Home Health Certification and Plan of Care

Order ID: 1150/16076

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
33500808	02/06/2026	From: 02/06/2026 To: 04/06/2026	21862	217058

6. Patient's Name and Address
Jean Bailey
1810 Woodbourne Ave,
Baltimore, MD 21239-3628
410-426-4347

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 10/09/1939 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M81.0	Age-related osteoporosis w/o current pathological fracture	02/06/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	02/06/26
E11.3299	Type 2 diab with mild nonp rtnop without macular edema unsp	02/06/26
E55.9	Vitamin D deficiency unspecified	02/06/26
J30.2	Other seasonal allergic rhinitis	02/06/26
M40.03	Postural kyphosis cervicothoracic region	02/06/26
B35.1	Tinea unguium	02/06/26
H35.359	Cystoid macular degeneration unspecified eye	02/06/26

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

calcium carbonate-vitamin D3 (CALCIUM 600 WITH VITAMIN D3) 600 mg-10 mcg (400 unit) Capsule - -
pravastatin (PRAVACHOL) 40 mg tablet - -
therapeutic multivitamin (THERA) 400 mcg tablet - -
ketorolac (ACULAR) 0.5% ophthalmic solution - - -
amlodipine-benazepril LOTREL (5-10) 5-10 mg per capsule - -
acetaminophen (TYLENOL) 500 mg tablet - -

14. DME and Supplies:
cane

15. Safety Measures:
restricted ROM, remove environmental barriers, , medical alert/lifeline, , bathroom safety, ambulates with assistance, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation, Balance

18.B. Activities Permitted
Up As Tolerated, Cane, Transfer bed/Chair, Exercises Prescribed

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: 1. Rarely, 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, HISTORY OF DEPRESSION: No

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
patient will be responsible for managing treatment

Homebound status:
Due to diagnosis of Age-Related Osteoporosis W/O Current Pathological Fracture, 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 an 86-year-old female referred for skilled home health physical therapy following a recent physician visit recommending therapeutic intervention. Her past medical history is significant for osteoporosis, diabetes mellitus, scoliosis, thoracic kyphosis, dementia, hypertension, and macular degeneration. These comorbidities contribute to impaired posture, balance deficits, visual limitations, and increased fall risk. The patient resides alone in a townhouse with 11 steps required to enter the home, equipped with a handrail. The bedroom and bathroom are located on the second floor. Within the home, she ambulates approximately 30 feet without an assistive device under supervision, occasionally reaching for surrounding objects for support, indicating decreased balance and safety awareness. She performs transfers to and from the bed, toilet, and chair with supervision. Bed mobility is also completed with supervision. She is able to negotiate 14 interior steps using a handrail with supervision. Outdoor mobility and car transfer abilities were not assessed during this visit. Balance assessment using the Tinetti Performance-Oriented Mobility Assessment yielded a score of 18/28, indicating moderate fall risk. The patient is considered homebound due to the considerable effort required to leave the home environment safely, need for supervision during mobility tasks, stair negotiation demands, visual impairment, and elevated fall risk. Postural assessment reveals thoracic kyphosis and spinal curvature consistent with scoliosis, contributing to reduced thoracic and cervical range of motion and potential compromise in functional mobility. Skilled physical therapy is medically necessary to address deficits in strength, postural alignment, spinal mobility, balance, and safety awareness to improve overall functional mobility and reduce fall risk. Therapy will focus on strengthening, range of motion exercises targeting the thoracic spine and cervical region, balance training, gait safety, and fall prevention strategies. Due to macular degeneration, the patient requires bright lighting to read medication labels, highlighting the need for continued <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-medication%20safety">medication safety</mh> monitoring and environmental modification. Education was provided regarding <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-7 CE-FMS-fall%20precautions">fall precautions</mh>, safe ambulation within the home, proper use of handrails during stair negotiation, and the importance of maintaining adequate lighting to compensate for visual deficits. The plan of care includes continued skilled home physical therapy to improve strength, spinal mobility, balance, and safety with mobility tasks. Ongoing reassessment of functional progress and home safety will be performed to promote independence while minimizing fall risk and preventing functional decline.
 Date of Order 02/06/2026 Orders Physician Face-to-Face Date: 01/21/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat due to Age-Related Osteoporosis W/O Current Pathological Fracture Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - PT Notes: eval
 Physician Hall, Theresa

SN Careplans | SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 02/06/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Theresa Hall
7602 Belair Road
Baltimore, 0 21236
PHONE: 4106638100 FAX: 14106638119 NPI: 1053677575

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 : 01/21/2026

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.

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PT Careplans

PT WK1: 1 (02/06/26-02/07/26) ,WK2: 2 (02/08/26-02/14/26) ,WK3: 1 (02/15/26-02/21/26) ,WK4: 1 (02/22/26-02/28/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 8

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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; 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.
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.
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
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
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
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

; 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: 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, GG0170E1 - Chair to Bed to Chair, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M1745 - Behavioral Issues, D0160 - Depression, M1720 - Anxiety, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, Home Safety, M2020 - Oral Med Management, M1400 - Dyspnea, limited strength, muscle weakness, limited endurance (MS), balance deficit, Pain Effect on Sleep, Pain Interference with ADLs

PROCEDURES: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition

PT Goals

PATIENT-STATED GOAL: I want to walk better and straighter

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

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

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 m

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) purpos

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

patient living environment has safe floor coverings

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
02/06/2026

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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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related m, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * 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, patient living environment has safe floor coverings, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/06/2026