

Home Health Certification and Plan of Care				Order ID: 1150/16320	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
32995365		02/13/2026		From: 02/13/2026 To: 04/13/2026	
				4. Medical Record No.	
				22401	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Valarie Edwards			HomeCentris Healthcare LLC		
3412 HILLDALE PLACE,			10 Crossroads Drive, Suite 102		
Baltimore, MD 21215-			Owings Mills, MD 21117-8284		
410-982-8725			410-321-8448		
			1487113239		
8. DOB			9. Sex		
12/28/1958			Female		
11. ICD			Date		
E11.65			02/13/26		
Principal Diagnosis			Type 2 diabetes mellitus with hyperglycemia		
13. ICD			Date		
M48.061			02/13/26		
Spinal stenosis lumbar region without neurogenic claud			02/13/26		
N17.9			02/13/26		
Acute kidney failure unspecified			02/13/26		
M62.82			02/13/26		
Rhabdomyolysis			02/13/26		
E11.40			02/13/26		
Type 2 diabetes mellitus with diabetic neuropathy unsp			02/13/26		
I10.			02/13/26		
Essential (primary) hypertension			02/13/26		
J45.909			02/13/26		
Unspecified asthma uncomplicated			02/13/26		
F31.9			02/13/26		
Bipolar disorder unspecified			02/13/26		
F41.9			02/13/26		
Anxiety disorder unspecified			02/13/26		
E78.5			02/13/26		
Hyperlipidemia unspecified			02/13/26		
R91.1			02/13/26		
Solitary pulmonary nodule			02/13/26		
R53.83			02/13/26		
Other fatigue			02/13/26		
E66.9			02/13/26		
Obesity unspecified			02/13/26		
Z68.31			02/13/26		
Body mass index [BMI] 31.0-31.9 adult			02/13/26		
Z79.899			02/13/26		
Other long term (current) drug therapy			02/13/26		
Z79.4			02/13/26		
Long term (current) use of insulin			02/13/26		
Z91.81			02/13/26		
History of falling					
14. DME and Supplies:			15. Safety Measures:		
None of the above			diabetic precautions, medication safety, fall precautions, bathroom safety		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			shrimp latex lipitor lisinopril zetia		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Ambulation			Independent at Home, 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: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes					
20. Prognosis: fair					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
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.			patient will be responsible for managing treatment		
Homebound status: Due to diagnosis of Type 2 diabetes mellitus with hyperglycemia, 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: <p class="MsoNoSpacing">The patient is a 67-year-old female with a past medical history significant for severe L4-L5 spinal stenosis, bipolar disorder, anxiety, asthma, kidney stones, neuropathy, mitral valve prolapse, gastritis, hypertension, and uncontrolled type 2 diabetes mellitus, with notable polypharmacy including opioids, benzodiazepines, and antipsychotics. She was admitted to home health following a short acute care hospitalization for elevated blood pressure and blood glucose levels; chart review indicates evaluation to rule out spinal cord compression and acute kidney injury, as well as aggressive deprescribing of sedating medications to improve mental status and reduce fall risk. She also experienced a fall prior to hospitalization. On assessment, the patient was oriented 4 but frequently dozing during the exam and reported misplacing her discharge paperwork, glucometer, and several medications. She ambulates independently without an assistive device but demonstrates an unsteady gait, difficulty with stairs, and impaired ability to rise to standing. Physical assessment revealed lungs clear to auscultation, active bowel sounds, palpable pulses, no peripheral edema, and warm, intact skin. She reports bilateral lower extremity pain rated 10/10 and is currently taking naproxen and acetaminophen as needed, as she has run out of tramadol. Vital signs were obtained, the admission interview was completed, and a PT evaluation was performed. The patient demonstrates decreased lower extremity strength (3+/5 MMT), reduced endurance, and requires contact guard assistance for ambulation without an assistive device. She would benefit from skilled physical therapy to improve strength, endurance, and safety with mobility in order to return to her prior level of function.</o:p></o:p></p> <p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">02/13/2026 Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 02/05/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat dx: Type 2 diabetes mellitus with hyperglycemia Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p></p> <p class="MsoNoSpacing"> 1 - SOC - SN Notes: <o:p></o:p></p> <p class="MsoNoSpacing">PT Eval Notes<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Watkins, Craig</p>					
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 02/13/2026					
25. Date HHA Received Signed POT					
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.		
Craig Watkins			F2F date : 02/05/2026		
201 E University Pkwy					
Baltimore, MD 21218					
PHONE: (410) 235-8885 FAX: 18777511761 NPI: 1740302702					
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.		
			PAGE 1 of 3		

Home Health Certification and Plan of Care				Order ID: 1150/16320					
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
32995365		02/13/2026		From: 02/13/2026 To: 04/13/2026		22401		217058	
6. Patient's Name and Address Valarie Edwards 3412 HILLDALE PLACE, Baltimore, MD 21215- 410-982-8725					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				
SN WK1: 1 (02/13/26-02/14/26) ,WK2: 1 (02/15/26-02/21/26) ,WK3: 2 (02/22/26-02/28/26) ,WK4: 1 (03/01/26-03/07/26) 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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 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: M1720 - Anxiety, D0160 - Depression, D0700 - Social Isolation, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, Home Safety, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, abnormal BS < 70/140 > mg/dL, limited endurance, limited strength, lethargy, balance deficit, Pain Interference with ADLs, Pain Effect on Sleep PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange long-term socialization activities 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related m, * 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient living environment has adequate lighting, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence					PATIENT-STATED GOAL: to be able to walk without help GOALS patient/caregiver recalls * prevention exacerbation of anxiety condition including coping patterns * improved concentration * strategies to reduce anxiety * identification of anxiety precipitants, conflicts, and threats * recalls related m 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/caregiver recalls * strategies to increase socialization * recalls related medication(s) purpose, schedule patient living environment has adequate lighting patient is adequately supervised caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence 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 * 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				
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					02/13/2026				

Home Health Certification and Plan of Care				Order ID: 1150/16320
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
32995365	02/13/2026	From: 02/13/2026 To: 04/13/2026	22401	217058
6. Patient's Name and Address Valarie Edwards 3412 HILLDALE PLACE, Baltimore, MD 21215- 410-982-8725		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		
PT WK2: 2 (02/15/26-02/21/26) ,WK3: 1 (02/22/26-02/28/26) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170G1 - Car Transfer, 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, GG0170I1 - Walk 10 Feet, GG0130B1 - Oral Hygiene, 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: Medication Review: - medications reviewed with patient/caregiver, strengthening exercises, gait training on uneven surfaces, 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, 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 - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Car Transfer - 05. Setup or clean-up assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance		PATIENT-STATED GOAL: To be able to walk without help GOALS Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 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 Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance Walk 150 Feet - 05. Setup or clean-up assistance 12 Steps - 05. Setup or clean-up assistance Picking Up Object - 05. Setup or clean-up assistance Toileting Hygiene - 05. Setup or clean-up assistance Lower Body Dressing - 05. Setup or clean-up assistance Don/Doff Footwear - 05. Setup or clean-up assistance 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 - 05. Setup or clean-up assistance 4 Steps - 05. Setup or clean-up assistance Car Transfer - 05. Setup or clean-up assistance Oral Hygiene - 05. Setup or clean-up assistance Shower/Bathe Self - 04. Supervision or touching assistance Upper Body Dressing - 05. Setup or clean-up assistance		

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/13/2026