Home Health Certification and Plan of Care

Order ID: 1150/16587

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
33469859	12/30/2025	From: 02/28/2026 To: 04/28/2026	20771	217058

6. Patient's Name and Address

Phyllis Fountain
155 Grundy Street Apt 108,
BALTIMORE, MD 21224-
443-802-5209

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 03/05/1946 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I11.0	Hypertensive heart disease with heart failure	12/30/25

13. ICD	Other Pertinent Diagnoses	Date
I50.9	Heart failure unspecified	12/30/25
E78.5	Hyperlipidemia unspecified	12/30/25
F34.1	Dysthymic disorder	12/30/25
Z79.82	Long term (current) use of aspirin	12/30/25
Z79.51	Long term (current) use of inhaled steroids	12/30/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	12/30/25

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

Albuterol Sulfate - Albuterol Sulfate 108 (90 Base) MCG/ACT Inhalation,INHALE 2 PUFFS by mouth every hour INHALE 2 PUFFS BY MOUTH EVERY & HOURS AS NEEDED FOR WHEEZING
Allopurinal - Allopurinol 100 MG Oral Tablet,Take 1 tablet by mouth once a day 100 MG Oral Tablet

Take 1 tablet by mouth daily
Amlodipine Besylate - Amlodipine Besylate 10 MG Oral Tablet,TAKE 1 TABLET by mouth once a day TAKE 1 TABLET BY MOUTH EVERY DAY
Aspirin - Aspirin 81 MG Oral Tablet,Take 1 tablet by mouth once a day 81 MG Oral Tablet Delayed Release

Take 1 tablet (81 mg) by mouth daily
Brimonidine Tartrate: Timolol Maleate - Brimonidine Tartrate: Timolol Maleate 0.2-0.5% Ophthalmic Solution drops as necessary per optho
Vitamin D - Ergocalciferol 50 MCG (2000 UT) Oral Tablet,Take 1 tablet by mouth once a day take 1 tablet (2,000 units) by mouth daily
Ciclopirox - Ciclopirox 8% External Solution,1 application topical once a day 1 application topically to affected area daily
Clotrimazole And Betamethasone Dipropionate - Betamethasone Dipropionate: Clotrimazole 1-0.05% External Cream,1 application topical twice a day 1 application topically to affected area 2 times per day
Cyclobenzaprine Hydrochloride - Cyclobenzaprine Hydrochloride 5 MG Oral Tablet,Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times per day as needed
Diclofenac Sodium - Diclofenac Sodium 1% External Gel 4 grams topically topical four times a day 4 grams topically to affected area 4 times per day
Ezetimibe - Ezetimibe 10 MG Oral Tablet,TAKE 1 TABLET by mouth once a day TAKE 1 TABLET BY MOUTH EVERY DAY
Fluticasone Propionate - Fluticasone Propionate 50 MCG/ACT Nasal Suspension,SPRAY 2 SPRAYS topical once a day SPRAY 2 SPRAYS IN EACH NOSTRIL EVERY DAy
Furosemide - Furosemide 40 MG. Oral Tablet,TAKE 1 TABLET by mouth once a day
Gabapentin - Gabapentin 100 MG Oral Capsule,Take 1 capsule by mouth twice a day Take 1 capsule by mouth 2 times per day
Hydralazine And Hydrochlorothiazide - Hydralazine Hydrochloride: Hydrochlorothiazide 10 MG Oral Tablet,TAKE 1 TABLET by mouth three times a day TAKE 1 TABLET BY MOUTH THREE TIMES A DAY WITH FOOD
Hydrochlorothiazide - Hydrochlorothiazide 25 MG Oral Tablet by mouth as necessary PO QDAY
Hydroxyzine Hydrochloride - Hydroxyzine Hydrochloride 25 MG Oral Tablet,TAKE ONE TABLET by mouth every hour TAKE ONE TABLET BY MOUTH EVERY & HOURS AS NEEDED
Ketotifen Fumarate - Ketotifen Fumarate 0.025% Ophthalmic Solution1 drop, drops twice a day 1 drop into affected eye 2 times per day
Iontocaine - Epinephrine: Lidocaine Hydrochloride 5% External Patch,apply 1-2 patches topical every 12 hours apply 1-2 patches to affected area qday. On for 12 hours, then off for 12 hours.
Losartan Potassium - Losartan Potassium 100 MG Oral Tablet,TAKE ONE TABLET by mouth once a day TAKE ONE TABLET BY MOUTH EVERY DAY
Pantoprazole - Pantoprazole Sodium 40 mg oral TAKE 1 TABLET by mouth once a day TAKE 1 TABLET BY MOUTH EVERY DAY
Potassium Chloride Microencapsulated Crystals 20 MEQ Oral Tablet,TAKE ONE TABLET by mouth twice a day
Pravastatin Sodium - Pravastatin Sodium 80 MG Oral Tablet,TAKE ONE TABLET by mouth once a day TAKE ONE TABLET BY MOUTH ONCE DAILY
Topiramate - Topiramate 25 MG Ora TABLET l ,TAKE ONE TABLET by mouth twice a day TAKE ONE TABLET BY MOUTH 2 TIMES A DAY
Travoprost - Travoprost 0.004% Ophthalmic Sotation topical as necessary per optho

