

Home Health Certification and Plan of Care				Order ID: 1150/16272	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
20004363		01/23/2026		From: 01/23/2026 To: 03/23/2026	
4. Medical Record No.		5. Provider No.			
21615		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Janet Rouse 327 Alendale St, BALTIMORE, MD 21229- 410-294-1285			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB 08/11/1955			9.Sex Female		
11. ICD Principal Diagnosis			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
G40.89 Other seizures			Keppra - Levetiracetam 1000 MG mouth two times a day for Seizure		
13. ICD Other Pertinent Diagnoses			Amilodipine - Amlodipine Besylate 10 mg Oral daily		
E21.3 Hyperparathyroidism unspecified			Acetaminophen - Acetaminophen 500mg (2) by mouth every 8 hours for pain		
R13.10 Dysphagia unspecified					
E46. Unspecified protein-calorie malnutrition					
F10.10 Alcohol abuse uncomplicated					
14. DME and Supplies:			15. Safety Measures:		
None of the above			seizure precautions, fall precautions, medication safety, supervision at all times, activity supervision		
16. Nutrition:			17. Allergies:		
low sodium			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance			Up As Tolerated		
19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: good					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.			patient will be responsible for managing treatment patient will be responsible for managing treatment patient will be responsible for managing treatment		
Homebound status: Due to diagnosis of Other Seizures, 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: <div>The patient is a 70-year-old female with a recent hospitalization for seizure activity related to alcohol abuse, now requiring strict medication compliance to prevent recurrent seizures, which contributes to significant effort and difficulty leaving the home. The patient is alert and oriented 3-4 and demonstrates appropriate understanding of her condition and care. Past medical history is significant for seizure disorder, alcohol abuse, hypertension, hyperparathyroidism, history of encephalopathy, malnutrition, chronic back pain, and a prior fall associated with seizure activity. The patient reports no seizure activity since hospitalization and states her last alcohol intake was greater than one month ago. She reports chronic back pain rated 8/10. Physical assessment reveals scabbing to the right elbow with no open wounds noted. No abnormal bleeding, constipation, or dysuria reported; bowel movements are small and infrequent, attributed to decreased appetite. The patient reports eating approximately one meal per day. Medication reconciliation was completed, and the patient was able to accurately state all medications and their actions, demonstrating good understanding. She reports acetaminophen has limited effectiveness for pain management due to the requirement to eat with dosing, given her poor appetite, and states ibuprofen has been more effective for back pain in the past. The patient plans to follow up with her primary care provider regarding a prescription for ibuprofen and was educated on the importance of taking NSAIDs with food to protect the gastric lining. She verbalized understanding and reports she can tolerate dosing once in the morning and once at night. Consent for services was explained and signed. Functionally, the patient ambulates indoors up to 40 feet without an assistive device under supervision, ascends and descends 14 steps with a handrail and supervision, and performs transfers to chair, bed, and toilet with supervision; bed mobility is independent. Outdoor mobility and car transfers were not assessed. The patient lives alone with bedroom and bathroom located on the second floor and identifies her niece, Christina, as her emergency contact; she was seen at her niece's home during this visit. Balance assessment demonstrates a Tinetti score of 18/28, supporting homebound status due to high fall risk and the taxing effort required to leave the home. Therapeutic exercise tolerance included 10 repetitions of supine hip flexion, bridging, hook-lying trunk rotation, straight leg raises, and hip abduction, as well as side-stepping and tandem gait for 10 feet 2 with supervision and upper-extremity support during tandem gait. The patient would benefit from continued skilled home physical and occupational therapy to improve strength, balance, and functional mobility and to promote a safe return to maximal independence. Skilled nursing services are ordered at a frequency of 1/week for 1 week, 2/week for 1 week, and 2/week for 3 weeks, with OT and PT services also initiated as part of the plan of care.</div><div></div><div> </div><div>Date of Order</div><div>01/23/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 01/16/2026</div><div>Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Other Seizures</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div></div><div> </div><div>1 - SOC - SN Notes: soc</div><div>PT Eval Notes:</div><div> </div><div></div><div>Physician</div><div>Favero, Christopher</div></div>					
SN Careplans			SN Goals		
SN WK1: 1 (01/23/26-01/24/26) ,WK3: 1 (02/01/26-02/07/26) ,WK5: 1 (02/15/26-02/21/26)			PATIENT-STATED GOAL: to be alright in her home and no seizures		
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			GOALS patient/caregiver recalls * dietary guidelines for managing nutritional deficit * recalls related medication(s) purpose, schedule		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule		
HOSPITALIZATION RISKS: 8. Currently reports exhaustion			patient/caregiver recalls * how to manage seizure triggers * implement lifestyle changes including getting enough sleep * avoiding alcohol		
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 ; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 01/23/2026					
24. Physician's Name and Address			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.		
Christopher Favero 4660 Wilkens Ave Baltimore, MD 21229 PHONE: 4102470782 FAX: 18662515693 NPI: 1881252617			F2F date : 01/16/2026		
27. Attending Physician's Signature and Date Signed 02/19/2026 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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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. no wounds noted Advance Directive:No Advance Directive PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, abnormal thyroid <> 0.40 - 4.50 mIU/mL, abnormal bowel sounds, muscle weakness, limited endurance, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, seizures, loss of appetite 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 manage seizure triggers implement lifestyle changes including getting enough sleep avoiding alcohol, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, 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, meal preparation is available to patient for all meals	* 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 patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule meal preparation is available to patient for all meals
PT Careplans PT WK2: 1 (01/25/26-01/31/26) ,WK3: 1 (02/01/26-02/07/26) ,WK5: 1 (02/15/26-02/21/26) ,WK6: 1 (02/22/26-02/28/26) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object PROCEDURES: Home exercise program : Sitting knee extension, ankle pumps. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction	PT Goals PATIENT-STATED GOAL: Be able to drive again and get around GOALS

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/23/2026