Home Health Certification and Plan of Care

Order ID: 1150/16544

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
351089380	02/25/2026	From: 02/25/2026 To: 04/25/2026	18720	217058

6. Patient's Name and Address

Loretta Lucas
2820 Oswego Avenue,
Baltimore, MD 21215-
410-371-5773

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 09/05/1938 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	02/25/26

13. ICD	Other Pertinent Diagnoses	Date
I50.32	Chronic diastolic (congestive) heart failure	02/25/26
I50.23	Acute on chronic systolic (congestive) heart failure	02/25/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	02/25/26
N18.9	Chronic kidney disease u	02/25/26
D63.1	Anemia in chronic kidney disease	02/25/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	02/25/26
I26.99	Other pulmonary embolism without acute cor pulmonale	02/25/26
I71.40	Abdominal aortic aneurysm without rupture unspecified	02/25/26
I48.91	Unspecified atrial fibrillation	02/25/26
M10.9	Gout unspecified	02/25/26
J44.9	Chronic obstructive pulmonary disease unspecified	02/25/26
M54.16	Radiculopathy lumbar region	02/25/26
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	02/25/26
M85.80	Oth disrd of bone density and structure unspecified site	02/25/26
I25.2	Old myocardial infarction	02/25/26
E78.00	Pure hypercholesterolemia unspecified	02/25/26
D50.9	Iron deficiency anemia unspecified	02/25/26
E05.90	Thyrotoxicosis unsp without thyrotoxic crisis or storm	02/25/26
S42.211D	Unsp disp fx of surg nk of r humer subs for fx w routn heal	02/25/26
K59.00	Constipation unspecified	02/25/26
K21.9	Gastro-esophageal reflux disease without esophagitis	02/25/26
Z79.01	Long term (current) use of anticoagulants	02/25/26
Z95.1	Presence of aortocoronary bypass graft	02/25/26
Z95.828	Presence of other vascular implants and grafts	02/25/26

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

Ventolin Hfa - Albuterol Sulfate 108 (90 BASE) mcg/act ,Take 2 puffs inhalant every 6 hours Take 2 puffs by inhalation every 6 hours as needed. Pt/ CG understands when to use med.
Nitroglycerine - Nitroglycerin 0.4 mg sublingual as necessary Patient reports she has the medicine for prn use.
eq 25 mg tartrate eq 25 mg tartrate 1 tablet by mouth once a day Metoprolol for Blood pressure
Lasix - Furosemide 0 40 mg 1 tab by mouth once a day Swelling
Doxycycline Hyclate - Doxycycline Hyclate eq 100 mg base 1 tablet by mouth every 12 hours Cough
Trazodone - Trazodone Hydrochloride 0 50 MG, Take 1 tab by mouth at bedtime As needed for sleep
Crestor - Rosuvastatin Calcium 10 mg 0 40 MG 1 tab by mouth once a day Caregiver is aware of meds, dosage, frequency.
Methimazole - Methimazole 0 5 mg 4 tablets by mouth in the morning Caregivers aware of medication purpose.
Benzonatate - Benzonatate 100 mg 1 capsule by mouth every 8 hours As needed for cough

14. DME and Supplies:

rolling walker, cane, , walker, diabetic supplies, commode

15. Safety Measures:

remove environmental barriers, , , emergency phone number prominently displayed, diabetic precautions, bathroom safety, ambulates with device, activity supervision, ambulates with assistance

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation, Bowel/Bladder Incontinence

18.B. Activities Permitted

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: Yes

20. Prognosis: good

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

family/caregiver will be responsible for managing treatment

Homebound status:

Due to diagnosis of Hypertensive Heart And Chronic Kidney Disease With Heart Failure And Stage 1 Through Stage 4 Chronic Kidney Disease, Or Unspecified Chronic Kidney Disease, 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/25/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Eddye Bullock
7141 Security Blvd
Baltimore, MD 21244
PHONE: 443-663-6220 FAX: 14436636475 NPI: 1366510703

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 : 02/20/2026

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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Clinical Condition Requiring Homecare:

