Home Health Certification and Plan of Care

Order ID: 1150/16238

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
951003117	02/12/2026	From: 02/12/2026 To: 04/12/2026	21774	217058

6. Patient's Name and Address

Irmgard Legeer
32 Francis Green Circle,
ESSEX, MD 21221-
443-600-6465

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 05/16/1935 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J18.9	Pneumonia unspecified organism	02/12/26

13. ICD	Other Pertinent Diagnoses	Date
J44.0	Chr obstructive pulmon disease with (acute) lower resp infct	02/12/26
I10.	Essential (primary) hypertension	02/12/26
E78.2	Mixed hyperlipidemia	02/12/26
M81.0	Age-related osteoporosis w/o current pathological fracture	02/12/26
F32.A	Depression unspecified	02/12/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	02/12/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	02/12/26
Z87.891	Personal history of nicotine dependence	02/12/26
Z95.2	Presence of prosthetic heart valve	02/12/26

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

Montelukast Sodium - Montelukast Sodium 10 mg 10 mg 1 Tablet by mouth at bedtime Asthma
albuterol-ipratropium 0 3mL inhalant three times a day wheezing, SOB, r/t COPD
Aspirin 81Mg - Aspirin 81mg, take 1 Tablet by mouth once a day CVA prophylaxis
Lidocaine - Lidocaine 5 perc apply 1 Patch transdermal once a day lower back pain
Metoprolol Tartrate - Metoprolol Tartrate 50 mg 50 mg 1 Tablet by mouth twice a day Heart
magnesium oxide 400 mg, take 1 tablet by mouth once a day supplement
Guaifenesin - Guaifenesin 600 mg , take 1 Tablet by mouth twice a day cough
Budesonide - Budesonide 0 1 mg inhalant twice a day COPD
Alendronate Sodium - Alendronate Sodium eq 70 mg base take 1 tablet by mouth once a week Every 7 days for Osteoporosis
Famotidine - Famotidine 20 mg take 1 tablet by mouth twice a day GERD
Famotidine - Famotidine 20 mg take 1 tablet by mouth twice a day GERD
Loratidine - Loratadine 10mg, Take 1 tablet by mouth in the morning Alleergies
Oyster Shell Calcium - Calcium Acetate 250-3.125md, take 2 tablets by mouth twice a day supplement

Voltaren Gel - Rolaids 1% NSAID topical as necessary Apply Voltaren gel q6hrs as needed for pain

14. DME and Supplies:

rolling walker, bath bench, grab bars

15. Safety Measures:

ambulates with device, walker precautions, , bathroom safety, activity supervision

16. Nutrition:

cardiac diet

17. Allergies:

amoxicillin codeine hydrocodone-acetaminophen

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

None of the above

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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
family/caregiver will be responsible for managing treatment

Homebound status:

Due to diagnosis of Pneumonia Unspecified Organism, 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 90-year-old female with a significant past medical history of pneumonia, chronic obstructive pulmonary disease (COPD), hypertension, hyperlipidemia, age-related osteoporosis, and depression. She was recently hospitalized due to worsening shortness of breath and was treated for pneumonia, after which she was transferred to an inpatient rehabilitation facility prior to discharge home. She is currently residing temporarily with her significant other but plans to return to her own single-story residence, where she previously lived independently. Prior to her recent hospitalization, the patient was independent with basic self-care activities, functional transfers, and household ambulation. Her significant other assisted with instrumental activities of daily living, including attending medical appointments, grocery shopping, and medication retrieval. On assessment, the patient was alert and oriented to person, place, time, and situation. She has significant sensory impairments, including severe bilateral hearing loss managed with hearing aids and visual impairment characterized by blindness in the left eye and markedly limited vision in the right eye. She was breathing comfortably on room air with an oxygen saturation of 96%. Lung sounds were diminished bilaterally, and bowel sounds were active. The patient reported severe right knee pain rated 8/10, with associated swelling and warmth to palpation, raising concern for an acute inflammatory or infectious process. Due to these findings, the clinician contacted the Kaiser nurse advisor, who recommended activation of emergency medical services for immediate evaluation. Emergency services were called, and the patient was transported to the nearest emergency department for further assessment and management. At the time of evaluation, the patient demonstrated decreased standing balance, limited standing tolerance, reduced bilateral upper extremity strength, and diminished overall activity tolerance, resulting in a decline in independence with self-care tasks, functional transfers, and functional ambulation compared to her prior level of function. Given these deficits and her recent hospitalization, skilled occupational therapy services are recommended to address impairments in strength, balance, endurance, and functional mobility in order to promote safe return to her prior living environment and maximize independence with activities of daily living. The plan of care will focus on therapeutic exercises, balance training, functional task retraining, energy conservation techniques, safety education, and caregiver instruction as appropriate. Continued monitoring of cardiopulmonary status and

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/12/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Rita Mathur
4920 Campbell Blvd
White Marsh, MD 21236
PHONE: 410-933-7793 FAX: 14109337666 NPI: 1619076338

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 : 02/03/2026

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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coordination with the medical team regarding the acute right knee condition will be essential to ensure patient safety and optimal recovery.
 Date of Order 02/12/2026 Orders Physician Face-to-Face Date: 02/03/2026 Clinical Condition Requiring home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Pneumonia Unspecified Organism 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-SN Notes: SOC OT Eval Notes:
 Physician Mathur, Rita

SN Careplans

SN WK1: 1 (02/12/2026 - 02/14/2026), WK2: 1 (02/15/2026 - 02/21/2026), WK3: 1 (02/22/2026 - 02/28/2026), WK4: 1 (03/01/2026 - 03/07/2026), WK5: 1 (03/08/2026 - 03/14/2026)

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: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, limited range of motion, limited strength, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, B0200 - Hearing Deficit, B1000 - Vision Deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange resources for vision-impaired, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/C O2 alarms, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: To walk without pain

GOALS
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
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

OT Careplans

OT Goals

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/12/2026

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OT WK2: 1 (02/15/26-02/21/26) ,WK3: 1 (02/22/26-02/28/26) ,WK4: 1 (03/01/26-03/07/26) ,WK5: 1 (03/08/26-03/14/26) ,WK6: 1 (03/15/26-03/21/26) ,WK7: 1 (03/22/26-03/28/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, , GG0170J1 - Walk 50 ft with 2 Turns, GG0130A1 - Eating, 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, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene, GG0170I1 - Walk 10 Feet

PROCEDURES: Medication Review : Medication reviewed with patient and caregiver. All medications in the home , therapeutic exercises, equipment training, work simplification/energy conservation, transfers training, transfers training, assist with bathing

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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 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, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, 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

PATIENT-STATED GOAL: Walk better

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

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

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

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

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	02/12/2026