Home Health Certification and Plan of Care

Order ID: 1150/16991

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4E93PV3FG12	03/09/2026	From: 03/09/2026 To: 05/07/2026	22815	217058

6. Patient's Name and Address

Clemmerose Conaway
1308 Vida Drive,
GWYNN OAK, MD 21207-
410-382-0244

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 06/18/1935 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M48.061	Spinal stenosis lumbar region without neurogenic claud	03/09/26

13. ICD	Other Pertinent Diagnoses	Date
G62.9	Polyneuropathy unspecified	03/09/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	03/09/26
I50.23	Acute on chronic systolic (congestive) heart failure	03/09/26
N18.9	Chronic kidney disease u	03/09/26
I73.9	Peripheral vascular disease unspecified	03/09/26
E78.5	Hyperlipidemia unspecified	03/09/26
J44.9	Chronic obstructive pulmonary disease unspecified	03/09/26
N32.81	Overactive bladder	03/09/26
M16.10	Unilateral primary osteoarthritis unspecified hip	03/09/26
M54.9	Dorsalgia unspecified	03/09/26
G89.29	Other chronic pain	03/09/26
K21.9	Gastro-esophageal reflux disease without esophagitis	03/09/26
Z79.899	Other long term (current) drug therapy	03/09/26
Z86.0100	Personal history of colonic polyps	03/09/26
Z87.891	Personal history of nicotine dependence	03/09/26

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

Tenormin - Atenolol 25 mg 25 mg / 1 Tablet by mouth once a day Blood pressure
BREO ELLIPTA 100-25 MCG/ACT / 1 puff inhalant once a day COPD
Tylenol #3 - Acetaminophen: Codeine Phosphate 300-30 mg / 1 Tablet by mouth once a day as needed for MODERATE Pain (or if patient request it for severe pain).
Duoneb - Albuterol Sulfate: Ipratropium Bromide 0.5-2.5 (3) mg/3ml nebulizer solution / Take 3 mLs inhalant every 6 hours as needed. (Patient taking differently: Take 3 mLs by nebulization every morning.)
Albuterol - Albuterol 108 (90 BASE) mcg/act IN aerosol solution / 2 puffs inhalant every 6 hours 2 puffs as needed for breathing
Elavil - Amitriptyline Hydrochloride 100 mg 100 mg 100 mg / 1 Tablet by mouth in the evening
Vitamin B Complex 1 Tablet by mouth once a day Supplement
Lasix - Furosemide 80 mg / 1 Tablet by mouth once a day Swelling
Neurontin - Gabapentin 300 mg / 1 Capsule by mouth twice a day Pain
Apresoline - Hydralazine Hydrochloride 25 mg / 1 Tablet by mouth twice a day Blood pressure
Hydrochlorothiazide - Hydrochlorothiazide 25 mg / 1 Tablet by mouth once a day Blood pressure
Claritin - Loratadine 10 mg / 1 Tablet by mouth once a day Asthma
Triamcinolone - Triamcinolone 0.1 % ointment / Apply 1 application topical twice a day as needed (rash).

14. DME and Supplies:

wheelchair, rolling walker, hospital bed, commode, bath bench, , 4 wheeled walker

15. Safety Measures:

remove environmental barriers, , , emergency phone number prominently displayed, electrical safety measures, avoid temperature extremes, bathroom safety, ambulates with device, ambulates with assistance

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

seafood chlordiazepoxide latex pcn sulfa antibiotics

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Exercises Prescribed, 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: 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

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Spinal Stenosis In The Lumbar Region Without Neurogenic Claudication, 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:

