Home Health Certification and Plan of Care

Order ID: 1150/17247

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
27355818	01/16/2026	From: 03/17/2026 To: 05/15/2026	21477	217058

6. Patient's Name and Address

Norma Panico
4717 Wigglesworth Court,
ELLICOTT CITY, MD 21043-
3158763855

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 04/11/1952 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M54.16	Radiculopathy lumbar region	01/16/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	01/16/26
I34.0	Nonrheumatic mitral (valve) insufficiency	01/16/26
J44.9	Chronic obstructive pulmonary disease unspecified	01/16/26
K21.9	Gastro-esophageal reflux disease without esophagitis	01/16/26
R13.10	Dysphagia unspecified	01/16/26
M81.0	Age-related osteoporosis w/o current pathological fracture	01/16/26
F33.0	Major depressive disorder recurrent mild	01/16/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	01/16/26
E78.5	Hyperlipidemia unspecified	01/16/26
G25.0	Essential tremor	01/16/26
G25.81	Restless legs syndrome	01/16/26
Z85.3	Personal history of malignant neoplasm of breast	01/16/26
Z85.118	Personal history of malignant neoplasm of bronchus and lung	01/16/26
Z87.01	Personal history of pneumonia (recurrent)	01/16/26
Z98.1	Arthrodesis status	01/16/26

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

Lyrica - Pregabalin 2 capsules Oral daily at bedtime Take 2 capsules by mouth daily at bedtime
Desyrel - Trazodone Hydrochloride 150 mg Oral every evening Take 150 mg by mouth every evening
Accuneb - Albuterol Sulfate 2 Puffs Inhalation every 4 hours as needed for shortness of breath Inhale 2 Puffs by mouth every 4 hours as needed for shortness of breath
Sertraline - Sertraline Hydrochloride 200 mg Oral every morning Take 200 mg by mouth every morning
Budesonide - Budesonide 0.5 mg Inhalation 2 times a day Inhale 0.5 mg by mouth 2 times a day
Meloxicam - Meloxicam 7.5 mg by mouth once a day For pain
Atorvastatin - Atorvastatin Calcium 40 mg by mouth once a day For HLD
Hydroxyzine Pamoate - Hydroxyzine Pamoate eq 25 mg hcl by mouth at bedtime For anxiety
Montelukast Sodium - Montelukast Sodium 10 mg by mouth at bedtime For allergies
Benzonatate - Benzonatate 100 mg by mouth three times a day For cough as needed
Metoprolol Succinate - Metoprolol Succinate 12.5 mg by mouth once a day For blood pressure
Pantoprazole - Pantoprazole Sodium 40 mg 40 mg by mouth once a day Take 1 tablet by mouth daily, Gerd

14. DME and Supplies:
rolling walker, walker

15. Safety Measures:
None of the above

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
penicillinn

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Walker, Cane, Independent at Home, Transfer bed/Chair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: WFL, HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

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

Homebound status: Due to diagnosis of Radiculopathy lumbar region, 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 undergoing recertification for home health physical therapy and is progressing toward established goals. She ambulates independently approximately 80% of the time, using a cane for longer distances, and requires standby assistance for sit-to-stand and toilet transfers. She continues to need assistance with dressing and uses a tub bench for bathing. These limitations contribute to impaired household ambulation, decreased transfer independence, and an increased risk of falls. Continued home health physical therapy is recommended to address ongoing weakness, balance deficits, functional mobility limitations, and fall prevention, as outpatient therapy is not feasible due to travel limitations. The plan of care includes targeted left hip flexor, pelvic, and core strengthening exercises, as well as gait and balance training, neuromuscular reeducation, functional endurance training, stair training, and fall prevention education. The patient and caregiver verbalized understanding and support the continuation of skilled physical therapy services. <o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 03/16/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 01/13/2026
 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat DX: Radiculopathy lumbar region
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
 4 - Recertification PT Notes: due to ongoing weakness, balance deficits, functional mobility limitations, and fall prevention<o:p></o:p> Physician: Lee, Alicia

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 03/16/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Alicia Lee
7070 Samuel Morse Dr
Columbia, MD 21046
PHONE: 4103094600 FAX: 14103093357 NPI: 1194023929

26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.
F2F date : 01/13/2026

27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face

28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

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PT Careplans

PT 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) ,WK6: 1 (04/19/26-04/25/26) ,WK7: 1 (04/26/26-05/02/26)

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: WFL

HOSPITALIZATION RISKS: 10. None of the above

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: lightheadedness (CR), muscle weakness (MS), limited strength (MS), limited endurance (MS), balance deficit (NR)

PROCEDURES: HEP: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day., Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 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: Not to fall while walking

GOALS
Chair to Bed to Chair - 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

Sit to Stand - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
03/16/2026