

Home Health Certification and Plan of Care				Order ID: 1150/17023	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
34178625		01/10/2026		From: 03/11/2026 To: 05/09/2026	
				4. Medical Record No.	
				21290	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Janet Gunther 717 Maiden Choice Lane APT 525, Catonsville, MD 21228- 301-708-4522			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			10/11/1947		
9. Sex			Female		
11. ICD			Principal Diagnosis		
I11.0			Hypertensive heart disease with heart failure		
13. ICD			Other Pertinent Diagnoses		
I50.31			Acute diastolic (congestive) heart failure		
I48.0			Paroxysmal atrial fibrillation		
I87.303			Chronic venous hypertension w/o comp of bilateral low extrm		
C50.911			Malignant neoplasm of unsp site of right female breast		
G25.81			Restless legs syndrome		
M54.50			Low back pain unspecified		
G89.29			Other chronic pain		
M85.80			Oth disrd of bone density and structure unspecified site		
K57.30			Dvrtclos of lg int w/o perforation or abscess w/o bleeding		
E66.01			Morbid (severe) obesity due to excess calories		
Z68.41			Body mass index [BMI] 40.0-44.9 adult		
Z79.01			Long term (current) use of anticoagulants		
Z90.710			Acquired absence of both cervix and uterus		
14. DME and Supplies:			15. Safety Measures:		
grab bars, wound care supplies, wheelchair, rolling walker, hospital bed, commode			standard precautions, fall precautions		
16. Nutrition:			17. Allergies:		
regular			adhesive tape amoxicillin cyclobenzaprine		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Endurance			No Restrictions		
19. Mental & Pyschosocial Status:			COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: , SOCIAL ISOLATION: 2 independent, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:		
20. Prognosis:			fair		
22. A Rehabilitation Potential:			22.B. Discharge Plans		
SELF-CARE: Bilateral lower extremity, weeping of the left lower extremity , MOBILITY: N/A			patient will be responsible for managing treatment		
Homebound status: Due to diagnosis of Hypertensive Heart Disease With Heart Failure, 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: <div>The patient is a 78-year-old female residing alone in a single-level apartment within a senior living building, who was referred to home health services following an overnight stay at Kaiser Urgent Care due to complications related to congestive heart failure. She is alert and oriented and ambulates with the use of a rolling walker. The patient's past medical history is significant for diastolic congestive heart failure, atrial fibrillation, hypertension, asthma, and a history of breast cancer. The patient is currently receiving daily intravenous furosemide (Lasix) for management of heart failure-related fluid overload. The IV medication is administered by a Statpoint Medical registered nurse, who manages a right arm peripheral intravenous line. The patient also receives private duty caregiver assistance twice daily, from 8:00-10:00 AM and 7:00-9:00 PM, to assist with activities of daily living and instrumental activities of daily living, including meal preparation, laundry, housekeeping, and wound care needs. On assessment, the patient was noted to have significant bilateral lower extremity edema rated at +4, with active weeping of the lower legs. At the time of this visit, no formal wound care orders were available. Functionally, the patient requires standby assistance for sit-to-stand transfers and toilet transfers. She is set up for toileting hygiene and clothing management but requires assistance with bathing at the sink and with lower body dressing tasks. The patient reports difficulty opening jars and food packages, indicating decreased hand strength and/or dexterity. The current plan of care includes continued skilled home health services to monitor and manage congestive heart failure symptoms, assess and address lower extremity edema and skin integrity once wound care orders are obtained, reinforce safety with mobility and transfers, and support functional independence with activities of daily living while coordinating care with private duty caregivers and the intravenous therapy provider.</div><div> </div><div>Date of Order</div><div> </div><div>Orders</div><div>Physician Face-to-Face Date: 01/07/2026</div><div>Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat, OT eval and treat due to Hypertensive Heart Disease With Heart Failure</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div>4 - Recertification Notes: The patient is a 78 year old woman who can continue to benefit from continued OT services to address ADLs, transfers and bilateral upper extremity muscle strength. The patient continue to demonstrate weakness of bilateral upper extremity muscle strength.</div><div> </div><div>Physician</div><div>Madah, Maria</div></div>					
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 03/09/2026					
24. Physician's Name and Address			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.		
Maria Madah 1701 Twin Springs Rd Halethorpe, MD 21227 PHONE: (800) 777-7904 FAX: 18559024974 NPI: 1952892846			F2F date : 01/07/2026		
27. Attending Physician's Signature and Date Signed			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.		
Date of physician last face-to-face			PAGE 1 of 3		

