

Home Health Certification and Plan of Care				Order ID: 1150/16972
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
52173738	03/06/2026	From: 03/06/2026 To: 05/04/2026	1449	217058
6. Patient's Name and Address		7. Provider's Name, Address and Telephone Number		
Debra Lathe 5003 E Oliver St, BALTIMORE, MD 21205- 443-630-2798		HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		

generalized weakness and limited mobility. Functionally, the patient fatigues easily, ambulates approximately 30 feet indoors with supervision and bilateral AFOs, performs 14 steps with bilateral rails and supervision, and requires supervision for bed mobility and transfers; she resides in a townhouse with her sister and is considered homebound due to significant effort required to leave home, as evidenced by a Tinetti score of 15/28. Skilled nursing interventions include comprehensive cardiopulmonary assessment, monitoring of oxygen therapy and respiratory status, COPD management education including inhaler and nebulizer use, medication reconciliation and adherence teaching, monitoring for respiratory distress or infection, reinforcement of energy conservation and fall prevention strategies, and coordination with the palliative care team. Patient and caregiver education was provided regarding COPD management, oxygen safety, medication adherence, and recognition of symptoms requiring medical attention. The plan is to continue skilled nursing visits for cardiopulmonary monitoring, medication management, and disease education, with follow-up with the primary care provider and specialists as scheduled, continuation of palliative care support, and home therapy to improve strength and functional mobility.

Bottom of Form

Date of Order

Physician Face-to-Face Date: 03/04/2026

Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Chronic obstructive pulmonary disease with (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:

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Nettles, Tamischer

SN Careplans

SN WK1: 1 (03/06/26-03/07/26) ,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)

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, 9. Other risk(s) not listed in 1- 8

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, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, coughing, dependent edema, M1610 - Urinary Incontinence, limited endurance, limited strength, muscle weakness, balance deficit, daytime fatigue

PROCEDURES: incentive spirometer, bladder training, 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, * prevention exacerbation of anxiety condition

SN Goals

PATIENT-STATED GOAL: Patient states she wants to be able to go up and down her stairs without being SOB

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

- * prevention exacerbation of anxiety condition including coping patterns
- * improved concentration
- * strategies to reduce anxiety
- * identification of anxiety precipitants, conflicts, and threats
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * urinary incontinence management including bladder training
- * Kegel exercises
- * skin care
- * 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

Signature of Physician:

Date

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Optional Name/Signature of Nurse/Therapist:

Date

Electronically Signed by Messick, Charles RN

03/06/2026

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including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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	
PT Careplans PT 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) ,WK9: 1 (04/26/26-05/02/26) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, GG0170J1 - Walk 50 ft with 2 Turns, 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, GG0130B1 - Oral Hygiene, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, 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: Home exercise program : Spine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps 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	PT Goals PATIENT-STATED GOAL: Feel stronger and be able to do housework 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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/06/2026