

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					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 Amlodipine - 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						
11. ICD J12.1			Principal Diagnosis Respiratory syncytial virus pneumonia			Date 02/20/26					
13. ICD J21.0 J96.01 J43.9 I10. I25.5 E78.00 G62.9 I25.10 E87.1 E43. I25.2 K21.9 F17.210 Z95.5			Other Pertinent Diagnoses Acute bronchiolitis due to respiratory syncytial virus Acute respiratory failure with hypoxia Emphysema unspecified Essential (primary) hypertension Ischemic cardiomyopathy Pure hypercholesterolemia unspecified Polyneuropathy unspecified AthscI heart disease of native coronary artery w/o ang pctrs Hypo-osmolality and hyponatremia Unspecified severe protein-calorie malnutrition Old myocardial infarction Gastro-esophageal reflux disease without esophagitis Nicotine dependence cigarettes uncomplicated Presence of coronary angioplasty implant and graft			Date 02/20/26 02/20/26 02/20/26 02/20/26 02/20/26 02/20/26 02/20/26 02/20/26 02/20/26 02/20/26 02/20/26 02/20/26 02/20/26					
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:			<p class="MsoNoSpacing">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.</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: 02/14/2026 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></p><p class="MsoNoSpacing"> 1 - SOC - SN Notes:<o:p></o:p></p><p class="MsoNoSpacing">PT Eval Notes:<o:p></o:p></p><p class="MsoNoSpacing">Physician:Brooks, Jacinth</p>								
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 medication 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 02/27/2026 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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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			
			PAGE 2 of 3			
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		

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