Home Health Certification and Plan of Care

Order ID: 1150/16168

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
11342985280	02/09/2026	From: 02/09/2026 To: 04/09/2026	22377	217058

6. Patient's Name and Address

Chantel Cook
3801 Schnaper Drive Apt A112,
RANDALLSTOWN, MD 21133-
410-320-0047

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 09/06/1976 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I97.638	Postproc hematoma of a circ sys org fol other circ sys proc	02/09/26

13. ICD	Other Pertinent Diagnoses	Date
E10.51	Type 1 diabetes w diabetic peripheral angiopath w/o gangrene	02/09/26
I70.221	Athscl native arteries of extremities w rest pain right leg	02/09/26
E10.40	Type 1 diabetes mellitus with diabetic neuropathy unsp	02/09/26
I11.0	Hypertensive heart disease with heart failure	02/09/26
I50.22	Chronic systolic (congestive) heart failure	02/09/26
E10.65	Type 1 diabetes mellitus with hyperglycemia	02/09/26
E78.5	Hyperlipidemia unspecified	02/09/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	02/09/26
F41.9	Anxiety disorder unspecified	02/09/26
M48.02	Spinal stenosis cervical region	02/09/26
M54.12	Radiculopathy cervical region	02/09/26
H52.203	Unspecified astigmatism bilateral	02/09/26
Z95.5	Presence of coronary angioplasty implant and graft	02/09/26
Z79.01	Long term (current) use of anticoagulants	02/09/26
Z86.718	Personal history of other venous thrombosis and embolism	02/09/26

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

Lidocaine (LMX 4) 4 % Top Crea - topical four times a day Apply to affected area(s) 4 times a day as needed
Imdur - Isosorbide Mononitrate 30 mg / 1 Tablet by mouth once a day
Buspar - Buspirone Hydrochloride 7.5 mg / 1 Tablet by mouth twice a day
Xanax - Alprazolam 1 mg / 1 Tablet by mouth three times a day as needed for anxiety.
Insulin Glargine-yfgn (SEMGLEE PEN) SubQ Insulin Pen 100 unit/mL (3 mL) Inject 30 units subcutaneous twice a day
insulin aspart-xjhz (KIRSTY) SubQ Soln 100 unit/mL Inject 14 units subcutaneous three times a day before meals plus correction (1:50>150) max daily dose up to 60 units daily).
Lipitor - Atorvastatin Calcium eq 80 mg base / 1 Tablet by mouth once a day for cholesterol and heart protection
Estrace - Estradiol 0.01 perc Insert 1 gram vaginal two times per week 1 to 2 times every week
Lyrica - Pregabalin 100 mg / 1 Capsule by mouth twice a day
Abilify - Aripiprazole 10 mg / 1 Tablet by mouth once a day
Ambien - Zolpidem Tartrate 10 mg / 1 Tablet by mouth once a day as needed for insomnia.
Valtrex - Valacyclovir Hydrochloride eq 500 mg base / 1 Tablet by mouth twice a day
Brilinta - Ticagrelor 90 mg / 1 Tablet by mouth twice a day
Zovirax - Acyclovir Sodium 400 mg / 1 Tablet by mouth three times a day For 15 days then decrease to 1 tablet by mouth twice a day
Coreg - Carvedilol 25 mg / 1 Tablet by mouth twice a day
Lasix - Furosemide 40 mg / 1 Tablet by mouth in the morning
Entresto - Sacubitril: Valsartan 97-103 mg / 1 Tablet by mouth twice a day
Diflucan - Fluconazole 150 mg / 1 Tablet by mouth one time. Repeat in 3 days
Eliquis - Apixaban 1 tablet by mouth twice a day 5 mg
Brilinta - Ticagrelor 1 tablet 590 mg by mouth twice a day

14. DME and Supplies:
diabetic supplies, walker, reacher

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

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

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

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: 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 Postprocedural Hematoma Of A Circulatory System Organ Or Structure Following Other Circulatory System Procedure, 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:
Electronically Signed by Messick, Charles RN on 02/09/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Christelle Nong Libend
1701 Twin Springs Road
Halethorpe, MD 21227
PHONE: FAX: NPI: 1780096446

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 : 02/05/2026

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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Clinical Condition Requiring Homecare:

The patient is a 49-year-old African-American female referred for skilled home health physical therapy evaluation following a recent hospitalization for acute right lower extremity ischemia secondary to a right popliteal artery thrombosis, status post angiography with suction thrombectomy. Past medical history is significant for coronary artery disease (CAD) status post percutaneous coronary intervention (PCI) on 06/09/2025, heart failure with reduced ejection fraction (HFrEF) with reported ejection fraction of 40%, hypertension, diabetes mellitus, cervical radiculopathy, and chronic neuropathic pain. At the time of <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient reports ongoing right foot neuropathic symptoms including persistent pain, numbness, tingling, and swelling, with only partial return of motor function since the vascular procedure. She presents with right lower extremity weakness, most notable at the ankle with manual muscle testing of approximately 3-/5, impaired sensation in the right foot, antalgic gait pattern, decreased balance, and overall reduced functional mobility. Functionally, the patient is able to ambulate approximately 30-40 feet using a walker but demonstrates limited tolerance due to pain and weakness, and she requires assistance for transfers for safety. The patient meets homebound criteria related to significant pain, right lower extremity weakness, impaired gait and balance, and reliance on an assistive device, resulting in substantial difficulty leaving the home without assistance. Skilled physical therapy services are medically necessary to address lower extremity strengthening, gait training with appropriate assistive device use, balance and fall prevention interventions, transfer training, and pain management strategies, with the goals of improving safety and independence in household mobility, reducing fall risk, maximizing functional recovery following ischemic event/procedure, and helping prevent complications and rehospitalization. Vital signs and the current medication regimen were not provided in the referral notes and should be obtained and reconciled at the next visit to support ongoing monitoring and coordination of care, particularly given the patient's cardiac history, diabetes, and recent thrombotic event.
 Date of Order 02/09/2026 Orders Physician Face-to-Face Date: 02/05/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat due to Postprocedural Hematoma Of A Circulatory System Organ Or Structure Following Other Circulatory System Procedure 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 Nong Libend, Christelle

SN Careplans

SN Goals

PT Careplans

PT WK1: 10 (02/06/26-02/07/26)

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: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 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; 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

PT Goals

PATIENT-STATED GOAL: To have the foot healed good so I can work again

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

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/09/2026

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Assess/Instruct Pt/Cg: 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: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, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170F1 - Toilet Transfer, GG0170K1 - Walk 150 Feet, M2020 - Oral Med Management, M1400 - Dyspnea, limited strength, swelling of affected area, muscle weakness, extremity burn/tingle/numb, pain radiating to arms/legs, balance deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep

PROCEDURES: 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, Equipment Training, home exercise program, 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, 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

Signature of Physician:	Date
	PAGE 3 of 3
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