Medication review , cough/deep breathing exercises, therapeutic exercises, 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 03. Partial/moderate 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 will be able to demonstrate improved RSh flexion from 104 degs to 120 degs and RSh abd from 80 degs to 10 degs to improve ADLs.

OT Goals

PATIENT-STATED GOAL: Patient wants to be able to pull her pants up

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 - 06. Independent

Shower/Bathe Self - 03. Partial/moderate 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 will be able to demonstrate improved RSh flexion from 104 degs to 120 degs and RSh abd from 80 degs to 10 degs to improve ADLs.

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/19/2025