Home Health Certification and Plan of Care

Order ID: 1150/16088

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
34256123	02/04/2026	From: 02/04/2026 To: 04/04/2026	22194	217058

6. Patient's Name and Address

Alice Delancey
1929 Letitia Ave,
BALTIMORE, MD 21230-
443-546-0326

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 02/27/1953 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
N39.0	Urinary tract infection site not specified	02/04/26

13. ICD	Other Pertinent Diagnoses	Date
C25.9	Malignant neoplasm of pancreas unspecified	02/04/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	02/04/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	02/04/26
N18.32	Chronic kidney disease stage 3b	02/04/26
E87.5	Hyperkalemia	02/04/26
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	02/04/26
D84.9	Immunodeficiency unspecified	02/04/26
G40.209	Local-rel symptc epi w cmplx prt seiznot ntrctw/o stat epi	02/04/26
E55.9	Vitamin D deficiency unspecified	02/04/26
E27.8	Other specified disorders of adrenal gland	02/04/26
E83.42	Hypomagnesemia	02/04/26
E87.6	Hypokalemia	02/04/26
L89.309	Pressure ulcer of unspecified buttock unspecified stage	02/04/26
K21.9	Gastro-esophageal reflux disease without esophagitis	02/04/26
F41.1	Generalized anxiety disorder	02/04/26
F32.A	Depression unspecified	02/04/26
R33.9	Retention of urine unspecified	02/04/26
E66.812	Obesity class 2 (E66.812	02/04/26
Z68.33	Body mass index [BMI] 33.0-33.9 adult	02/04/26
Z79.4	Long term (current) use of insulin	02/04/26
Z87.891	Personal history of nicotine dependence	02/04/26

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

Amilodipine - Amlodipine Besylate 5 MG / 1 tablet by mouth once a day Commonly known as: NORVASC
BLOOD PRESSURE
Atorvastatin - Atorvastatin Calcium 40 mg / 1 tablet by mouth once a day Take 1 tablet nightly. For diagnoses: Type 2 diabetes, controlled, with neuropathy (CMS/HHS-HCC) Commonly known as: LIPITOR
CHOLESTEROL
Furosemide - Furosemide 20 mg 0 20 mg/ 1 tablet by mouth once a day Commonly known as: LASIX
Gabapentin - Gabapentin 300 mg 0 300 mg/ 1 capsule by mouth twice a day Take 2 capsules by mouth 2 times daily. For diagnoses: Type 2 diabetes, uncontrolled, with neuropathy Commonly known as: NEURONTIN
Levetiracetam - Levetiracetam 750 mg 0 750 mg/ 1 tablet by mouth twice a day Commonly known as: KEPPRA
SEIZURES
Losartan Potassium - Losartan Potassium 25 mg 0 25 mg /1 tablet by mouth once a day Commonly known as: COZAAR
BLOOD PRESSURE
Thiamine - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 100 mg / 1 tablet by mouth once a day Commonly known as: VITAMIN B-1 SUPPLEMENT
Acetaminophen - Acetaminophen 500 mg / 1 tablet by mouth as necessary every eight (8) hours if needed for mild pain, moderate pain or headaches for up to 5 days. Commonly known as: TYLENOL
Escitalopram - Escitalopram Oxalate 20 mg 0 20 mg/ 1 tablet by mouth once a day (Please note new dose 1-23-25) Commonly known as: LEXAPRO
ANTI-DEPRESSANT
Metoclopramide 10 mg / 1 tablet by mouth once a day Commonly known as: REGLAN
STOMACH
Pantoprazole - Pantoprazole Sodium 40 mg 0 40 mg / 1 tablet by mouth once a day Commonly known as: PROTONIX
GERD
Creon 3000-9500 units capsule delayed release 1 capsule by mouth once a day Generic drug: pancrelipase (Lip-Prot-Amyl)
PANCREATIC
Vitamin B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000 mcg / 1 tablet by mouth once a day For diagnoses: Vitamin B12 deficiency Commonly known as: CYANOCOBALAMIN

14. DME and Supplies:

urinary/catheter supplies, wheelchair, rolling walker, diabetic supplies, walker, commode, wound care supplies, hospital bed, cane

15. Safety Measures:

diabetic precautions, ambulates with device, walker precautions, infectious material management, , ambulates with assistance, transfer with assist, supervision at all times, sharps precautions

16. Nutrition:

diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Bowel/Bladder Incontinence, Endurance, Ambulation

18.B. Activities Permitted

Cane, Walker, Exercises Prescribed, Wheelchair, 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: Yes

20. Prognosis: poor

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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/04/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Shanita Chase
3319 W Belvedere Ave
Baltimore, MD 21215
PHONE: 410-737-5000 FAX: 14107375401 NPI: 1487650891

