

Home Health Certification and Plan of Care				Order ID: 1150/16336	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
35642476		02/16/2026		From: 02/16/2026 To: 04/16/2026	
4. Medical Record No.		5. Provider No.			
22488		217058			
6. Patient's Name and Address Katherine Uchic 1941 Denbury Drive, DUNDALK, MD 21222- 410-282-3216			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 01/24/1959 9.Sex Female			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD Z48.3 Principal Diagnosis Aftercare following surgery for neoplasm Date 02/16/26			EZETIMIBE 10 mg Oral daily GABAPENTIN 600 mg Oral nightly KEPPRA 1,000 mg Oral two (2) times daily ESOMEPRAZOLE MAGNESIUM 20 mg Oral daily semaglutide (Rybelsus) 3 mg tab tablet 3 mg Oral daily SOLIFENACIN SUCCINATE 10 mg Oral daily		
13. ICD C79.31 C34.92 E11.9 K21.9 N32.81 G70.9 Z79.84 Z90.13 Z90.710 Z90.722 Z87.891 Z15.01 Z15.09 Z15.060 Z15.068 Z15.89 Other Pertinent Diagnoses Secondary malignant neoplasm of brain Malignant neoplasm of unsp part of left bronchus or lung Type 2 diabetes mellitus without complications Gastro-esophageal reflux disease without esophagitis Overactive bladder Myoneural disorder unspecified Long term (current) use of oral hypoglycemic drugs Acquired absence of bilateral breasts and nipples Acquired absence of both cervix and uterus Acquired absence of ovaries bilateral Personal history of nicotine dependence Genetic susceptibility to malignant neoplasm of breast Genetic susceptibility to other malignant neoplasm Genetic susceptibility to colorectal cancer Genetic susceptibility to other malignant neoplasm of digestive system Genetic susceptibility to other disease Date 02/16/26					
14. DME and Supplies: bath bench, diabetic supplies, hand held shower, rolling walker, wheelchair, walker, grab bars, commode, 4 wheeled walker			15. Safety Measures: walker precautions, smoke detectors , , , diabetic precautions, , ambulates with device, ambulates with assistance, emergency phone # clearly displayed, transfer with assist, wheelchair precautions, , hand rails, , bathroom safety, , activity supervision		
16. Nutrition: cardiac diet			17. Allergies: penicillin reglan cephalixin codeine fentanyl morphine ondansetron hcl quinidin		
18.A. Functional Limitations Endurance, Ambulation			18.B. Activities Permitted Walker, Exercises Prescribed, Up As Tolerated		
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 family/caregiver will be responsible for managing treatment		
Homebound status: After undergoing Prophylactic Hysterectomy, Bilateral Mastectomy, And Bilateral Salpingo-Oophorectomy, 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 67-year-old female admitted to home health services with a significant oncologic history, including left lung squamous cell carcinoma (Stage T2aN0M0) previously treated with paclitaxel/carboplatin chemotherapy and left lung/mediastinal radiation therapy. She recently presented with headache and altered mental status, and imaging revealed a 3.36 x 2.78 cm intracranial lesion with surrounding vasogenic edema, concerning for metastatic disease. The patient is scheduled to resume chemotherapy and radiation therapy following replacement of her right chest port, which was recently removed and is pending reinsertion. She also carries a BRCA1 mutation and has undergone prophylactic hysterectomy, bilateral mastectomy, and bilateral salpingo-oophorectomy. Her past medical history is also significant for bipolar disorder, for which she currently declines psychiatric medications and psychiatric evaluation despite education regarding available support services. She has type 2 diabetes mellitus managed with semaglutide and is aware of the potential for steroid-induced hyperglycemia related to planned corticosteroid therapy for cerebral edema. The patient is agreeable to insulin therapy if required during steroid treatment. She experienced a urinary tract infection during her recent hospitalization, which has resolved following completion of antibiotic therapy. On admission to home care, the patient is alert and resides alone in a townhome. She ambulates with a walker and demonstrates functional mobility sufficient for household ambulation. She reports strong family support, with her daughter, a nurse, serving as her primary caregiver and assisting as needed. All prescribed medications are present in the home. The patient reports multiple medication allergies; refer to the documented allergy list for details. Skin assessment reveals no open areas; all prior wounds are fully healed, and no wound care is required at this time. The patient has no pets in the home. Advance directives were reviewed, and she is designated as full code with a MOLST form on file. Education was provided regarding monitoring for neurological changes, signs and symptoms of increased intracranial pressure, steroid side effects (including hyperglycemia), infection prevention, and the importance of adherence to oncology follow-up appointments and planned port placement. The patient verbalized understanding of her treatment plan and the need for close monitoring during chemotherapy and radiation therapy.					
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 02/16/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address David Scharff 808 S Conkling St Baltimore, MD 21224 PHONE: 410-327-7144 FAX: 14103277114 NPI: 1467560839			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 : 02/06/2026		
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. PAGE 1 of 3		

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The plan of care includes ongoing skilled nursing assessment to monitor neurological status, medication management, glycemic control during corticosteroid therapy, assessment for adverse effects of upcoming oncologic treatments, and coordination with oncology for port placement and initiation of therapy. The patient remains homebound due to impaired mobility requiring assistive device use, recent neurological changes, active malignancy with planned intensive treatment, and the considerable effort required to leave the home safely.

Date of Order: 02/16/2026

Orders: Physician Face-to-Face Date: 02/06/2026

Clinical Condition Requiring Home Care per Certifying Physician: SN disease management PT eval and treat OT eval and treat due to Prophylactic Hysterectomy, Bilateral Mastectomy, And Bilateral Salpingo-Oophorectomy

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

Physician: Scharff, David

SN Careplans

SN WK1: 1 (02/16/26-02/21/26) ,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) ,WK6: 1 (03/22/26-03/28/26)

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), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102c - Med Admin, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, M1400 - Dyspnea, dizziness/syncope, muscle weakness, limited range of motion, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, daytime fatigue, balance deficit, headache

PROCEDURES: incentive spirometer, teach/coordinate/arrange medication packaging and/or administration

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

SN Goals

PATIENT-STATED GOAL: Patient wants to continue to do as much as she can herself so she does not loose her independence.

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

- * strategies to increase caloric intake
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

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

patient self-administers medications as prescribed

- * recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/16/2026

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patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately				

Signature of Physician:	Date
	PAGE 3 of 3
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