

Home Health Certification and Plan of Care				Order ID: 1150/17196	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
8CP4KU1KD62		03/17/2026		From: 03/17/2026 To: 05/15/2026	
				4. Medical Record No.	
				23564	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Nadine Gussio				HomeCentris Healthcare LLC	
7827 Deboy Ave,				10 Crossroads Drive, Suite 102	
Dundalk, MD 21222-				Owings Mills, MD 21117-8284	
304-400-9184				410-321-8448	
				1487113239	
8. DOB				9. Sex	
03/27/1951				Female	
11. ICD		Principal Diagnosis		Date	
S93.324D		Dislocation of tarsometatarsal joint of right foot subs		03/17/26	
13. ICD		Other Pertinent Diagnoses		Date	
S22.42XD		Multiple fx of ribs left side subs for fx w routn heal		03/17/26	
S52.502D		Unsp fx the low end left rad subs for clos fx w routn heal		03/17/26	
S22.060D		Wedge comprsn fx T7-T8 vertebra subs for fx w routn heal		03/17/26	
I12.9		Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny		03/17/26	
N18.30		Chronic kidney disease stage 3 unspecified		03/17/26	
E78.5		Hyperlipidemia unspecified		03/17/26	
K59.00		Constipation unspecified		03/17/26	
Z91.81		History of falling		03/17/26	
Z87.440		Personal history of urinary (tract) infections		03/17/26	
14. DME and Supplies:				15. Safety Measures:	
grab bars, bath bench				standard precautions, hand rails, fall precautions, medication safety, bathroom safety, activity supervision	
16. Nutrition:				17. Allergies:	
low sodium				celebrex	
18.A. Functional Limitations				18.B. Activities Permitted	
Ambulation				No Restrictions	
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: fair					
22. A Rehabilitation Potential:				22.B. Discharge Plans	
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.				patient will be responsible for managing treatment	
Homebound status: Due to diagnosis of Dislocation of tarsometatarsal joint of right foot, subsequent encounter, 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: <p class="MsoNoSpacing">The patient is a 74-year-old widow who resides with her nephew, who serves as her power of attorney, and recently experienced a fall down the stairs resulting in rib fractures (T7-T8 compression), a distal radius fracture, left wrist and rib injuries, and a right foot dislocation, requiring hospitalization and subsequent rehabilitation. Her past medical history is significant for hyperlipidemia, hypertension, chronic kidney disease, and adjustment disorder with depressed mood. Following rehabilitation, the patient is now alert and oriented 3, denies pain, and demonstrates stable vital signs with warm, intact skin. She has returned to an independent level of function with basic self-care, transfers, and ambulation, walking without an assistive device and able to negotiate stairs, though she occasionally uses railings or furniture for support. She has been instructed in a home exercise program to maintain strength and improve gait coordination. The nephew is exploring the installation of a chairlift to improve stair safety. At this time, the patient has returned to her baseline functional status, and no further skilled physical or occupational therapy services are indicated; she is appropriate for discharge to self-care.</p><p class="MsoNoSpacing">Bottom of Form</p><p class="MsoNoSpacing"></p><p class="MsoNoSpacing"></p><p class="MsoNoSpacing">Date of Order</p><p class="MsoNoSpacing">03/17/2026 Order</p><p class="MsoNoSpacing">Physician Face-to-Face Date: 03/02/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Dislocation of tarsometatarsal joint of right foot, subsequent encounter Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</p><p class="MsoNoSpacing">1 - SOC -SN Notes:</p><p class="MsoNoSpacing">PT Eval Notes:</p><p class="MsoNoSpacing">Physician:Ebo, Chukwuma</p>					
SN Careplans				SN Goals	
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 03/17/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address				26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.	
Chukwuma Ebo				F2F date : 03/02/2026	
1124 Mace Ave					
Essex, MD 21221					
PHONE: 4103916996 FAX: 14106876877 NPI: 1275548729					
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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6. Patient's Name and Address Nadine Gussio 7827 Deboy Ave, Dundalk, MD 21222- 304-400-9184			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			
SN WK1: 1 (03/17/26-03/21/26) ,WK2: 1 (03/22/26-03/28/26) ,WK3: 1 (03/29/26-04/04/26) ,WK4: 1 (04/05/26-04/11/26) ,WK5: 1 (04/12/26-04/18/26) PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5 CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 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 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:No Advance Directive PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, muscle weakness, muscle spasms, balance deficit PROCEDURES: cough/deep breathing exercises TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related 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, meal preparation is available to patient for all meals			PATIENT-STATED GOAL: To walk well without falling GOALS patient/caregiver recalls * lifestyle modifications to manage respiratory condition including * diet changes and regular exercise * strategies to control shortness of breath * home remedies to keep lungs healthy * recalls related medication(s) purpose, schedule patient/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 meal preparation is available to patient for all meals			
PT Careplans PT WK1: 1 (03/17/26-03/21/26) PROBLEMS IDENTIFIED ON ASSESSMENT: 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: gait training on uneven surfaces, gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent			PT Goals PATIENT-STATED GOAL: The patient has returned to her prior functional status GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 06. Independent Walk 50 ft with 2 Turns - 06. Independent Walk 150 Feet - 06. Independent Walk 10 ft on Uneven Surface - 06. Independent			
Signature of Physician:			Date PAGE 2 of 3			
Optional Name/Signature of Nurse/Therapist: Electronically Signed by Messick, Charles RN			Date 03/17/2026			

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304-400-9184			410-321-8448		
			1487113239		
			Walk To Kitchen Shower Surface - 06. Independent		
			1 - Step (curb) - 06. Independent		
			4 Steps - 06. Independent		
			12 Steps - 06. Independent		
			Picking Up Object - 06. Independent		
OT Careplans			OT Goals		
OT WK1: 1 (03/17/26-03/21/26)			PATIENT-STATED GOAL: Evaluation only		
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			GOALS		
TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent			patient/caregiver recalls		
			* lifestyle modifications to manage respiratory condition including		
			* diet changes and regular exercise		
			* strategies to control shortness of breath		
			* home remedies to keep lungs healthy		
			* recalls related medication(s) purpose, schedule		
			Oral Hygiene - 06. Independent		
			Toileting Hygiene - 06. Independent		
			Shower/Bathe Self - 06. Independent		
			Lower Body Dressing - 06. Independent		
			Don/Doff Footwear - 06. Independent		
			Eating - 06. Independent		
			Upper Body Dressing - 06. Independent		

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