Home Health Certification and Plan of Care

Order ID: 1150/16781

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
99291234	03/03/2026	From: 03/03/2026 To: 05/01/2026	23089	217058

6. Patient's Name and Address
Yon Cho
2554 Bird View RD,
WESTMINSTER, MD 21157-
443-850-6614

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 09/11/1946 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	03/03/26

13. ICD	Other Pertinent Diagnoses	Date
J43.9	Emphysema unspecified	03/03/26
I48.91	Unspecified atrial fibrillation	03/03/26
E11.9	Type 2 diabetes mellitus without complications	03/03/26
I10.	Essential (primary) hypertension	03/03/26
E78.5	Hyperlipidemia unspecified	03/03/26
C34.90	Malignant neoplasm of unsp part of unsp bronchus or lung	03/03/26
C79.9	Secondary malignant neoplasm of unspecified site	03/03/26
D69.6	Thrombocytopenia unspecified	03/03/26
E06.9	Thyroiditis unspecified	03/03/26
I27.20	Pulmonary hypertension unspecified	03/03/26
D53.9	Nutritional anemia unspecified	03/03/26
K21.9	Gastro-esophageal reflux disease without esophagitis	03/03/26
E87.6	Hypokalemia	03/03/26
Z79.52	Long term (current) use of systemic steroids	03/03/26
Z99.81	Dependence on supplemental oxygen	03/03/26

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

PANTOPRAZOLE 40 mg / 1 Tablet by mouth twice a day Commonly known as: PROTONIX
Spiriva Respimat - Tiotropium Bromide 2.5 MCG/ACT / Take 2 puffs inhalant once a day Generic drug: tiotropium
Wixela Inhub 250-50 MCG/ACT / Take 1 puff inhalant twice a day Generic drug: fluticasone-salmeterol.
Fluconazole - Fluconazole 200 mg / 1 Tablet by mouth once a day every 24 hours for 10 days. Commonly known as: DIFLUCAN
Potassium Chloride - Potassium Chloride 20meq / 1 Tablet by mouth twice a day Take 2 tablets for 3 days. Commonly known as: KLOR-CON M
Prednisone - Prednisone 20 mg / 1 Tablet by mouth once a day 40 mg by mouth daily x3 days then 20 mg by mouth daily x3 days then 10 mg by mouth daily x3 days
Albuterol - Albuterol 108 (90 BASE) mcg/act aerosol solution / Take 1 puff inhalant every 6 hours as needed for Wheezing. Commonly known as: VENTOLIN HFA
Lovastatin - Lovastatin 40 mg / 1 Tablet by mouth in the evening Commonly known as: MEVACOR
Metoprolol Tartrate - Metoprolol Tartrate 50 mg / 1 Tablet by mouth twice a day Take 1.5 tablets Commonly known as: LOPRESSOR
fluticasone-salmeterol (WIXELA INHUB) 250-50 MCG/ACT inhaler 1 puff RT 2 times daily
Wixela Inhub 250-50 MCG/ACT inhaler 1 puff by inhalation 2 times daily Generic drug: fluticasone-salmeterol
O2 - Oxygen 3 Liters nasal cannula continuous

14. DME and Supplies:
oxygen supplies

15. Safety Measures:
walker precautions, smoke detectors , , , , diabetic precautions, ambulates with assistance, transfer with assist, bathroom safety, activity supervision

16. Nutrition:
full-liquid

17. Allergies:
metformin

18.A. Functional Limitations
Endurance, Ambulation

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: No

20. Prognosis: good

22. A Rehabilitation Potential:
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.

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status:
Due to diagnosis of Chronic Obstructive Pulmonary Disease W (Acute) Exacerbation, 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 Korean-speaking female recently hospitalized for shortness of breath, likely secondary to a chronic obstructive pulmonary disease (COPD) exacerbation versus progression of known pulmonary metastatic disease. Her past medical history is significant for COPD/emphysema requiring 3 L/min home oxygen, stage IV metastatic pulmonary sarcoma with pulmonary metastases, atrial fibrillation, type 2 diabetes mellitus, hypertension, hyperlipidemia, pulmonary hypertension, hypothyroidism, thrombocytopenia, and macrocytic anemia. Given her complex cardiopulmonary status and recent hospitalization, the patient requires skilled nursing services for ongoing cardiopulmonary assessment, medication management, oxygen therapy monitoring, and disease process education. At the time of the home health evaluation, the patient demonstrated generalized deconditioning, decreased cardiopulmonary endurance, bilateral lower extremity weakness with gross strength approximately 3+/5, impaired standing balance rated as fair to fair-minus, and altered gait mechanics. These deficits significantly limit her functional mobility and increase her risk for falls. Bed mobility is performed with modified independence. Transfers require supervision to contact guard assistance for safety. Ambulation is limited to approximately 40 to 60 feet without an assistive device and requires frequent rest breaks due to dyspnea and reduced endurance. The patient's shortness of breath and decreased activity tolerance impair safe household mobility and place her at increased risk for functional decline and rehospitalization. Skilled nursing is medically necessary to monitor respiratory status, assess oxygen use and response, reinforce medication adherence, and provide education regarding disease management, symptom reporting, and energy conservation strategies. Skilled physical

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 03/03/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Chris Park
655 Watkins Mill Rd
Gaithersburg, MD 20879
PHONE: 2406324000 FAX: NPI: 1649348087

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 : 02/26/2026

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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therapy is also medically necessary to address decreased endurance, lower extremity weakness, impaired balance, and gait deficits. The physical therapy plan of care will focus on cardiopulmonary endurance training, lower extremity strengthening, balance training, gait training with the least restrictive appropriate assistive device, and close monitoring of the patient's physiological response to activity. The overall goal of care is to improve functional mobility, enhance activity tolerance, reduce fall risk, and help prevent further hospitalization while supporting the patient's safety and independence within the home environment.
 Date of Order 03/03/2026 Orders Physician Face-to-Face Date: 02/26/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat due to Chronic Obstructive Pulmonary Disease W (Acute) Exacerbation 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 - SN Notes: PT Eval Notes:
 Physician Park, Chris

SN Careplans

SN WK1: 1 (03/03/26-03/07/26) ,WK2: 1 (03/08/26-03/14/26) ,WK3: 1 (03/15/26-03/21/26) ,WK4: 1 (03/22/26-03/28/26) ,WK5: 1 (03/29/26-04/04/26) ,WK6: 1 (04/05/26-04/11/26) ,WK7: 1 (04/12/26-04/18/26) ,WK8: 1 (04/19/26-04/25/26)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 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, 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: M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, coughing, muscle weakness, limited strength, limited endurance, balance deficit, loss of appetite

PROCEDURES: incentive spirometer, 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

SN Goals

PATIENT-STATED GOAL: Patient states she wants to be able to go outside and garden again

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

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

03/03/2026

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PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170G1 - Car Transfer, 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, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, 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

PROCEDURES: HEP: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day. Emphasis on improving right knee ROM, reducing stiffness, and promoting quadriceps activation. Patient instructed on proper technique, pacing, use of ice after exercises, and safe frequency throughout the day. Patient verbalized understanding and demonstrated good carryover. , B LE mm strengthening: Focus on improving CV endurance, Medication Review-: Cargiver verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , cough/deep breathing exercises, work simplification/energy conservation, gait training/stair training: Focus on improving CV endurance

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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, 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

PATIENT-STATED GOAL: Not to go back to hospital

GOALS
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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

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
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/03/2026