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SN WK1: 1 (03/11/26-03/14/26) PROBLEMS IDENTIFIED ON ASSESSMENT: mobility, bathing, dressing and footwear, transportation, weak pulses in feet, dependent edema, abnormal blood pressure, limited endurance, muscle weakness, balance deficit, open sores/lesions, #1 - Blister - Other - Left distal pre-tibial - , #2 - Blister - Other - Left proximal medial malleolus - , #3 - Blister - Other - Left distal medial malleolus - "stings" PROCEDURES: Labs: CBC/CHEM7/WBC with Auto Diff Wound screening culture with reflex to definitive identification, Medication Review- : Medications reviewed with patient/caregiver. , physician-ordered wound care: 3/11/2026 Clean wounds with mild soap and water; dry with dry gauze; cover wound with Aquacel AG and Optilock foam dressing; secure these with roll gauze and ace wrap. Right leg edema- control for Tubigrip Change dressings every 2-3 days or earlier if saturated, assist with transportation, assist with dressing and footwear, assist with bathing, assist with mobility 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals		PATIENT-STATED GOAL: I want the edema managed GOALS patient/caregiver recalls * how to achieve wound healing including cleaning and dressing wound * position changes * skin care * diet modification * record wound measurements * recalls related medication(s) purpose, schedule 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 relaxatio patient self-administers medications as prescribed * 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 * 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 medicatio patient's living environment is clean/uncluttered meal preparation is available to patient for all meals		
PT Careplans PT WK1: 1 (03/11/26-03/14/26) ,WK2: 1 (03/15/26-03/21/26) ,WK3: 1 (03/22/26-03/28/26) ,WK4: 1 (03/29/26-04/04/26) ,WK5: 1 (04/05/26-04/11/26) ,WK6: 1 (04/12/26-04/18/26) ,WK7: 1 (04/19/26-04/25/26) ,WK8: 1 (04/26/26-05/02/26) ,WK9: 1 (05/03/26-05/09/26) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, GG0170M1 - 1 - Step (curb), GG0170M1 - 1 - Step (curb), GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170F1 - Toilet Transfer, 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, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand 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, Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , gait training on uneven surfaces, 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, * 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, 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) - 05. Setup or clean-up assistance, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent		PT Goals PATIENT-STATED GOAL: Stay away from the hospital GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent 1 - Step (curb) - 05. Setup or clean-up 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 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 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		
OT Careplans		OT Goals		
Signature of Physician:		Date PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by Messick, Charles RN		03/09/2026		

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OT WK2: 1 (03/15/26-03/21/26) ,WK3: 1 (03/22/26-03/28/26) ,WK4: 1 (03/29/26-04/04/26) ,WK5: 1 (04/05/26-04/11/26) ,WK6: 1 (04/12/26-04/18/26) 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: HOSPITALIZATION RISKS: 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, 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:Living Will PROBLEMS IDENTIFIED ON ASSESSMENT: dependent edema, frequent urination, limited strength, open sores/lesions PROCEDURES: Patient/caregiver recalls related purpose and schedule of medications: Medications review , 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 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 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			PATIENT-STATED GOAL: Patient wants to get better GOALS 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 Upper Body Dressing - 05. Setup or clean-up assistance Shower/Bathe Self - 03. Partial/moderate assistance Lower Body Dressing - 03. Partial/moderate assistance Don/Doff Footwear - 03. Partial/moderate assistance Eating - 06. Independent Toileting Hygiene - 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 relaxatio 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 medicatio Oral Hygiene - 06. Independent	

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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