Home Health Certification and Plan of Care

Order ID: 1150/16336

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
35642476	02/16/2026	From: 02/16/2026 To: 04/16/2026	22488	217058

6. Patient's Name and Address

Katherine Uchic
1941 Denbury Drive,
DUNDALK, MD 21222-
410-282-3216

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 01/24/1959 | **9.Sex** Female

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

EZETIMIBE 10 mg Oral daily
GABAPENTIN 600 mg Oral nightly
KEPPRA 1,000 mg Oral two (2) times daily
ESOMEPRAZOLE MAGNESIUM 20 mg Oral daily
semaglutide (Rybelsus) 3 mg tab tablet 3 mg Oral daily
SOLIFENACIN SUCCINATE 10 mg Oral daily

11. ICD	Principal Diagnosis	Date
Z48.3	Aftercare following surgery for neoplasm	02/16/26

13. ICD	Other Pertinent Diagnoses	Date
C79.31	Secondary malignant neoplasm of brain	02/16/26
C34.92	Malignant neoplasm of unsp part of left bronchus or lung	02/16/26
E11.9	Type 2 diabetes mellitus without complications	02/16/26
K21.9	Gastro-esophageal reflux disease without esophagitis	02/16/26
N32.81	Overactive bladder	02/16/26
G70.9	Myoneural disorder unspecified	02/16/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	02/16/26
Z90.13	Acquired absence of bilateral breasts and nipples	02/16/26
Z90.710	Acquired absence of both cervix and uterus	02/16/26
Z90.722	Acquired absence of ovaries bilateral	02/16/26
Z87.891	Personal history of nicotine dependence	02/16/26
Z15.01	Genetic susceptibility to malignant neoplasm of breast	02/16/26
Z15.09	Genetic susceptibility to other malignant neoplasm	02/16/26
Z15.060	Genetic susceptibility to colorectal cancer	02/16/26
Z15.068	Genetic susceptibility to other malignant neoplasm of digestive system	02/16/26
Z15.89	Genetic susceptibility to other disease	02/16/26

14. DME and Supplies:

bath bench, diabetic supplies, hand held shower, rolling walker, wheelchair, walker, grab bars, commode, 4 wheeled walker

15. Safety Measures:

walker precautions, smoke detectors , , , diabetic precautions, , ambulates with device, ambulates with assistance, emergency phone # clearly displayed, transfer with assist, wheelchair precautions, , hand rails, , bathroom safety, , activity supervision

16. Nutrition:

cardiac diet

17. Allergies:

penicillin reglan cephalexin codeine fentanyl morphine ondansetron hcl quinidin

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Walker, Exercises Prescribed, Up As Tolerated

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: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: After undergoing Prophylactic Hysterectomy, Bilateral Mastectomy, And Bilateral Salpingo-Oophorectomy, 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 67-year-old female admitted to home health services with a significant oncologic history, including left lung squamous cell carcinoma (Stage T2aN0M0) previously treated with paclitaxel/carboplatin chemotherapy and left lung/mediastinal radiation therapy. She recently presented with headache and altered mental status, and imaging revealed a 3.36 x 2.78 cm intracranial lesion with surrounding vasogenic edema, concerning for metastatic disease. The patient is scheduled to resume chemotherapy and radiation therapy following replacement of her right chest port, which was recently removed and is pending reinsertion. She also carries a BRCA1 mutation and has undergone prophylactic hysterectomy, bilateral mastectomy, and bilateral salpingo-oophorectomy. Her past medical history is also significant for bipolar disorder, for which she currently declines psychiatric medications and psychiatric evaluation despite education regarding available support services. She has type 2 diabetes mellitus managed with semaglutide and is aware of the potential for steroid-induced hyperglycemia related to planned corticosteroid therapy for cerebral edema. The patient is agreeable to insulin therapy if required during steroid treatment. She experienced a urinary tract infection during her recent hospitalization, which has resolved following completion of antibiotic therapy. On admission to home care, the patient is alert and resides alone in a townhome. She ambulates with a walker and demonstrates functional mobility sufficient for household ambulation. She reports strong family support, with her daughter, a nurse, serving as her primary caregiver and assisting as needed. All prescribed medications are present in the home. The patient reports multiple medication allergies; refer to the documented allergy list for details. Skin assessment reveals no open areas; all prior wounds are fully healed, and no wound care is required at this time. The patient has no pets in the home. Advance directives were reviewed, and she is designated as full code with a MOLST form on file. Education was provided regarding monitoring for neurological changes, signs and symptoms of increased intracranial pressure, steroid side effects (including hyperglycemia), infection prevention, and the importance of adherence to oncology follow-up appointments and planned port placement. The patient verbalized understanding of her treatment plan and the need for close monitoring during chemotherapy and radiation therapy.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/16/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

David Scharff
808 S Conkling St
Baltimore, MD 21224
PHONE: 410-327-7114 FAX: 14103277116 NPI: 1467560839

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 : 02/06/2026

27. Attending Physician's Signature and Date Signed **02/24/2026**: 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.

Home Health Certification and Plan of Care

Order ID: 1150/16336

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
35642476	02/16/2026	From: 02/16/2026 To: 04/16/2026	22488	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Katherine Uchic 1941 Denbury Drive, DUNDALK, MD 21222- 410-282-3216	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

The plan of care includes ongoing skilled nursing assessment to monitor neurological status, medication management, glycemic control during corticosteroid therapy, assessment for adverse effects of upcoming oncologic treatments, and coordination with oncology for port placement and initiation of therapy. The patient remains homebound due to impaired mobility requiring assistive device use, recent neurological changes, active malignancy with planned intensive treatment, and the considerable effort required to leave the home safely.
 Date of Order 02/16/2026 Orders Physician Face-to-Face Date: 02/06/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management PT eval and treat OT eval and treat due to Prophylactic Hysterectomy, Bilateral Mastectomy, And Bilateral Salpingo-Oophorectomy 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
 Physician Scharff, David

SN Careplans

SN WK1: 1 (02/16/26-02/21/26) ,WK2: 1 (02/22/26-02/28/26) ,WK3: 1 (03/01/26-03/07/26) ,WK4: 1 (03/08/26-03/14/26) ,WK5: 1 (03/15/26-03/21/26) ,WK6: 1 (03/22/26-03/28/26)

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), 2. Unintentional weight loss of a total of 10 pounds or more 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, 5. Decline in mental, emotional, or behavioral status in the past 3 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102c - Med Admin, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, M1400 - Dyspnea, dizziness/syncope, muscle weakness, limited range of motion, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, daytime fatigue, balance deficit, headache

PROCEDURES: incentive spirometer, 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 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, * strategies to increase caloric intake, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule,

SN Goals

PATIENT-STATED GOAL: Patient wants to continue to do as much as she can herself so she does not loose her independence.

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

patient/caregiver recalls
* strategies to increase caloric intake
* 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
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/16/2026

Home Health Certification and Plan of Care

Order ID: 1150/16336

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
35642476	02/16/2026	From: 02/16/2026 To: 04/16/2026	22488	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Katherine Uchic 1941 Denbury Drive, DUNDALK, MD 21222- 410-282-3216	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/16/2026