

Home Health Certification and Plan of Care				Order ID: 1150/16706		
1. Patient s HI claim No.		2. Start Of Care Date	3. Certification Period		4. Medical Record No.	5. Provider No.
6MT7KG7UU50		02/20/2026	From: 02/20/2026 To: 04/20/2026		22487	217058
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number			
Alma Hill 1105 Weddel Ave, HALETHORPE, MD 21227- 410-504-3823			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239			
8. DOB			09/11/1944	9.Sex	Female	
11. ICD	Principal Diagnosis		Date	10. Medications: Dose/Frequency/Route (N)ew (C)hanged Spironolactone - Spironolactone 25 mg by mouth once a day Blood pressure and fluid Torsemide - Torsemide 20 mg 2 tablets by mouth once a day Fluid Albuterol - Albuterol 0.09 mg/inh inhalant as necessary Every 4 hours PRN for Shortness of breath Albuterol Sulfate And Ipratropium Bromide - Albuterol Sulfate: Ipratropium Bromide .5-2.5mg inhalant as necessary Every 6 hours as needed for Shortness of breath Xarelto - Rivaroxaban 20mg by mouth once a day Blood thinner		
N17.9	Acute kidney failure unspecified		02/20/26			
13. ICD	Other Pertinent Diagnoses		Date			
G93.40	Encephalopathy unspecified		02/20/26			
E87.6	Hypokalemia		02/20/26			
J44.9	Chronic obstructive pulmonary disease unspecified		02/20/26			
I10.	Essential (primary) hypertension		02/20/26			
E11.9	Type 2 diabetes mellitus without complications		02/20/26			
D69.6	Thrombocytopenia unspecified		02/20/26			
R13.13	Dysphagia pharyngeal phase		02/20/26			
R63.4	Abnormal weight loss		02/20/26			
R91.8	Other nonspecific abnormal finding of lung field		02/20/26			
R32.	Unspecified urinary incontinence		02/20/26			
Z79.01	Long term (current) use of anticoagulants		02/20/26			
Z90.12	Acquired absence of left breast and nipple		02/20/26			
Z85.3	Personal history of malignant neoplasm of breast		02/20/26			
Z86.718	Personal history of other venous thrombosis and embolism		02/20/26			
Z87.891	Personal history of nicotine dependence		02/20/26			
14. DME and Supplies:			15. Safety Measures:			
bath bench, walker			ambulates with device, fall precautions, medication safety, standard precautions, bathroom safety			
16. Nutrition:			17. Allergies:			
Z. NO PHYSICIAN-ORDERED DIET			no known allergies			
18.A. Functional Limitations			18.B. Activities Permitted			
Ambulation			Walker, Up As Tolerated			
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: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes						
20. Prognosis: fair						
22. A Rehabilitation Potential:			22.B.Discharge Plans			
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.			family/caregiver will be responsible for managing treatment			
Homebound status: Due to diagnosis of Acute kidney failure unspecified, 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:	<p class="MsoNoSpacing">The patient is an 81-year-old female with a past medical history significant for Type 2 diabetes mellitus, hypertension, COPD, anxiety, depression, prior right breast cancer (in remission), chronic anticoagulant therapy for prior DVT, dysphagia, urinary incontinence, and multiple other comorbidities. She was admitted to home health services following a short stay in an acute care facility and subsequent skilled nursing facility placement due to a urinary tract infection associated with altered mental status, hypoglycemia, delirium, hypothermia, and pneumonia. During assessment, the patient was awake, alert, and oriented to person and place with occasional difficulty recalling the day of the week (A&O x2-3), and she denied pain. Physical assessment revealed lungs clear to auscultation despite a COPD diagnosis, active bowel sounds, warm, dry, intact skin, and palpable pulses throughout. The patient resides with her daughter, Monique, who was present during the visit, is a reliable historian, and serves as the primary caregiver. The patient lives in a split-level home with multiple stairs and primarily remains on the upper level; she ambulates independently indoors without an assistive device but uses a rollator or walker outdoors and has a history of one fall in the past year. She currently demonstrates decreased bilateral lower-extremity strength, impaired balance, unsteady gait, difficulty with transfers and stair negotiation, decreased functional mobility, and increased fall risk, requiring standby assistance for basic ADLs, supervision for most activities, and dependence for IADLs. Due to generalized weakness, deconditioning, cognitive deficits, and limited endurance related to cardiovascular and respiratory disease, the patient is considered homebound and will benefit from skilled home health physical and occupational therapy to improve strength, mobility, balance, safety awareness, and independence while reducing the risk of further functional decline and falls.</o:p></o:p></p> <p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">02/20/2026 Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 02/05/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Acute kidney failure unspecified 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></p> <p class="MsoNoSpacing"> 1 - SOC - SN Notes: <o:p></o:p></p> <p class="MsoNoSpacing">PT Eval Notes: OT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Karipineni, Rani</p>					
SN Careplans			SN Goals			
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 Rani Karipineni 7927 Ritchie Highway Glen Bernie, MD 21061 PHONE: 4107612273 FAX: 14107610592 NPI: 1083648174			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 : 02/05/2026			
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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SN WK1: 1 (02/20/26-02/21/26) ,WK3: 1 (03/01/26-03/07/26) ,WK4: 1 (03/08/26-03/14/26)			PATIENT-STATED GOAL: No more hospital admissions.		
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			* 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 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.			* 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 medication(s) purpose, schedule		
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.			patient/caregiver recalls		
Provide education content at patient's level of health literacy.			* depression-prevention strategies including avoidance of isolation		
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.			* healthy eating		
Assess: Musculoskeletal status.			* sleeping habits		
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			* identification of activities that bring pleasure		
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.			* preventive care		
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques			* recalls related medication(s) purpose, schedule		
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education.,			patient self-administers medications as prescribed		
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training			* recalls related medication(s) purpose, schedule		
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.			patient/caregiver recalls		
; 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			* strategies to increase socialization		
Advance Directive:No Advance Directive			* recalls related medication(s) purpose, schedule		
PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, D0700 - Social Isolation, M2020 - Oral Med Management, M1400 - Dyspnea, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, M1610 - Urinary Incontinence, limited endurance					
PROCEDURES: cough/deep breathing exercises, bladder training, coordinate/arrange long-term socialization activities					
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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule					
PT Careplans			PT Goals		
PT WK2: 2 (02/22/26-02/28/26) ,WK3: 2 (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) ,WK7: 1 (03/29/26-04/04/26)			PATIENT-STATED GOAL: To be independent with all activities in my home		
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		
PROCEDURES: cough/deep breathing exercises, home exercise program: Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., gait training on uneven surfaces, gait training/stair training, transfers training			Walk 10 ft on Uneven Surface - 05. Setup or clean-up 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 medication(s) purpose, schedule, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up			1 - Step (curb) - 05. Setup or clean-up assistance		
			Chair to Bed to Chair - 06. Independent		
			Toilet Transfer - 06. Independent		
			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		
Signature of Physician:			Date		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			02/20/2026		

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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		Car Transfer - 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 Sit to Stand - 06. Independent Walk 10 Feet - 05. Setup or clean-up assistance Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance		
OT Careplans OT 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) 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 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 - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent		OT Goals PATIENT-STATED GOAL: To be more functional independent GOALS Shower/Bathe Self - 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 Toileting Hygiene - 06. Independent Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Upper Body Dressing - 06. Independent Oral Hygiene - 06. Independent Eating - 06. Independent		

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/20/2026