Home Health Certification and Plan of Care

Order ID: 1150/16090

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
85322638	02/03/2026	From: 02/03/2026 To: 04/03/2026	22088	217058

6. Patient's Name and Address

Lucy Farmer
1921 Pulaski Highway,
Haver De Grace, MD 21078-
667-334-8901

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 09/18/1962 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy	02/03/26

13. ICD	Other Pertinent Diagnoses	Date
M79.12	Myalgia of auxiliary muscles head and neck	02/03/26
G25.2	Other specified forms of tremor	02/03/26
J45.20	Mild intermittent asthma uncomplicated	02/03/26
E78.2	Mixed hyperlipidemia	02/03/26
H91.93	Unspecified hearing loss bilateral	02/03/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	02/03/26
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	02/03/26
Z86.0101	Personal history of adeno	02/03/26

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

Lyrica - Pregabalin 150 mg 1 Capsule by mouth every 8 hours for neuropathy
Ultram - Tramadol Hydrochloride 50 mg 1 Tablet by mouth three times a day as
needed for leg
pain.
Liraglutide (VICTOZA 3-PAK / VICTOZA 2 PAK) SubQ Pen Injector 0.6 mg/0.1 mL (18 mg/3 mL) subcutaneous once a day Inject 1.2 mg
Topamax - Topiramate 50 mg 1 Tablet by mouth twice a day for migraines
Glucophage - Metformin Hydrochloride 1gm 1 Tablet by mouth in the morning with food and
one-half tablet
in evening with
food
Albuterol (PROVENTIL HFA) Inhl HFAA 90 mcg/actuation by mouth every 4 hours Inhale 2 Puffs as
needed (rescue
inhaler)
Lipitor - Atorvastatin Calcium eq 40 mg base 1 Tablet by mouth once a day for cholesterol
and heart
protection
Prilosec - Omeprazole 20 mg 1 Tablet by mouth once a day for GERD
Cymbalta - Duloxetine Hydrochloride 60 mg / 1 Capsule by mouth once a day Take 2
capsules by
mouth daily

14. DME and Supplies:

bath bench, 4 wheeled walker, , commode, diabetic supplies, rolling walker

15. Safety Measures:

transfer with assist, walker precautions, , activity supervision, ambulates with assistance, ambulates with device, diabetic precautions,

16. Nutrition:

diabetic!low sodium

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Wheelchair, Transfer bed/Chair, 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: 2. Sometimes, 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: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status:

Due to diagnosis of Type 2 Diabetes Mellitus With Diabetic Amyotrophy, 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 63-year-old female with a past medical history significant for type 2 diabetes mellitus and cervical myofascial pain syndrome. She is obese and primarily wheelchair-bound. She resides alone in a first-floor apartment and previously functioned independently with basic self-care, functional transfers, and short-distance ambulation, with her son assisting with instrumental activities of daily living. Over the past several months, she has experienced progressive functional decline, prompting recent medical evaluation for upper and lower extremity tremors, diarrhea, and worsening mobility. The patient reports tremors primarily affecting her hands, occurring when standing and exacerbated by nervousness, emotional distress, or fatigue. She also reports balance impairment and difficulty standing still. Gastrointestinal complaints include persistent diarrhea, which she associates with Victoza use. She describes generalized deconditioning, decreased physical strength since increased reliance on a wheelchair, and bilateral lower extremity pain, particularly in the mornings. Although she uses a walker for limited ambulation, she reports significant difficulty walking even short distances. On assessment, the patient demonstrates decreased standing balance, reduced standing tolerance, bilateral upper extremity weakness, impaired lower extremity strength, and diminished activity tolerance. Gait is characterized by slow speed, reduced base of support, and short step length when attempted, requiring assistance for safety. She requires assistance for safe transfers from her wheelchair and demonstrates decline in independence with self-care, functional transfers, and mobility tasks compared to prior level of function. Skilled therapy services are medically necessary to address deficits in strength, balance, endurance, and functional mobility. The patient would benefit from a structured therapeutic exercise program focused on improving bilateral upper and lower extremity strength, postural control, balance retraining, gait training with appropriate assistive device use, and transfer safety. Occupational therapy is recommended to address impairments affecting activities of daily living, functional transfers, energy conservation strategies, and activity tolerance to promote return toward prior level of function. Ongoing monitoring of medication tolerance and coordination with the primary care provider regarding tremors and gastrointestinal side effects is indicated. The plan of care aims to improve safety, maximize independence within the home environment, reduce fall risk, and prevent further functional decline.
 Date of Order <span style="color: rgb(51, 51, 51);

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/03/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Stephanie Davis
3400 Box Hill Corporate Center Dr
Abingdon, MD 21009
PHONE: 1-800-777-7904 FAX: kaiser NPI: 1013976091

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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Lucy Farmer 1921 Pulaski Highway, Haver De Grace, MD 21078- 667-334-8901	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

font-size: 14px;">02/03/2026 Orders Physician Face-to-Face Date: 01/28/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat due to Type 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-Diabetes">Diabetes</mh> Mellitus With Diabetic Amyotrophy 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 OT Eval Notes:
 Physician Davis, Stephanie

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (02/03/26-02/07/26) ,WK2: 2 (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)

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: 4. Assistance needed, but no non-agency caregiver(s) available

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, 8. Currently reports exhaustion

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: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170P1 -

PT Goals

PATIENT-STATED GOAL: The patient wants to walk again and be independent in ADLs and functional mobilities

GOALS
Chair to Bed to Chair - 06. Independent

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

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

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/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

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 - 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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/03/2026

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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, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, D0700 - Social Isolation, M1400 - Dyspnea, M1033 - Exhaustion, abnormal BS < 70/140 > mg/dL, M1610 - Urinary Incontinence, muscle spasms, limited endurance, limited strength, muscle weakness, Pain Effect on Sleep, Pain Interference with ADLs, pain radiating to arms/legs, balance deficit, weak hand grips

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, bladder training, home exercise program: slr, le abd/add, long arc , le abd/add --10x2 reps, gait training/stair training, transfers training, teach/coordinate/arrange medication packaging and/or administration

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, * 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, * strategies to increase socialization, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, 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, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

OT Careplans

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

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, 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: Medication Review : Medication reviewed with patient with all medications in the home. , cough/deep breathing exercises, incentive spirometer, 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 - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: I want to walk

GOALS
Shower/Bathe Self - 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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

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	02/03/2026