

Home Health Certification and Plan of Care				Order ID: 1150/16366	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
51272998		02/14/2026		From: 02/14/2026 To: 04/14/2026	
				4. Medical Record No.	
				5325	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Cheryl Brown			HomeCentris Healthcare LLC		
3151 KESWICK RD,			10 Crossroads Drive, Suite 102		
BALTIMORE, MD 21211-			Owings Mills, MD 21117-8284		
410-350-4070			410-321-8448		
			1487113239		
8. DOB			9. Sex		
01/31/1949			Female		
11. ICD			Date		
G35.D			Multiple sclerosis unspecified		
			02/14/26		
13. ICD			Date		
D50.9			Other Pertinent Diagnoses		
N31.8			Iron deficiency anemia unspecified		
I48.19			Other neuromuscular dysfunction of bladder		
C91.10			Other persistent atrial fibrillation		
I50.9			Chronic lymphocytic leuk of B-cell type not achieve remis		
N18.31			Heart failure unspecified		
I87.8			Chronic kidney disease stage 3a		
E03.9			Other specified disorders of veins		
E22.2			Hypothyroidism unspecified		
M81.0			Syndrome of inappropriate secretion of antidiuretic hormone		
Z79.890			Age-related osteoporosis w/o current pathological fracture		
			Hormone replacement therapy		
			02/14/26		
14. DME and Supplies:			15. Safety Measures:		
urinary/catheter supplies, walker, wheelchair			standard precautions, fall precautions, bleeding precautions, ambulates with device, walker precautions, medication safety, infectious material management, ambulates with assistance, transfer with assist, supervision at all times, anticoagulant precautions, activity supervision		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			bactrim keflex penicillins		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Endurance			Up As Tolerated, Walker, Exercises Prescribed		
19. Mental & COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, Psychosocial Status: SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: fair					
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: 1. Dependent - A helper completed all the activities for the patient.			family/caregiver will be responsible for managing treatment		
			family/caregiver will be responsible for managing treatment		
			family/caregiver will be responsible for managing treatment		
Homebound status: PLACEHOLDER					
Clinical Condition					
Requiring Homecare: sn-disease management pt-eval & treat ot-eval & treat dx:ms					
SN Careplans			SN Goals		
SN WK1: 1 (02/14/26-02/14/26) ,WK2: 1 (02/15/26-02/21/26) ,WK3: 2 (02/22/26-02/28/26) ,WK4: 2 (03/01/26-03/07/26) ,WK5: 1 (03/08/26-03/14/26) ,WK6: 1 (03/15/26-03/21/26)			PATIENT-STATED GOAL: TO DECREASE BEING IN THE HOSPITAL		
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		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			patient/caregiver recalls		
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion			* lifestyle modifications to manage respiratory condition including		
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 order 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.			* diet changes and regular exercise		
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.			* strategies to control shortness of breath		
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			* home remedies to keep lungs healthy		
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.			* recalls related medicatio		
			patient/caregiver recalls		
			* prevention including increase fluid intake		
			* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)		
			* perineal hygiene		
			* recalls related medication(s) purpose, schedule		
			patient self-administers medications as prescribed		
			* recalls related medication(s) purpose, schedule		
			patient's living environment is clean/uncluttered		
			meal preparation is available to patient for all meals		
			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,		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 02/14/2026					
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.		
Qinglin Gao			F2F date : 02/11/2026		
500 Upper Cheasapeak Dr					
BEL AIR, MD 21239					
PHONE: FAX: NPI: 1053381780					
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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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:Living Will PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, Home Safety, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, M1600 - UTI, muscle weakness, limited strength, limited endurance, Pain Interference with ADLs, weak hand grips, balance deficit, bruising/discoloration PROCEDURES: cough/deep breathing exercises, home exercise program 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 including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals		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		
PT Careplans		PT Goals		
PT 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)		PATIENT-STATED GOAL: To be able to walk without help		
PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, 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		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		
PROCEDURES: cough/deep breathing exercises, therapeutic exercises, equipment training, gait training/stair training, transfers training		Sit to Stand - 04. Supervision or touching assistance		
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 - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, 1 - Step (curb) - 02. Substantial/maximal assistance, 12 Steps - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance		Chair to Bed to Chair - 04. Supervision or touching assistance		
		Toilet Transfer - 05. Setup or clean-up assistance		
		1 - Step (curb) - 02. Substantial/maximal assistance		
		12 Steps - 02. Substantial/maximal assistance		
		4 Steps - 02. Substantial/maximal assistance		
		Picking Up Object - 02. Substantial/maximal assistance		
		Walk 10 Feet - 02. Substantial/maximal assistance		
		Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance		
		Walk 150 Feet - 02. Substantial/maximal assistance		
		Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance		
		Oral Hygiene - 03. Partial/moderate assistance		
		Toileting Hygiene - 03. Partial/moderate assistance		
		Upper Body Dressing - 03. Partial/moderate assistance		
		Lower Body Dressing - 03. Partial/moderate assistance		
		Don/Doff Footwear - 03. Partial/moderate assistance		
Signature of Physician:		Date		
		PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by Messick, Charles RN		02/14/2026		

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OT Careplans 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, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating PROCEDURES: cough/deep breathing exercises, therapeutic exercises, equipment training, work simplification/energy conservation, 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, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance	OT Goals PATIENT-STATED GOAL: To not need so much 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 Oral Hygiene - 05. Setup or clean-up assistance Toileting Hygiene - 05. Setup or clean-up assistance Shower/Bathe Self - 03. Partial/moderate assistance Upper Body Dressing - 05. Setup or clean-up assistance Lower Body Dressing - 03. Partial/moderate assistance Don/Doff Footwear - 03. Partial/moderate assistance Eating - 05. Setup or clean-up assistance
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Signature of Physician:	Date PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist: Electronically Signed by Messick, Charles RN	Date 02/14/2026