Home Health Certification and Plan of Care

Order ID: 1150/16081

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
44180353	02/04/2026	From: 02/04/2026 To: 04/04/2026	14924	217058

6. Patient's Name and Address

Janet Cover
2 somerville Ct Apt G,
PARKVILLE, MD 21234-
410-661-1079

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 05/01/1948 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M47.26	Other spondylosis with radiculopathy lumbar region	02/04/26

13. ICD	Other Pertinent Diagnoses	Date
M54.41	Lumbago with sciatica right side	02/04/26
M54.42	Lumbago with sciatica left side	02/04/26
I10.	Essential (primary) hypertension	02/04/26
E03.9	Hypothyroidism unspecified	02/04/26
M81.0	Age-related osteoporosis w/o current pathological fracture	02/04/26
D47.3	Essential (hemorrhagic) thrombocythemia	02/04/26
M19.90	Unspecified osteoarthritis unspecified site	02/04/26
E78.5	Hyperlipidemia unspecified	02/04/26
E53.8	Deficiency of other specified B group vitamins	02/04/26
G47.00	Insomnia unspecified	02/04/26
F40.240	Claustrophobia	02/04/26
K21.9	Gastro-esophageal reflux disease without esophagitis	02/04/26
R73.03	Prediabetes	02/04/26
R32.	Unspecified urinary incontinence	02/04/26
Z79.82	Long term (current) use of aspirin	02/04/26
Z90.710	Acquired absence of both cervix and uterus	02/04/26
Z85.110	Personal history of malig carcinoid tumor of bronc and lung	02/04/26

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

Asprin - Aspirin 81 mg, Take 1 tablet by mouth twice a day Blood clot
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg, take 1 tablet by mouth every 4 hours as needed for pain
Colace - Docusate Sodium 100mg, take 1 capsule by mouth twice a day stool softner
Extra Strength Tylenol - Acetaminophen 500mg, take 2 tablets by mouth every 6 hours as needed for pain
Lipitor - Atorvastatin Calcium 40 mg, Take 1 tablet by mouth once a day cholesterol
Biotin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000mcg, take 1 Tablet by mouth once a day supplement
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 mcg(2,000 unit), Take 2,000 units capsule by mouth once a day supplement
Pepcid - Famotidine 40 Mg, Take 1 tablet by mouth at bedtime GERD
Neurontin - Gabapentin 300 mg, Take 1 capsule by mouth at bedtime Neuropathic pain
Levothroid - Levothyroxine Sodium 112 MCG, Take 1 tablet by mouth in the morning thyroid
sodium chloride hypertonic (MURO 128) 2% Instill 1 drop both eyes twice a day eye drop
Ditropan Xl - Oxybutynin Chloride 10 Mg, Take 1 tablet by mouth once a day urinary incontinence
Topamax - Topiramate 25 Mg, Take 1 tablet by mouth at bedtime migraine headache
Fosamax - Alendronate Sodium eq 70 mg base 70 Mg, Take 1 tablet by mouth once a day Take in the morning with 8 ounces of water at least 30 minutes before the first food ,drink or other medication of the day.Do not lie down for at least 30 minutes after swallowing this medication.
Hydrea - Hydroxyurea 500 mg, Take 1 Capsule by mouth three times per week Monday, Wednesday, Friday. malignant neoplasm
Cyanocobalamin - Cyanocobalamin 1,000 Mcg, Take 1 tablet by mouth once a day supplement

14. DME and Supplies:
cane, rolling walker

15. Safety Measures:
knee precautions, , ambulates with assistance, ambulates with device,

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Bowel/Bladder Incontinence, Ambulation

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

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: No

20. Prognosis: fair

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 Other Spondylosis With Radiculopathy Lumbar Region, 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 77-year-old female presenting with complaints of recent onset low back pain radiating into the right lower extremity, specifically the thigh and knee, associated with difficulty ambulating. She reports increased discomfort with walking and functional mobility. Her past medical history is significant for lumbar degenerative disease with suspected disc compression, and her past surgical history includes bilateral total knee replacements. On assessment, the patient demonstrates significant weakness of the right lower extremity, graded at 2+/5 on gross manual muscle testing, contributing to impaired gait mechanics and decreased stability. She exhibits difficulty with ambulation and requires use of a walker for safety. Given the lower extremity weakness, radicular symptoms, and underlying spinal pathology, she is at elevated risk for falls and further functional decline. The patient resides in a second-floor apartment with her son, who was not present during the visit due to work obligations. Stair negotiation and home access present additional safety concerns given her current mobility limitations. During the visit, the patient was instructed in a home exercise program designed to improve lower extremity strength, support lumbar stability, and enhance functional mobility. Education was provided on fall prevention strategies, including environmental safety awareness

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 02/04/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Rosina Shrestha
4920 Campbell Blvd
Baltimore, MD 21236
PHONE: FAX: NPI: 1760895346

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 : 01/28/2026

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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and proper use of assistive devices. She was strongly instructed to use her walker at all times during ambulation to reduce fall risk and improve stability. Skilled therapy services are medically necessary to address right lower extremity weakness, gait instability, pain management, and functional mobility deficits related to lumbar degenerative disease and radiculopathy. The plan of care includes continued strengthening, gait training, balance interventions, reinforcement of fall prevention techniques, and monitoring of neurological symptoms to prevent further decline and promote safe mobility within the home environment.
 Date of Order 02/04/2026 Orders Physician Face-to-Face Date: 01/28/2026 Clinical Condition Requiring home Care per Certifying Physician: PT eval and treat due to Other Spondylosis With Radiculopathy Lumbar Region 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: SOC
 Physician Shrestha, Rosina

SN Careplans	SN Goals

PT Careplans	PT Goals
PT WK1: 1 (02/04/26-02/07/26) ,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) ,WK6: 1 (03/08/26-03/14/26) ,WK7: 1 (03/15/26-03/21/26) 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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 7. Currently taking 5 or more medications 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: GG0170D1 - Sit to Stand, 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, M2020 - Oral Med Management, M1400 - Dyspnea, M1610 - Urinary Incontinence, muscle weakness, limited strength, Pain Effect on Sleep, Pain Interference with ADLs, pain radiating to arms/legs, balance deficit PROCEDURES: cough/deep breathing exercises, bladder training, home exercise program: slr, le abd/add, long arc marching, an dheel raises 10x2 reps, 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, * 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, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, Sit to Stand - 06. Independent, Chair to Bed to Chair - 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	PATIENT-STATED GOAL: To become pain free and walk straight GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent 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 * urinary incontinence management including bladder training * Kegel exercises * skin 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 medicatio 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 patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/04/2026