



| Home Health Certification and Plan of Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Order ID: 1150/15244 |                       |                 |
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| 1. Patient s HI claim No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 2. Start Of Care Date | 3. Certification Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      | 4. Medical Record No. | 5. Provider No. |
| 40021263500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 12/30/2025            | From: 12/30/2025 To: 02/27/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      | 20883                 | 217058          |
| 6. Patient's Name and Address<br>Sofeih Khalil<br>357 NATURE WALK LANE,<br>PASADENA, MD 21122-<br>443-848-1837                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                       | 7. Provider's Name, Address and Telephone Number<br>HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                       |                 |
| <div><div>style="font-size: 14px;"&gt;12/30/2025&lt;/span&gt;&lt;/div&gt;&lt;div&gt;&lt;span style="font-size: 14px;"&gt;Orders&lt;/span&gt;&lt;/div&gt;&lt;div&gt;&lt;span style="font-size: 14px;"&gt;Physician Face-to-Face Date: 12/26/2025&lt;/span&gt;&lt;/div&gt;&lt;div&gt;&lt;span style="font-size: 14px;"&gt;Clinical Condition Requiring Home Care per Certifying Physician: PT-eval &amp; treat OT-eval &amp; treat HHA-adl's due to Other Pneumonia Unspecified Organism&lt;/span&gt;&lt;/div&gt;&lt;div&gt;&lt;span style="font-size: 14px;"&gt;Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home&lt;/span&gt;&lt;/div&gt;&lt;div&gt;&lt;span style="white-space: pre; font-size: 14px; white-space: normal;"&gt; &lt;/span&gt;&lt;/div&gt;&lt;div&gt;&lt;span style="font-size: 14px;"&gt;&lt;br&gt;&lt;/span&gt;&lt;/div&gt;&lt;div&gt;&lt;span style="font-size: 14px;"&gt;1 - SOC - OT Notes: soc&lt;/span&gt;&lt;/div&gt;&lt;div&gt;&lt;span style="font-size: 14px;"&gt;PT Eval Notes:&lt;/span&gt;&lt;/div&gt;&lt;div&gt;&lt;span style="font-size: 14px;"&gt;&lt;br&gt;&lt;/span&gt;&lt;/div&gt;&lt;div&gt;&lt;div&gt;&lt;span style="font-size: 14px;"&gt;Physician&lt;/span&gt;&lt;/div&gt;&lt;div&gt;&lt;span style="font-size: 14px;"&gt;Atluri, Sridhar&lt;/span&gt;&lt;/div&gt;</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                       |                 |
| SN Careplans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                       | SN Goals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                       |                 |
| PT Careplans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                       | PT Goals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                       |                 |
| <p>PT WK2: 2 (01/04/26-01/10/26) ,WK3: 2 (01/11/26-01/17/26) ,WK4: 2 (01/18/26-01/24/26) ,WK5: 1 (01/25/26-01/31/26) ,WK6: 1 (02/01/26-02/07/26) ,WK7: 1 (02/08/26-02/14/26) ,WK8: 1 (02/15/26-02/21/26)</p> <p>PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, M1400 Dyspnea, GG0170F1 - Toilet Transfer - 05. Setup or clean-up assistance, GG0170D1 - Sit to Stand - 05. Setup or clean-up assistance, GG0170E1 - Chair to Bed to Chair - 05. Setup or clean-up assistance, GG0170G1 - Car Transfer - 05. Setup or clean-up assistance, GG0170I1 - Walk 10 Feet - 02. Substantial/maximal assistance, GG0170J1 - Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, GG0170K1 - Walk 150 Feet - 02. Substantial/maximal assistance, GG0170L1 - Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, GG0170M1 - 1 - Step (curb) - 02. Substantial/maximal assistance, GG0170N1 - 4 Steps - 02. Substantial/maximal assistance, GG0170O1 - 12 Steps - 02. Substantial/maximal assistance, GG0170P1 - Picking Up Object - 02. Substantial/maximal assistance</p> <p>PROCEDURES: cough/deep breathing exercises, home exercise program: Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., gait training on uneven surfaces, gait training/stair training, transfers training</p> <p>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, Sit to Stand - 06. Independent, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance</p> |  |                       | <p>PATIENT-STATED GOAL: To improve strength and mobility</p> <p>GOALS<br/>Toilet Transfer - 06. Independent</p> <p>Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance</p> <p>1 - Step (curb) - 05. Setup or clean-up assistance</p> <p>patient/caregiver recalls<br/>* lifestyle modifications to manage respiratory condition including<br/>* diet changes and regular exercise<br/>* strategies to control shortness of breath<br/>* home remedies to keep lungs healthy<br/>* recalls related medicatio</p> <p>patient/caregiver recalls<br/>* 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<br/>* teach relaxatio</p> <p>Sit to Stand - 06. Independent</p> <p>Car Transfer - 06. Independent</p> <p>Walk 10 Feet - 05. Setup or clean-up assistance</p> <p>Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance</p> <p>Walk 150 Feet - 05. Setup or clean-up assistance</p> <p>4 Steps - 05. Setup or clean-up assistance</p> <p>12 Steps - 05. Setup or clean-up assistance</p> <p>Picking Up Object - 05. Setup or clean-up assistance</p> <p>Sit to Stand - 05. Setup or clean-up assistance</p> |                      |                       |                 |
| OT Careplans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                       | OT Goals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                       |                 |
| <p>OT WK1: 1 (12/30/25-01/03/26) ,WK2: 1 (01/04/26-01/10/26) ,WK3: 1 (01/11/26-01/17/26) ,WK4: 1 (01/18/26-01/24/26) ,WK5: 1 (01/25/26-01/31/26) ,WK6: 1 (02/01/26-02/07/26) ,WK7: 1 (02/08/26-02/14/26) ,WK8: 1 (02/15/26-02/21/26) ,WK9: 1 (02/22/26-02/27/26)</p> <p>PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature &lt; 95 &gt; 100.5, heart rate &lt; 50 &gt; 110, respiratory rate &lt; 8 &gt; 22, blood pressure systolic &lt; 90 &gt; 169, blood pressure diastolic &lt; 60 &gt; 90, O2 saturation &lt; 88 &gt; 100, pain &lt; 0 &gt; 5, blood sugar &lt; 60 &gt; 300</p> <p>CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance</p> <p>HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion</p> <p>STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                       | <p>PATIENT-STATED GOAL: To be able to do her cooking and BADL independently, return to PLOF</p> <p>GOALS<br/>Chair to Bed to Chair - 06. Independent</p> <p>Toilet Transfer - 06. Independent</p> <p>Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance</p> <p>1 - Step (curb) - 05. Setup or clean-up assistance</p> <p>patient/caregiver recalls<br/>* lifestyle modifications to manage respiratory condition including<br/>* diet changes and regular exercise</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                       |                 |
| Signature of Physician:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                       | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                       |                 |
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| Optional Name/Signature of Nurse/Therapist:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                       | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                       |                 |
| Electronically Signed by Messick, Charles RN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                       | 12/30/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                       |                 |

