

Home Health Certification and Plan of Care				Order ID: 1150/16862	
1. Patient's HI claim No. 18296127		2. Start Of Care Date 03/05/2026		3. Certification Period From: 03/05/2026 To: 05/03/2026	
		4. Medical Record No. 23203		5. Provider No. 217058	
6. Patient's Name and Address Danielle Grant 3801 Schnaper Dr Apt 204, RANDALLSTOWN, MD 21133- 443-979-1640			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 05/18/1961			9. Sex Female		
11. ICD S72.141D			10. Medications: Dose/Frequency/Route (N)ew (C)hanged LASIX 0 20 mg / 1 Tablet by mouth in the morning for Edema Acetaminophen - Acetaminophen 325mg 2 tableta by mouth every 6 hours Give 2 tablet as needed for pain 1-3 NTE 3G in 24 hours		
13. ICD I95.9 F17.210 D64.9 Z79.01 Z91.81			15. Safety Measures: medication safety, fall precautions, walker precautions, , bathroom safety		
14. DME and Supplies: walker			17. Allergies: no known allergies		
16. Nutrition: regular			18.B. Activities Permitted Walker, Up As Tolerated		
18.A. Functional Limitations Ambulation			19. Mental & Psychosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No		
20. Prognosis: good			22. B. Discharge Plans patient will be responsible for managing treatment		
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.					
Homebound status: Due to diagnosis of Displaced intertrochanteric fracture of right femur, subsequent encounter for closed fracture with routine healing, 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 a 64-year-old female with a past medical history significant for congestive heart failure (CHF), thromboangiitis obliterans, right femur fracture, sinus tachycardia, hyperlipidemia, and vitamin D deficiency. She was admitted to home health services following a fall that resulted in a right femur fracture, after a brief hospitalization in an acute care facility and a subsequent stay at a skilled nursing facility. On assessment, the patient is alert and oriented 4 and denies pain. She ambulates with a walker and reports living alone in her apartment, with assistance from a niece who visits to help with her needs. Lung sounds are diminished throughout, though she denies shortness of breath, and she reports smoking three cigarettes per day. Her skin is warm, dry, and intact, with palpable pulses and no edema noted in the extremities. Bowel sounds are active, and she reports her last bowel movement occurred yesterday, denying nausea or vomiting. Vital signs were obtained and an initial assessment completed upon admission to home health services. Physical therapy evaluation revealed decreased strength in the right lower extremity (MMT 2-/5), requiring contact guard assistance for transfers and short-distance ambulation with a rollator, with weight bearing as tolerated on the right lower extremity. She was instructed in a home exercise program including seated knee extension, hip flexion, and standing hip abduction (1 set of 10-15 repetitions), and demonstrated understanding. The patient would benefit from skilled physical therapy to improve strength, balance, safety, and independence in functional mobility to return to her prior level of function. Additionally, she requires assistance with lower body dressing and instrumental activities of daily living (IADLs), demonstrates decreased balance and standing tolerance, and would benefit from skilled occupational therapy to increase independence in daily activities and return to her prior functional status.</p><p class="MsoNoSpacing">Bottom of Form</p><p class="MsoNoSpacing">Date of Order</p><p class="MsoNoSpacing">Physician Face-to-Face Date: 03/02/2026
Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Displaced intertrochanteric fracture of right femur, subsequent encounter for closed fracture with routine healing
Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</p><p class="MsoNoSpacing">PT Eval Notes:</p><p class="MsoNoSpacing">OT Eval Notes:</p><p class="MsoNoSpacing">Physician:</p><p class="MsoNoSpacing">Background-position: initial; background-size: initial; background-repeat: initial; background-attachment: initial; background-origin: initial; background-clip: initial;</p>Arshad, Sabaina</p>					
SN Careplans SN WK1: 1 (03/05/26-03/07/26) ,WK2: 2 (03/08/26-03/14/26) 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: 0. No assistance needed - patient is independent or does not have needs in this area 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			SN Goals PATIENT-STATED GOAL: I would like to walk without the walker. 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		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 03/05/2026			25. Date HHA Received Signed POT		
24. Physician's Name and Address Sabaina Arshad 1701 N George Mason Dr Arlington, MD 22205 PHONE: 410-847-3000 FAX: NPI: 1821449216			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 : 03/02/2026		
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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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, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, lung sounds not clear, limited endurance, limited range of motion, limited strength, Pain Effect on Sleep, Pain Interference with ADLs PROCEDURES: cough/deep breathing exercises 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, * 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 relaxation skills and diversional activities, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver performs medical/rehabilitation treatments with adequate competence	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 relaxation skills and diversional activities * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient is adequately supervised caregiver performs medical/rehabilitation treatments with adequate competence
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PT Careplans PT WK1: 1 (03/05/26-03/07/26) ,WK2: 2 (03/08/26-03/14/26) ,WK3: 2 (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) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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 PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: * 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 relaxation skills and diversional activities, related medication(s) purpose, schedule, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, Car 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, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance	PT Goals PATIENT-STATED GOAL: To be able to walk without help GOALS Chair to Bed to Chair - 06. Independent 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 relaxation skills and diversional activities * recalls related medication(s) purpose, schedule Sit to Stand - 06. Independent Toilet Transfer - 05. Setup or clean-up assistance Car 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 Picking Up Object - 04. Supervision or touching assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/05/2026

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OT Careplans OT WK1: 1 (03/05/26-03/07/26) ,WK2: 1 (03/08/26-03/14/26) ,WK3: 1 (03/15/26-03/21/26) ,WK4: 1 (03/22/26-03/28/26) 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: Balance ex's, safety during ADLs and IADLs, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers 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. 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, Eating - 06. Independent, Upper Body Dressing - 06. Independent	OT Goals PATIENT-STATED GOAL: Do what I did before and walk without device 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 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 Eating - 06. Independent Upper Body Dressing - 06. Independent
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