Start of care physical therapy assessment was completed for this 87-year-old female with a significant past medical history including coronary artery disease status post coronary artery bypass grafting (CABG), hypertension, congestive heart failure, abdominal aortic aneurysm, pulmonary embolism status post inferior vena cava (IVC) filter placement, atrial fibrillation, and diabetes mellitus. The patient was recently hospitalized secondary to anemia and has experienced a decline in functional status following her acute illness. Prior to hospitalization, the patient was ambulating with a single-point cane (SPC) under supervision and was able to negotiate stairs with contact guard assistance (CGA) using an SPC. At the time of the start of care evaluation, she demonstrates decreased bilateral lower extremity strength, graded at 3/5 on manual muscle testing, contributing to impaired balance and reduced functional mobility. She currently requires contact guard assistance for transfers and short-distance ambulation using a rolling walker (RW), representing a decline from her prior level of function. Vital signs were assessed and monitored per protocol, with no acute distress noted during the evaluation. The patient remains at increased risk for falls due to lower extremity weakness, impaired endurance, and complex cardiovascular comorbidities. An occupational therapy evaluation was also completed. The patient resides with her daughter in a two-story home, with the bedroom and full bathroom located on the second floor, necessitating stair negotiation for daily activities. Prior to hospitalization, she was independent with basic grooming and dressing tasks and required supervision for showering. She receives Meals on Wheels for nutritional support. Currently, she presents with deficits in activities of daily living (ADLs), decreased functional activity tolerance, impaired functional mobility, and safety concerns related to her reduced strength and endurance. Skilled physical therapy services are indicated to address lower extremity strengthening, balance training, gait training, transfer training, and stair negotiation to improve safety and restore functional mobility toward her prior level of function. Occupational therapy services are recommended at a frequency of one visit per week for six weeks to focus on ADL retraining, instruction in adaptive equipment use, therapeutic exercise, development and progression of a home exercise program, homemaking task training, and comprehensive safety education. The overall plan of care is aimed at maximizing independence, reducing fall risk, improving activity tolerance, and promoting a safe return to the patient's prior level of function within the home environment.
 Date of Order 02/25/2026 Orders Physician Face-to-Face Date: 02/20/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat msw due to Hypertensive Heart And Chronic Kidney Disease With Heart Failure And Stage 1 Through Stage 4 Chronic Kidney Disease, Or Unspecified Chronic Kidney Disease 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 - PT Notes: soc OT Eval Notes:
 Physician Bullock, Eddye

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (02/25/26-02/28/26) ,WK2: 1 (03/01/26-03/07/26) ,WK3: 1 (03/08/26-03/14/26) ,WK4: 1 (03/15/26-03/21/26) ,WK5: 1 (03/22/26-03/28/26) ,WK6: 1 (03/29/26-04/04/26) ,WK7: 1 (04/05/26-04/11/26) ,WK8: 1 (04/12/26-04/18/26)

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: 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, SpO_2: 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.

PT Goals

PATIENT-STATED GOAL: To be able to walk without getting dizzy

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 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

caregiver performs medical/rehabilitation treatments with adequate competence

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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

02/25/2026

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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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170F1 - Toilet Transfer, GG0170K1 - Walk 150 Feet, D0160 - Depression, M2020 - Oral Med Management, Home Safety, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, M1610 - Urinary Incontinence, limited strength, balance deficit

PROCEDURES: cough/deep breathing exercises, gait training/stair training, transfers training, 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 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, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 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

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

OT Careplans

OT WK1: 1 (02/25/26-02/28/26) ,WK2: 1 (03/01/26-03/07/26) ,WK3: 1 (03/08/26-03/14/26) ,WK4: 1 (03/15/26-03/21/26) ,WK5: 1 (03/22/26-03/28/26) ,WK6: 1 (03/29/26-04/04/26)

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, incentive spirometer, equipment training, work simplification/energy conservation, strengthening exercises, assist with meal preparation

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, 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, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: 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 medication(s) purpose, schedule

Eating - 06. Independent

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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/25/2026