Home Health Certification and Plan of Care

Order ID: 1150/16348

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6FX7CC1KC78	02/17/2026	From: 02/17/2026 To: 04/17/2026	21770	217058

6. Patient's Name and Address
Sylvia Butler
342 Bloom St Apt 406,
BALTIMORE, MD 21217-
443-740-7467

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 11/19/1937 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M80.052D	Age-rel osteopor w crnt path fx l femr 7thD	02/17/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.642	Presence of left artificial hip joint	02/17/26
I10.	Essential (primary) hypertension	02/17/26
E02.	Subclinical iodine-deficiency hypothyroidism	02/17/26
I71.019	Dissection of thoracic aorta unspecified	02/17/26
E78.5	Hyperlipidemia unspecified	02/17/26
M35.3	Polymyalgia rheumatica	02/17/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	02/17/26
Z79.890	Hormone replacement therapy	02/17/26
Z87.440	Personal history of urinary (tract) infections	02/17/26
Z91.81	History of falling	02/17/26

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

ASCORBIC ACID 250 mg / 1 Tablet mouth every other day Give 1 tablet by mouth in the afternoon every other day for supplement administer with iron supplement
CARVEDILOL 25 mg / 1 Tablet mouth twice a day for HTN. Take 25 mg by mouth 2 times daily with meals. Hold for SBP less than 120 or heart rate less than 60
Amlodipine Besylate - Amlodipine Besylate eq 5 mg base / 1 Tablet by mouth once a day for Hypertension Hold if systolic blood pressure is less than 120
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) mg / 1 Tablet by mouth as necessary in the afternoon every other day for Anemia
Levothyroxine Sodium - Levothyroxine Sodium 0.050 mg / 1 Tablet by mouth in the morning for Hypothyroidism before breakfast
Tramadol Hcl - Tramadol Hydrochloride 25 mg / 1 Tablet by mouth every 12 hours as needed for Pain Hold for sedation
Lidocaine Patch - Lidocaine 4% topical in the morning Apply to B/L knee joints topically for 12 hours then remove

14. DME and Supplies:
walker

15. Safety Measures:
walker precautions, , supervision at all times, , , ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
low sodium

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, 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: 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.

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Age-Related Osteoporosis With Current Pathological Fracture, Left Femur, Subsequent Encounter For Fracture With Routine Healing, 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 an 88-year-old female admitted to home health services following a recent hospitalization for a left femur fracture status post left partial hip replacement. Her past medical history is significant for hypertension, transient ischemic attack (TIA), recurrent falls, thoracic aortic dissection status post repair, osteoporosis, hypothyroidism, rheumatoid arthritis affecting both hands, history of urinary tract infections, prior femur fracture, and hormone replacement therapy. The patient resides alone in an elevator-accessible apartment. Her daughter, Senora, serves as primary caregiver and power of attorney and assists with care needs. The patient is alert and oriented to person and place and intermittently to time (oriented x2-3). Caregiver reports occasional decreased motivation, stating the patient sometimes "does not want to do things." The patient requires supervision for safety with ambulation and activities due to fall risk and impaired balance. She ambulates approximately 30 feet on level indoor surfaces using a rolling walker with supervision and verbal cues to maintain upright posture. Transfers to bed, toilet, and chair are performed with supervision, and bed mobility is completed with supervision. Outside ambulation, stair negotiation, and car transfers were not assessed during this visit. Functional assessment reveals impaired balance, with a Tinetti score of 11/28, indicating a high risk for falls. The patient is considered homebound due to the significant and taxing effort required to leave the home, need for supervision, use of an assistive device, and high fall risk. The patient experienced a fall last Thursday resulting in trauma to the mouth with bleeding from the lower teeth, bruising to the thumb, and loosened teeth. She was evaluated in the emergency department and instructed to follow up with a dentist and perform warm saltwater gargles. The primary care provider is aware of the incident. The patient denies pain at today's visit. No new acute complaints were reported. Medication reconciliation was completed with the patient and caregiver. The caregiver expressed concern regarding medication management and indicated the patient would benefit from assistance with pillbox setup to improve adherence. Education was provided regarding safe medication management practices. The caregiver inquired about wheelchair coverage; education was provided regarding insurance qualification criteria based on documented functional limitations. Based on prior physical therapy evaluation, the patient does not currently meet criteria for wheelchair coverage. During the therapy visit, the patient participated in therapeutic exercises including 10 repetitions each of supine hip flexion, bridging, hooklying trunk rotation, straight leg raises, hip abduction, knee extension, and ankle pumps, which were tolerated without reported pain or distress. Deficits identified include decreased lower extremity strength, impaired balance, reduced safety awareness, and decreased functional mobility, all contributing to increased fall risk and limited independence. Skilled home health physical therapy is medically necessary to address strengthening, balance training, gait training, transfer training, and fall prevention strategies to promote safe mobility and maximize independence within the home environment. Continued caregiver education will focus on fall prevention, safe ambulation techniques, environmental safety, and medication management support. Without skilled intervention, the patient remains at high risk for recurrent falls, further functional decline, and potential rehospitalization.
 Date of Order 02/17/2026 Orders Physician Face-to-Face Date: 01/13/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Age-Related Osteoporosis With Current Pathological Fracture, Left Femur, Subsequent Encounter For Fracture With Routine Healing Homebound Status per Certifying Physician: patient requires another person or medical

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 02/17/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Nicole Hickson
1120 N Charles St Ste 400
Baltimore, MD 21201
PHONE: 443-739-3889 FAX: 18339750904 NPI: 1073157459

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 : 01/13/2026

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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equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc PT Eval Notes:
 Physician Hickson, Nicole

SN Careplans

SN WK1: 1 (02/17/26-02/21/26) ,WK2: 1 (02/22/26-02/28/26) ,WK3: 1 (03/01/26-03/07/26) ,WK4: 1 (03/08/26-03/14/26) ,WK5: 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: 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 ; 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.

No open wounds noted
Advance Directive:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, Home Safety, M2020 - Oral Med Management, Home Safety, Home Safety, meal preparation, M1400 - Dyspnea, abnormal blood pressure, abnormal thyroid <> 0.40 - 4.50 mIU/mL, constipation, limited endurance, limited strength, muscle weakness, Pain Interference with Therapy activities, balance deficit, difficulty sleeping, Pain Interference with ADLs, tooth pain/decay/sensitivity

PROCEDURES: cough/deep breathing exercises, coordinate/arrange preparation of missing meals, coordinate/arrange repair of inadequate heating, coordinate/arrange for maintenance of clean/uncluttered living area

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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient has adequate heating, patient's living environment is clean/uncluttered, patient has access to adequate toileting facilities, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: For legs to get stronger and Not to fall

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

patient has adequate heating

patient's living environment is clean/uncluttered

patient has access to adequate toileting facilities

meal preparation is available to patient for all meals

PT Careplans

PT Goals

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/17/2026

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PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Interference with ADLs, Pain Effect on Sleep, GG0170I1 - Walk 10 Feet, 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, GG0130B1 - Oral Hygiene, 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

PROCEDURES: Home exercise program : Supine hip flexion, hip abduction, bridging, hooklying rotation, straight leg raise. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps , cough/deep breathing exercises, equipment training, 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 relaxation skills and diversional activities, related medication(s) purpose, schedule, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, 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, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 02. Substantial/maximal assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent

PATIENT-STATED GOAL: To use my walker and walk outside

GOALS
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 relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 05. Setup or clean-up 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

Car Transfer - 05. Setup or clean-up 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

Upper Body Dressing - 06. Independent

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/17/2026