14. DME and Supplies:

rolling walker, grab bars, bath bench, 4 wheeled walker, Scooter

15. Safety Measures:

sharps precautions, remove environmental barriers, , , , electrical safety measures, , diabetic precautions, bathroom safety, ambulates with device, ambulates with assistance, activity supervision,

16. Nutrition:

diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

18.B. Activities Permitted

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/26/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Bhavandeep Bajaj
3455 Wilkens Ave Suite L-10
Baltimore, MD 21229
PHONE: 410-644-4444 FAX: 14106444484 NPI: 1003011214

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 : 12/17/2025

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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Ambulation, Endurance, Balance	Walker, Exercises Prescribed, Transfer bed/Chair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: WNL , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:	22.B.Discharge Plans
SELF-CARE: , MOBILITY:	patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive Heart Disease With Heart Failure, 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 a 79-year-old individual recently evaluated in the physician's office and referred for home-based Physical Therapy (PT) and Occupational Therapy (OT) to improve mobility and functional independence. Past medical history is significant for hypertension, hyperlipidemia, diabetes mellitus, transient ischemic attack (TIA), pacemaker placement, and right foot drop. The patient resides alone in an elevator-accessible senior apartment and prevents leaving the home due to the significant and taxing effort required, supported by a Tinetti score of 10/28, consistent with high fall risk and limited community mobility. The patient receives assistance from a paid home health aide for 2 hours per day, 3 days per week, with support for laundry and bathing; additional caregiver assistance has included household tasks, meal preparation/cooking, and supervision with bathing. On assessment, the patient demonstrates impaired standing balance, reduced standing tolerance, decreased bilateral upper extremity strength, and overall reduced activity tolerance, which contribute to decreased independence with self-care tasks, functional transfers, and household ambulation compared to prior level of function. The patient ambulates on indoor surfaces using a rolling walker for approximately 30 feet twice with supervision, with gait limitations impacted by right foot drop. The patient completes transfers to bed, toilet, and chair with supervision. Bed mobility is performed with supervision, utilizing a stool to access the bed. Outdoor mobility, stair/step negotiation, and car transfer abilities were not assessed during this visit. Skilled home PT and OT are indicated to address strength, balance, endurance, and safety with functional mobility and activities of daily living, with the goal of improving independence and reducing fall risk within the home environment. Revealed needs include continued gait training with the rolling walker, progressive therapeutic exercise for lower extremity strength and overall conditioning, balance training, and transfer/bed mobility training with emphasis on safe techniques and fall prevention. OT services are recommended to improve performance in self-care, increase upper extremity strength and activity tolerance, and optimize safety and independence with daily routines. The plan of care includes ongoing home therapy to maximize functional mobility, support return toward prior level of function, and reduce the burden of care, with continued coordination with caregiver supports as needed.
 Date of Order 02/26/2026 Orders Physician Face-to-Face Date: 12/17/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat due to Hypertensive Heart Disease With Heart Failure Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: The patient is making gradual progress and had a fall several weeks ago that set mobility backwards. Plan to progress with strength training and begin outside skills.
 Physician Bajaj, Bhavandeep

SN Careplans	SN Goals

PT Careplans	PT Goals
PT 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)	PATIENT-STATED GOAL: Be able to walk longer distances and not be tired
PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, 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 Toilet Transfer - 06. Independent
CAREGIVER: WNL	1 - Step (curb) - 04. Supervision or touching assistance
HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 7. Currently taking 5 or more medications	4 Steps - 04. Supervision or touching assistance
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; 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	12 Steps - 04. Supervision or touching assistance
Advance Directive:Durable power of attorney for health care/Medical power of attorney	caregiver performs medical/rehabilitation treatments with adequate competence
PROBLEMS IDENTIFIED ON ASSESSMENT: limited endurance, limited range of motion, limited strength, balance deficit	patient/caregiver recalls * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings * physical exercise plan * diet * recalls related medication(s) purpose, schedule
	Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance
	Sit to Stand - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/26/2026

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PROCEDURES: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps , Dynamic standing activities , Gait training on level surface and steps

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * 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, caregiver performs medical/rehabilitation treatments with adequate competence, Toilet Transfer - 06. Independent, 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, Chair to Bed to Chair - 02. Substantial/maximal assistance, Sit to Stand - 06. Independent, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Chair to Bed to Chair - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 10 Feet - 04. Supervision or touching assistance

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 cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

Picking Up Object - 04. Supervision or touching assistance

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
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

Walk 150 Feet - 04. Supervision or touching assistance

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/26/2026