Home Health Certification and Plan of Care

Order ID: 1150/17237

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
12060650610	03/17/2026	From: 03/17/2026 To: 05/15/2026	23032	217058

6. Patient's Name and Address

Romoana Clark
212 5th Ave,
Brooklyn, MD 21225-
410-269-3682

7. Provider's Name, Address and Telephone Number

HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
410-321-8448
1487113239

8. DOB 02/22/1961 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J10.1	Flu due to oth ident influenza virus w oth resp manifest	03/17/26

13. ICD	Other Pertinent Diagnoses	Date
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	03/17/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	03/17/26
I10.	Essential (primary) hypertension	03/17/26
E78.5	Hyperlipidemia unspecified	03/17/26
J96.01	Acute respiratory failure with hypoxia	03/17/26
I24.89	Other forms of acute ischemic heart disease	03/17/26
I89.0	Lymphedema not elsewhere classified	03/17/26
M54.16	Radiculopathy lumbar region	03/17/26
N17.9	Acute kidney failure unspecified	03/17/26
F41.9	Anxiety disorder unspecified	03/17/26
F32.9	Major depressive disorder single episode unspecified	03/17/26
R29.6	Repeated falls	03/17/26
F17.210	Nicotine dependence cigarettes uncomplicated	03/17/26
E66.01	Morbid (severe) obesity due to excess calories	03/17/26
Z68.41	Body mass index [BMI] 40.0-44.9 adult	03/17/26
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	03/17/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	03/17/26
Z79.4	Long term (current) use of insulin	03/17/26
Z91.81	History of falling	03/17/26

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

ARTHROTEC 1 % topical every 8 hours for pain
Greer's Goo, topically three times a day Apply to bilateral groins for fungal
COMMIT 1 patch transdermally one time a day for smoking cessation and remove per schedule
BEANO 2 tablet by mouth one time a day for bowel regimen
BISCODYL 17 gram by mouth one time a day for bowel regimen.
ATIVAN 1 tablet by mouth two times a day for anxiety.
ASCORBIC ACID 1 tablet by mouth one time a day for supplement
ANTARA (MICRONIZED) 1 tablet by mouth one time a day for ATRIAL FIBRILLATION-S
Budesonide-Formoterol Fumarate Inhalation Aerosol 160-4.5 MCG/ACT 2 puff inhale orally two times a day for wheezing
AMILODIPINE 1 tablet by mouth one time a day for HTN
APRACLONIDINE HYDROCHLORIDE 1 tablet by mouth at bedtime for htn
AMITID 1 tablet by mouth at bedtime for depression
TRULICITY 1.5 mg subcutaneously one time a day every Fri for DM
lizaAnopril HCl Oral Tablet 10 MG 1 tablet by mouth every 8 hours as needed for LBP 3-8/10 hold sedation
ACCUNEB 3 ml inhale orally via nebulizer every 2 hours as needed for SOB or WHEEZING
BUNAVAIL 1 spray Nasal as needed Alternating nostrils for suspected opioid overdose.
BROMANATE DM 10 ml by mouth every 4 hours as needed for cough/congestion
Basaglar - Insulin Glargine 20 units subcutaneous at bedtime Inject 20 units at bedtime for diabetes
Humalog - Insulin Lispro Recombinant 100 units/ml 100 units/ml subcutaneous as necessary Insulin Lispro Injection Solution 100 UNIT/ML (Insulin Lispro), Inject as per sliding scale: if 151 - 200 = 2unit; 201 - 250 = 4unit; 251 - 300 =
6unit; 301 - 350 = 8unit; 351 - 400 = 10unit call MD blood sugar less 60 and greater than 400, subcutaneously.
Insulin Lispro Injection Solution, **DAW** Inject 5 unit subcutaneously before meals for diabetes
HYDROcodone-Acetaminophen Oral Tablet 5-325 MG 5-325 mg 1 tablet by mouth as necessary for pain 8-10/10 hold for sedation, LOC, insuf resp every 6 hrs as needed
LIPITOR eq 40 mg base 1 tablet by mouth at bedtime for HIGH FAT IN BLOOD
GLIPIZIDE 10 mg 1 tablet by mouth two times a day for dm
EXTRA STRENGTH TYLENOL 325 mg 2 tablet by mouth every 6 hours as needed for pain 1-4 max 3g/d
CYMBALTA 30 mg 1 capsule by mouth twice a day for depression.

