Home Health Certification and Plan of Care

Order ID: 1150/17015

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
47206090100	03/11/2026	From: 03/11/2026 To: 05/09/2026	23398	217058

6. Patient's Name and Address
Rajalakshmi Heyrovska
2007 Dumont Road,
LUTHERVILLE TIMONIUM, MD 21093-
443-824-4978

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 07/26/1937 | **9.Sex** Female

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

Voltaren - Diclofenac Sodium 1 perc Apply 4 g topical in the morning and 4 g before bedtime.
emollient combination no. 71 (LUBRIDERM ADVANCED THERAPY) Lotion Apply 1 Application topical once a day
Lidoderm Patch - Lidocaine 5% transdermal every 12 hours Place 1 patch onto the skin. Remove & Discard patch within 12 hours or as directed by MD

11. ICD	Principal Diagnosis	Date
G71.039	Limb girdle muscular dystrophy unspecified	03/11/26

13. ICD	Other Pertinent Diagnoses	Date
I44.60	Unspecified fascicular block	03/11/26
E55.9	Vitamin D deficiency unspecified	03/11/26
I49.1	Atrial premature depolarization	03/11/26
E04.2	Nontoxic multinodular goiter	03/11/26
E05.90	Thyrotoxicosis unsp without thyrotoxic crisis or storm	03/11/26
E78.00	Pure hypercholesterolemia unspecified	03/11/26
M14.69	Charcot's joint multiple sites	03/11/26
M50.00	Cervical disc disorder with myelopathy unsp cervical region	03/11/26
M81.0	Age-related osteoporosis w/o current pathological fracture	03/11/26
H25.013	Cortical age-related cataract bilateral	03/11/26
Z99.3	Dependence on wheelchair	03/11/26
Z86.16	Personal history of COVID-19	03/11/26

14. DME and Supplies:
None of the above

15. Safety Measures:
None of the above

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
None of the above

18.B. Activities Permitted
Other

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Limb girdle muscular dystrophy unspecified, 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:

The patient is an 88-year-old female with a past medical history significant for limb-girdle muscular dystrophy, morbid obesity, osteoporosis, left rotator cuff arthropathy, cervical disc disease with myelopathy, premature atrial contractions, bundle branch block, neuropathic arthritis, and impaired mobility/ADLs, referred for skilled home health services due to progressive weakness, impaired mobility, and need for caregiver training. She presents with severe proximal weakness (bilateral lower extremity strength 2-/5), poor trunk stability, impaired sitting balance, and limited bilateral shoulder range of motion, resulting in dependence for bed mobility, Hoyer lift transfers, and use of a power wheelchair for all mobility. The patient resides with family in a single-level home and requires minimal assistance for upper body dressing, maximal assistance for lower body dressing, and assistance for bathing, while she can perform basic grooming tasks with setup. Her deficits significantly impact functional mobility, transfer safety, and positioning tolerance. Skilled home health physical therapy is medically necessary to provide caregiver training in safe Hoyer lift transfers (including to a shower chair), wheelchair positioning, trunk and core strengthening, and development of a home exercise program to maximize safety, prevent complications, and maintain functional tolerance within the home environment.<o:p></o:p> <o:p> </o:p> Bottom of Form<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 03/11/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 02/20/2026
 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat DX: Limb girdle muscular dystrophy unspecified
 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>
 1 - SOC -PT Notes: <o:p></o:p> OT Eval Notes:<o:p></o:p> Physician:<span style="font-size: 10.5pt; background-image: initial; background-position: initial; background-size: initial; background-repeat: initial; background-attachment: initial; background-origin: initial; background-clip: initial;">Boughan, Robert

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 03/11/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Robert Boughan
1734 York Rd
Lutherville Timonium, MD 21093
PHONE: 410-252-2273 FAX: 14103859393 NPI: 1770608721

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 : 02/20/2026

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: 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)

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: 10. None of the above

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: GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, M2020 - Oral Med Management, M1400 - Dyspnea, muscle weakness, limited strength

PROCEDURES: Therapeutic Exercise: gentle trunk and core strengthening and active-assisted LE exercises to address severe proximal weakness and improve sitting tolerance and postural stability., Therapeutic Activity / Caregiver Training: caregiver training in safe Hoyer lift transfers to the new shower chair. , wheelchair training, home exercise program, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath

PT Goals

PATIENT-STATED GOAL: To be able to use the hoyer transfer correctly with the new shower chair

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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

Sit to Stand - 02. Substantial/maximal assistance

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

Car Transfer - 02. Substantial/maximal assistance

Toilet Transfer - 01. Dependent

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Oral Hygiene - 01. Dependent

Toileting Hygiene - 01. Dependent

Shower/Bathe Self - 02. Substantial/maximal assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 01. Dependent

Don/Doff Footwear - 01. Dependent

Eating - 05. Setup or clean-up assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

03/11/2026

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home remedies to keep lungs healthy, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, Chair to Bed to Chair - 02. Substantial/maximal assistance, Sit to Stand - 02. Substantial/maximal assistance, Car Transfer - 02. Substantial/maximal assistance, Toilet Transfer - 01. Dependent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Oral Hygiene - 01. Dependent, Toileting Hygiene - 01. Dependent, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 01. Dependent, Don/Doff Footwear - 01. Dependent, Eating - 05. Setup or clean-up assistance

OT Careplans

OT 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) ,WK8: 1 (04/26/26-05/02/26) ,WK9: 1 (05/03/26-05/09/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400, 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

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

OT Goals

PATIENT-STATED GOAL: Patient to be able to bathe herself

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
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/11/2026