Home Health Certification and Plan of Care

Order ID: 1150/16434

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
33452250	02/20/2026	From: 02/20/2026 To: 04/20/2026	22709	217058

6. Patient's Name and Address
Margaret Albright
25 Hanford Drive,
HARMANS, MD 21077
410-760-5205

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 02/04/1943 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J12.1	Respiratory syncytial virus pneumonia	02/20/26

13. ICD	Other Pertinent Diagnoses	Date
J21.0	Acute bronchiolitis due to respiratory syncytial virus	02/20/26
J96.01	Acute respiratory failure with hypoxia	02/20/26
J43.9	Emphysema unspecified	02/20/26
I10.	Essential (primary) hypertension	02/20/26
I25.5	Ischemic cardiomyopathy	02/20/26
E78.00	Pure hypercholesterolemia unspecified	02/20/26
G62.9	Polyneuropathy unspecified	02/20/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	02/20/26
E87.1	Hypo-osmolality and hyponatremia	02/20/26
E43.	Unspecified severe protein-calorie malnutrition	02/20/26
I25.2	Old myocardial infarction	02/20/26
K21.9	Gastro-esophageal reflux disease without esophagitis	02/20/26
F17.210	Nicotine dependence cigarettes uncomplicated	02/20/26
Z95.5	Presence of coronary angioplasty implant and graft	02/20/26

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

Asa 81 Mg - Aspirin 81mg; 1 tab by mouth once a day prophylactic
Prilosec - Omeprazole 40 mg 40 mg / 1 Capsule by mouth once a day stomach
carvedilol (COREG) tablet 6.25 mg; 1 tab by mouth twice a day blood pressure
Aldactone - Spironolactone 25 mg 25 mg / 1 Tablet by mouth once a day fluid pill; blood pressure
Gabapentin - Gabapentin 100 mg 100mg; 1 tab by mouth twice a day pain
Folic Acid - Folic Acid 1 mg 1mg; 1 tab by mouth once a day supplement
Amilodipine - Amlodipine Besylate 5mg; 1 tab by mouth once a day blood pressure
Lipitor - Atorvastatin Calcium eq 40 mg base eq 40 mg base / 1 Tablet by mouth once a day cholesterol
Fosamax - Alendronate Sodium eq 70 mg base eq 70 mg base / 1 Tablet by mouth once a week before breakfast. wednesday
Avapro - Irbesartan 300 mg 300 mg / 1 Tablet by mouth once a day blood pressure

14. DME and Supplies:
bath bench

15. Safety Measures:
standard precautions, fall precautions, medication safety, ambulates with assistance, supervision at all times

16. Nutrition:
cardiac diet,

17. Allergies:
latex

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Up As Tolerated, Exercises Prescribed

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: No

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 Respiratory syncytial virus pneumonia, 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 83-year-old female with a past medical history of hypertension, hyperlipidemia, coronary artery disease, and prior myocardial infarction, who was hospitalized approximately two weeks ago for shortness of breath and diagnosed with RSV. She was admitted for about one week and has since returned home, where she lives with her spouse and son, with additional support from her sister. She remains alert and oriented 3, denies pain, and reports shortness of breath with moderate exertion and a poor appetite; last bowel movement was yesterday. Lung sounds are decreased bilaterally. She ambulates independently without an assistive device, has no history of falls, manages stairs with supervision, and primarily stays on the main level of the home. Family assists with ADLs and IADLs as needed and provides transportation to medical appointments. Skilled nursing visits have been initiated for medication review and disease process education, with the patient and caregiver verbalizing understanding. Physical therapy evaluation was completed with a one-time home safety assessment, and no ongoing skilled PT needs were identified due to the patient's independence, adequate strength, and range of motion; the patient agreed with PT discharge. <o:p> </o:p> Date of Order<o:p></o:p> 02/20/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 02/14/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat dx: Respiratory syncytial virus pneumonia
 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>
 1 - SOC - SN Notes:<o:p></o:p> PT Eval Notes:<o:p></o:p> Physician:<span style="font-size: 10.5pt; background-image: initial; background-position: initial; background-size: initial; background-repeat: initial; background-attachment: initial; background-origin: initial; background-clip: initial;"> Brooks, Jacinth

SN Careplans

SN WK1: 1 (02/20/26-02/21/26) ,WK3: 2 (03/01/26-03/07/26) ,WK4: 2 (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: 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

SN Goals

PATIENT-STATED GOAL: I WANT TO GET STRONGER

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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 02/20/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Jacinth Brooks
6250 Old Dobbin Ln
Columbia, MD 21045
PHONE: 4107303399 FAX: 14434784736 NPI: 1225117211

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 : 02/14/2026

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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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, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, lung sounds not clear, limited strength, limited endurance, Pain Interference with ADLs, balance deficit

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 exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related m, * 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, meal preparation is available to patient for all meals

* 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
* 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
* 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

meal preparation is available to patient for all meals

PT Careplans

PT WK2: 1 (02/22/26-02/28/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170E1 - Chair to Bed to Chair, 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, GG0170G1 - Car Transfer, 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

PROCEDURES: cough/deep breathing exercises: Pt instructed in pursed lip breathing techniques with all activity, pt demonstrated improved breathing patterns at rest and with activity., work simplification/energy conservation: Instruct pt in energy conservation tips., work simplification/energy conservation: Instruct pt in energy conservation tips., work simplification/energy conservation: Instruct pt in energy conservation tips., work simplification/energy conservation: Instruct pt in energy conservation tips., work simplification/energy conservation: Instruct pt in energy conservation tips., work simplification/energy conservation: Instruct pt in energy conservation tips., work simplification/energy conservation: Instruct pt in energy conservation tips., gait training/stair 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 medication(s) purpose, schedule, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06.

PT Goals

PATIENT-STATED GOAL: No stated goal at this time, 1x eval and discharge for PT

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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 medication(s) purpose, schedule

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/20/2026

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Independent, Car Transfer - 06. Independent, 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent	Walk 150 Feet - 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 Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Shower/Bathe Self - 06. Independent Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Upper Body Dressing - 06. Independent

Signature of Physician:	Date
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