14. DME and Supplies:

wheelchair, rolling walker, diabetic supplies, commode, grab bars, walker, 4 wheeled walker

15. Safety Measures:

wheelchair precautions, , bathroom safety, activity supervision, ambulates with assistance, emergency phone # clearly displayed, sharps precautions, supervision at all times, transfer with assist, walker precautions, smoke detectors , , , diabetic precautions, ambulates with device

16. Nutrition:

diabetic

17. Allergies:

jardiance

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Up As Tolerated, Walker, Exercises Prescribed, Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Influenza due to unidentified influenza virus with other respiratory manifestations, 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.

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

Andrew Mrowiec
9 Aberdeen Shopping Plaza
Aberdeen, MD 21001
PHONE: 4102728844 FAX: 14102728910 NPI: 1780668640

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

F2F date : 02/25/2026

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Romoana Clark 212 5th Ave, Brooklyn, MD 21225- 410-269-3682	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

The patient is a 65-year-old female with a complex medical history including type 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-18 CE-FMS-diabetes">diabetes</mh> mellitus, chronic obstructive pulmonary disease with recent exacerbation, lymphedema, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-hypertension">hypertension</mh>, major depressive disorder, anxiety disorder, lumbar radiculopathy, chronic low back pain, ischemic heart disease, tachycardia, and a history of recurrent falls, who presents for home health services following a recent hospitalization and subacute rehabilitation stay. The patient was initially admitted on 12/27/2025 with flu-like symptoms, generalized weakness, and multiple falls, and was subsequently diagnosed with influenza A, hyperglycemia requiring intensive insulin therapy, acute kidney injury likely secondary to IV contrast, and tachycardia. She was medically stabilized and discharged to subacute rehabilitation on 12/31/2025 due to ambulatory dysfunction and significant weakness, where she remained for approximately three months before returning home about one week prior to evaluation. The patient resides with her daughter and grandson in a multi-level home with four steps to enter; however, she remains on the first level. She is frequently alone during the day and is currently homebound due to significant mobility limitations and fall risk, requiring both human assistance and assistive devices to safely leave the home. Prior to hospitalization, the patient was independent with household ambulation using a rolling walker; however, she reports she has not ambulated since her initial hospitalization and now relies on a wheelchair for mobility within the home. She demonstrates substantial functional decline, including bilateral lower extremity weakness, impaired balance, decreased endurance, and poor safety awareness, resulting in inability to ambulate, difficulty with transfers, and inability to negotiate stairs. She currently requires minimal assistance to standby assistance for transfers using a walker with verbal cueing for proper hand and foot placement and weight shifting. The patient also reports chronic low back pain, which is currently well controlled with prescribed medications. Education was provided regarding appropriate pain management, including timing of medications, monitoring for side effects such as dizziness and constipation, and indications for urgent medical attention such as chest pain, shortness of breath, or unrelieved pain. She was instructed to apply heat to the lower back for 20 minutes with appropriate skin monitoring. Additionally, the patient presents with bilateral lower extremity edema related to lymphedema, with an open wound noted on the left lower extremity that appears consistent with early cellulitis. The RN has notified both the patient's daughter and primary care provider, and follow-up has been arranged for further evaluation and wound care orders. Education was provided on edema management, including lower extremity elevation above heart level during rest and the potential use of compression garments as prescribed, as well as signs and symptoms of infection such as fever, redness, swelling, drainage, and worsening pain. The home environment was assessed and found to be generally safe; however, the patient remains at high risk for falls due to mobility deficits. Comprehensive education was provided on fall prevention strategies, home safety modifications, and risk factor reduction. The patient demonstrates motivation to regain independence in activities of daily living but currently requires assistance with basic self-care and functional mobility tasks due to weakness, decreased balance, and limited endurance. Skilled home health physical and occupational therapy services are medically necessary to address deficits in strength, balance, functional mobility, transfers, gait, and safety awareness. Interventions will focus on progressive strengthening, transfer training, gait re-training as appropriate, balance activities, and ADL retraining to restore the patient to her prior level of function and reduce fall risk. Without skilled intervention, the patient is at high risk for further functional decline, recurrent falls, and loss of independence. A structured physical therapy plan of care has been established in collaboration with the patient and caregiver, with scheduled <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> beginning 03/18/2026, and both patient and caregiver are in agreement with the outlined plan.
 Date of Order 03/17/2026 Orders Physician Face-to-Face Date: 02/25/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN - medication management, PT - eval and treat, OT - eval and treat due to Influenza due to unidentified influenza virus with other respiratory manifestations Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes: Physician Mrowiec, Andrew