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 : 01/31/2026

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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34256123	02/04/2026	From: 02/04/2026 To: 04/04/2026	22194	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Alice Delancey 1929 Letitia Ave, BALTIMORE, MD 21230- 443-546-0326	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Homebound status: Due to diagnosis of Urinary Tract Infection Site Not Specified, 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 a 72-year-old female with a primary diagnosis of pancreatic cancer (diagnosed October 2025), recently hospitalized for complications related to pancreatic cancer and a bladder infection. She is status post chemotherapy; however, chemotherapy has been discontinued per patient and daughter preference. She is scheduled to begin radiation therapy five days per week for three weeks starting next week. Her past medical history is significant for hypertension, type 2 diabetes mellitus (managed with Dexcom continuous glucose monitoring), hyperlipidemia, chronic kidney disease, hypercalcemia, immunodeficiency, epilepsy, gastroesophageal reflux disease, urinary retention, generalized weakness, anxiety, obesity, and a history of falls. Skilled nursing services are ordered at a frequency of 1W1, 2W2, and 1W3. Physical and occupational therapy evaluations have been completed. The patient declined home health aide services at this time. She has a scheduled primary care appointment and was instructed to complete medication reconciliation during that visit. The patient resides with her daughter and son-in-law in a two-story single-family home with four steps and a railing at the entrance. She has been residing on the first floor for several years, where a full bathroom is available. She is currently sponge bathing and utilizing a bedside commode. The daughter assists with all activities of daily living (ADLs) and instrumental activities of daily living (IADLs) as needed. The patient reports a recent fall in the bathroom several weeks ago. At the time of assessment, she was alert and oriented to person, place, and time, denied pain and shortness of breath, and reported a fair appetite. Last bowel movement was reported as occurring the previous day. The abdomen was noted to be distended, firm, and non-tender on examination. She is incontinent and wears briefs. A right subclavian port-a-cath is present. A Stage II pressure ulcer was noted on the left buttock and is currently being treated with barrier cream only. Skilled nursing provided education on pressure ulcer management and implementation of pressure-relief strategies to prevent further skin breakdown; the daughter verbalized understanding. In terms of functional mobility, the patient demonstrates significant weakness and impaired balance. Although she previously reported inability to ambulate, during therapy evaluation she ambulated 20 feet twice on an indoor surface using a rolling walker with contact guard to close supervision. Transfers from bed or recliner to standing require contact guard assistance. Bed mobility is performed with supervision. She is able to tolerate one step with use of a railing and contact guard assistance, descending backward for safety. Stair negotiation beyond a single step, outdoor mobility, and car transfers were not assessed. Balance assessment via Tinetti yielded a score of 9/28, indicating a high fall risk. The patient is considered homebound due to the considerable and taxing effort required to leave the home with assistive device and physical assistance. During physical therapy evaluation, the patient tolerated five repetitions each of hip flexion, bridging, hooklying trunk rotation, straight leg raises, hip abduction, knee extension, and ankle pumps. Occupational therapy evaluation identified needs in ADL retraining, functional mobility, energy conservation, caregiver education, and home safety; OT services are planned at 1 visit per week for 6 weeks. Assistive devices present in the home include a rolling walker, cane, and wheelchair. Skilled services are medically necessary to address generalized weakness, impaired balance, high fall risk, decreased endurance, skin integrity concerns, and functional decline related to advanced pancreatic cancer and multiple comorbidities. The plan of care includes continued skilled nursing for medication management, diabetic monitoring, port-a-cath assessment, skin integrity monitoring, and coordination of care with oncology and primary care providers. Physical therapy will focus on strengthening, balance training, gait training, and safe transfer techniques. Occupational therapy will address ADL performance, energy conservation strategies during radiation treatment, caregiver training, and fall prevention. The overall goal is to maximize safety, preserve functional independence to the greatest extent possible, prevent further decline, and reduce risk of rehospitalization.
 Date of Order 02/04/2026 Orders Physician Face-to-Face Date: 01/31/2026 Clinical Condition Requiring home Care per Certifying Physician: SN-disease management   PT-eval & treat   OT-eval & treat HHA due to Urinary Tract Infection Site Not Specified 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: SOC PT Eval Notes: OT Eval Notes:
 Physician Chase , Shanita

SN Careplans

SN WK1: 1 (02/04/26-02/07/26) ,WK2: 1 (02/08/26-02/14/26)

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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

SN Goals

PATIENT-STATED GOAL: I WANT TO BE ABLE TO GET OUT OF BED AND WALK

GOALS
patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpos

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/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
* 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

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/04/2026

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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: D0160 - Depression, M2020 - Oral Med Management, Home Safety, Home Safety, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, nausea/vomiting, M1610 - Urinary Incontinence, limited endurance, limited strength, muscle weakness, balance deficit, obesity, loss of appetite, open sores/lesions, #1 - - Other - left buttock - stage 2 pressure ulcer

PROCEDURES: physician-ordered wound care: #1 - - Other - left buttock - stage 2 pressure ulcer: SN/CG TO CLEANSE LEFT BUTTOCK PRESSURE ULCER STAGE 2 WITH SOAP AND WATER; PAT DRY; APPLY ZINC OXIDE OINTMENT DAILY OR AS NEEDED DUE TO INCONTINENCE, cough/deep breathing exercises, coordinate/arrange for maintenance of clean/uncluttered living area

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * 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, * 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, patient has adequate floor/roof/windows, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals

* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

patient has adequate floor/roof/windows

patient's living environment is clean/uncluttered

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (02/04/26-02/07/26) ,WK2: 1 (02/08/26-02/14/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps , 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 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, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, 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, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: Be able to walk to the bathroom using 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 medicatio

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

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 05. Setup or clean-up assistance

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

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

OT Careplans

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

02/04/2026

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OT WK1: 1 (02/04/26-02/07/26)

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: cough/deep breathing exercises, therapeutic exercises, equipment training, work simplification/energy conservation, standing tolerance exercises, 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 medicatio, Oral Hygiene - 06. Independent, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 02. Substantial/maximal 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 - 05. Setup or clean-up assistance

PATIENT-STATED GOAL: To get my strength back

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 medicatio

Oral Hygiene - 06. Independent

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 02. Substantial/maximal 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 - 05. Setup or clean-up assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

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