| Home Health Certification and Plan of Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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Patient s HI claim No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2. Start Of Care Date | 3. Certification Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4. Medical Record No. | 5. Provider No.      |
| 40021263500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| 6. Patient's Name and Address<br>Sofeih Khalil<br>357 NATURE WALK LANE,<br>PASADENA, MD 21122-<br>443-848-1837                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | 7. Provider's Name, Address and Telephone Number<br>HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                      |
| <p>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; 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<br/>Advance Directive:No Advance Directive</p> <p>PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130C1 - Toileting Hygiene - 05. Setup or clean-up assistance, GG0130E1 - Shower/Bathe Self - 03. Partial/moderate assistance, GG0130H1 - Don/Doff Footwear - 05. Setup or clean-up assistance, GG0130G1 - Lower Body Dressing - 05. Setup or clean-up assistance, GG0130F1 - Upper Body Dressing - 05. Setup or clean-up assistance, GG0130B1 - Oral Hygiene - 03. Partial/moderate assistance, GG0130A1 - Eating - 06. Independent, M2020 - Oral Med Management, Home Safety, M1400 - Dyspnea, coughing, swelling in legs/around eyes, lightheadedness, M1033 - Exhaustion, frequent urination, balance deficit, extremity burn/tingle/numb, headache, difficulty sleeping</p> <p>PROCEDURES: cough/deep breathing exercises, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training</p> <p>TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, sch, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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 home enviroment has adequate fire safety devices, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent</p> |                       | <p>* strategies to control shortness of breath<br/>* home remedies to keep lungs healthy<br/>* recalls related medicatio</p> <p>patient/caregiver recalls<br/>* lifestyle modifications to manage cardiac condition including symptom management<br/>* diet changes<br/>* regular exercise<br/>* getting enough sleep<br/>* recalls related medication(s) purpose, schedule</p> <p>patient/caregiver recalls<br/>* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet<br/>* exercise<br/>* monitoring of blood pressure<br/>* blood sugar<br/>* home<br/>* recalls related medication(s) purpose, sch</p> <p>patient/caregiver recalls<br/>* lifestyle modification to manage blood condition including dietary changes<br/>* bleeding precautions<br/>* recalls related medication(s) purpose, schedule</p> <p>patient/caregiver recalls<br/>* diabetic medication management<br/>* blood sugar testing<br/>* diabetic foot care<br/>* exercise<br/>* diabetic diet<br/>* recalls related medication(s) purpose, schedule</p> <p>patient/caregiver recalls<br/>* strategies to minimize fatigue and exhaustion including work simplification<br/>* energy conservation<br/>* lifestyle changes<br/>* diet<br/>* recalls related medication(s) purpose, schedule</p> <p>patient self-administers medications as prescribed<br/>* recalls related medication(s) purpose, schedule</p> <p>patient home enviroment has adequate fire safety devices</p> <p>Sit to Stand - 06. Independent</p> <p>Car Transfer - 06. Independent</p> <p>Walk 10 Feet - 05. Setup or clean-up assistance</p> <p>Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance</p> <p>Walk 150 Feet - 05. Setup or clean-up assistance</p> <p>4 Steps - 05. Setup or clean-up assistance</p> <p>12 Steps - 05. Setup or clean-up assistance</p> <p>Picking Up Object - 05. Setup or clean-up assistance</p> <p>Toileting Hygiene - 06. Independent</p> <p>Lower Body Dressing - 06. Independent</p> <p>Don/Doff Footwear - 06. Independent</p> <p>Eating - 06. Independent</p> <p>Oral Hygiene - 05. Setup or clean-up assistance</p> <p>Shower/Bathe Self - 04. Supervision or touching assistance</p> <p>Upper Body Dressing - 06. Independent</p> |                       |                      |

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|----------------------------------------------|-------------|
| Signature of Physician:                      | Date        |
|                                              | PAGE 3 of 3 |
| Optional Name/Signature of Nurse/Therapist:  | Date        |
| Electronically Signed by Messick, Charles RN | 12/30/2025  |