SN Careplans

SN WK1: 1 (03/17/26-03/21/26) ,WK2: 2 (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)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage ;Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, D0160 - Depression, M1700 - Cognition, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, M2102c - Med Admin, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, limited endurance, limited strength, muscle weakness, balance deficit, daytime fatigue, Pain Interference with ADLs, Pain Effect on Sleep, obesity, bleeding/discharge at site, discolored patches of skin, rough/scaly/cracked skin, swell/redness surround. skin, open sores/lesions, #1 - Open Wound - Other - Left Lower Extremity - open wound on LLE from lymphedema

PROCEDURES: physician-ordered wound care: #1 - Open Wound - Other - Left Lower Extremity - open wound on LLE from lymphedema: Cleanse wound with normal saline or prescribed wound cleanser Pat surrounding skin dry with sterile gauze Apply a thin layer of hydrogel directly to wound bed Ensure even coverage without overfilling Do not apply to intact surrounding skin Cover with appropriate secondary dressing: Dry sterile gauze OR Foam dressing (if additional protection needed) Secure with tape or wrap without restricting circulation Change dressing daily or every 1-3 days depending on drainage and provider order Change sooner if: Dressing becomes saturated Dressing is loose or contaminated Report: Increased redness, warmth, swelling Purulent drainage or foul odor Increased pain Wound enlargement, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, home exercise program,

SN Goals

PATIENT-STATED GOAL: I want to be able to walk with my walker again and not have to depend on my wheelchair so much

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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/17/2026

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teach/coordinate/arrange medication packaging and/or administration

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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, caregiver administers and/or packages medications appropriately

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

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

caregiver administers and/or packages medications appropriately

PT Careplans

PT WK1: 1 (03/17/26-03/21/26) ,WK2: 2 (03/22/26-03/28/26) ,WK3: 2 (03/29/26-04/04/26) ,WK4: 2 (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) ,WK8: 1 (05/03/26-05/09/26) ,WK9: 1 (05/10/26-05/13/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, Pain Effect on Sleep, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer

PROCEDURES: wheelchair training, home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., therapeutic modalities: Apply heat to low bacl x 20 minutes with necessary barrier and skin assessments q 5 minutes., 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., transfers training

TEACH PATIENT/CAREGIVER: * 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 relaxation skills and diversional activities, related medication(s) purpose, schedule, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, 1 - Step (curb) - 02. Substantial/maximal assistance, 12 Steps - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

PT Goals

PATIENT-STATED GOAL: To be able to walk again

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

1 - Step (curb) - 02. Substantial/maximal assistance

12 Steps - 02. Substantial/maximal assistance

4 Steps - 02. Substantial/maximal assistance

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Walk 150 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

OT Careplans

OT 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) ,WK6: 1 (04/19/26-04/25/26) ,WK7: 1 (04/26/26-05/02/26) ,WK8: 1 (05/03/26-05/09/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation

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, * 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 relaxation skills and diversional activities, related medication(s) purpose, schedule, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: to be able to ambulate to perform ADLs

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
* 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 relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

03/17/2026

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Upper Body Dressing - 03. Setup or clean up assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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