Start of care (SOC) was completed for a 91-year-old female patient who was referred to home health physical therapy services by her primary care physician due to a recent functional decline. The patient has a significant past medical history including chronic obstructive pulmonary disease (COPD), lymphedema, peripheral vascular disease (PVD), asthma, osteoarthritis (OA), spinal stenosis, hypertension (HTN), hyperlipidemia (HLD), history of deep vein thrombosis (DVT), gastrointestinal issues, and right total knee arthroplasty (TKA) with prior infection. The patient resides with her family in a multi-level townhome and currently lives on the second floor. Prior to this decline, the patient was ambulatory with the use of a rollator; however, she has experienced a progressive decrease in her ambulation tolerance and functional mobility. At the time of evaluation, the patient demonstrated significant weakness in the bilateral lower extremities with manual muscle testing (MMT) graded at 3-/5, as well as bilateral upper extremity weakness with strength assessed at 3+/5 MMT. She requires minimal assistance for transfers and short-distance ambulation with a rollator for safety. The patient presents with notable difficulty performing sit-to-stand transfers due to generalized upper and lower extremity weakness and impaired lower extremity mobility, particularly limited ability to flex at the hips and knees. Transfers from sitting to standing require moderate assistance and verbal cues for appropriate placement of the upper and lower extremities, and chair height must often be elevated to facilitate safe standing. The patient also demonstrates difficulty maintaining a seated position at 90 degrees of hip flexion, which contributes to sliding in the chair. Physical therapy provided education to the patient and caregiver regarding appropriate positioning strategies, including the use of a recliner for improved postural support and recommendation of a wedge cushion to help prevent forward sliding. In terms of activities of daily living, the patient requires standby assistance for upper body dressing and moderate assistance for lower body dressing tasks. Due to her current deficits in strength, mobility, and balance, the patient is considered a high fall risk. Based on the evaluation findings, the patient demonstrates impairments in strength, balance, transfer ability, and functional mobility that significantly impact her safety and independence within the home environment. The patient would benefit from continued skilled physical therapy services to address these deficits through therapeutic exercise, transfer training, gait training, and balance interventions aimed at improving strength, enhancing functional mobility, and increasing safety with daily activities in order to return to her prior level of function (PLOF) and reduce fall risk.
 Date of Order 03/09/2026 Orders Physician Face-to-Face Date: 02/03/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat due to Spinal Stenosis In The Lumbar Region Without Neurogenic Claudication 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 - PT Notes: soc OT Notes
 Physician Carey, Lisa

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/09/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Lisa Carey
7505 Osler Dr #305
Towson, MD 21204
PHONE: 4104272020 FAX: 14104272013 NPI: 1952497075

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 : 02/03/2026

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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PT Careplans

PT WK1: 2 (03/09/26-03/14/26) ,WK2: 2 (03/15/26-03/21/26) ,WK3: 1 (03/22/26-03/28/26) ,WK4: 1 (03/29/26-03/31/26)

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), 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 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 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, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, wheezing, dependent edema, M1033 - Exhaustion, M1610 - Urinary Incontinence, limited endurance, limited strength, Pain Interference with Therapy activities, Pain Interference with ADLs, Pain Effect on Sleep, balance deficit

PT Goals

PATIENT-STATED GOAL: To be able to stand up and walk without help

GOALS
patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

caregiver performs medical/rehabilitation treatments with adequate competence

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

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

caregiver administers and/or packages medications appropriately

Chair to Bed to Chair - 02. Substantial/maximal assistance

Toilet Transfer - 01. Dependent

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

Sit to Stand - 04. Supervision or touching assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
03/09/2026

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PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, therapeutic exercises, gait training/stair training, transfers training, teach/coordinate/arrange medication packaging and/or administration

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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, Chair to Bed to Chair - 02. Substantial/maximal assistance, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 04. Supervision or touching assistance, Toilet Transfer - 01. Dependent, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

OT Careplans

OT WK1: 1 (03/09/26-03/14/26) ,WK2: 1 (03/15/26-03/21/26) ,WK3: 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: Patient/caregiver recalls related purpose and schedule of medications: Medication review , cough/deep breathing exercises, equipment 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent, Patient will demonstrate improved bilateral upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks

OT Goals

PATIENT-STATED GOAL: Patient wants 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(s) purpose, schedule

Oral Hygiene - 06. Independent

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Patient will demonstrate improved bilateral upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/09/2026