Home Health Certification and Plan of Care

Order ID: 1150/17353

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9F56WX7FY63	03/20/2026	From: 03/20/2026 To: 05/18/2026	21399	217058

6. Patient's Name and Address
Kathleen Lutz
1816 Kinship Rd,
Dundalk, MD 21222-
443-586-5624

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 10/14/1956 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
G21.0	Malignant neuroleptic syndrome	03/20/26

13. ICD	Other Pertinent Diagnoses	Date
G89.29	Other chronic pain	03/20/26
M06.9	Rheumatoid arthritis unspecified	03/20/26
I48.0	Paroxysmal atrial fibrillation	03/20/26
I11.0	Hypertensive heart disease with heart failure	03/20/26
I50.9	Heart failure unspecified	03/20/26
J44.9	Chronic obstructive pulmonary disease unspecified	03/20/26
F41.1	Generalized anxiety disorder	03/20/26
F32.A	Depression unspecified	03/20/26
D75.839	Thrombocytosis unspecified	03/20/26
R13.10	Dysphagia unspecified	03/20/26
E78.5	Hyperlipidemia unspecified	03/20/26
K21.9	Gastro-esophageal reflux disease without esophagitis	03/20/26
M19.90	Unspecified osteoarthritis unspecified site	03/20/26
M81.0	Age-related osteoporosis w/o current pathological fracture	03/20/26
Z85.3	Personal history of malignant neoplasm of breast	03/20/26
Z79.01	Long term (current) use of anticoagulants	03/20/26
Z79.891	Long term (current) use of opiate analgesic	03/20/26
Z87.01	Personal history of pneumonia (recurrent)	03/20/26
Z87.440	Personal history of urinary (tract) infections	03/20/26
Z91.81	History of falling	03/20/26

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

Wixela Inhub Inhalation Aerosol Powder Breath Activated 250-50 MCG/ACT (Fluticasone-Salmeterol) 1inhalation by mouth twice a day for COPD rinse and spit after use
Acetaminophen - Acetaminophen 500 mg / 1 Tablet by mouth every 6 hours Give 2 Tablets by mouth every 6 hours as needed for Mild Pain (1-4) Do not exceed more than 3 grams per day from all sources
Eliquis - Apixaban 5 mg / 1 Tablet by mouth twice a day for A-fib
Atorvastatin Calcium - Atorvastatin Calcium 40 mg / 1 Tablet by mouth at bedtime for HLD
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) mg / 1 Tablet by mouth once a day for Supplement
Folic Acid - Folic Acid 1 mg 1 Tablet by mouth once a day for Supplement
Melatonin - Melatonin 3 mg / 1 Tablet by mouth at bedtime Give 2 Tablet by mouth at bedtime for sleep aide
Metoprolol Tartrate - Metoprolol Tartrate 25 mg / 1 Tablet by mouth once a day Give 0.5 tablet by mouth one time a day for HTN Hold for SBP less than 100 and or HR less than 60
Mirtazapine - Mirtazapine 7.5 mg 1 Tablet by mouth at bedtime for Depression
Multivitamin Oral Tablet (Multiple Vitamin) 1 Tablet by mouth once a day for Supplement
Naloxone HCL Nasal Liquid (Naloxone HCL) 4 mg/0.1ml - - 1 spray in nostril every 3 minutes as needed for overdose may repeat in alternating nostrils every 3 minutes until Coherent. Call 911, continue until paramedics arrive. Notify provider
Ondansetron Hydrochloride - Ondansetron Hydrochloride eq 8 mg base 1 Tablet by mouth every 6 hours as needed for Nausea and Vomitting
Oxycodone Hydrochloride - Oxycodone Hydrochloride 10 mg 1 Tablet by mouth every 4 hours as needed for Moderate/Severe Pain (5-10)
Senna Plus - Senna 8.6-50 mg / 1 Tablet by mouth every 12 hours as needed for Constipation
Tizanidine Hydrochloride - Tizanidine Hydrochloride eq 4 mg base 1 Tablet by mouth every 8 hours as needed for Muscle spasm
Dicyclomine HCL Oral Tablet 20 mg / 1 Tablet by mouth every 6 hours Give 1 tablet by mouth every 6 hours for IBS
Ipratropium-Albuterol Solution 0.5-2.5 (3) mg/3ml inhalant every 6 hours 3 ml inhale orally via nebulizer every 6 hours as needed for SOB
Losartan Potassium - Losartan Potassium 50 mg 30 by mouth once a day 50 mg
Gabapentin - Gabapentin 800 mg 54 by mouth three times a day

14. DME and Supplies:
wheelchair, bath bench, hospital bed

15. Safety Measures:
wheelchair precautions, standard precautions, bleeding precautions, fall precautions, medication safety, bathroom safety, anticoagulant precautions

16. Nutrition:
low sodium

17. Allergies:
aspirin azithromycin bupropion conjugated estrogrens erythromycin ibuprofen p

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
None of the above

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: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 9. Not Applicable

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status:
Due to diagnosis of Malignant neuroleptic syndrome, 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 03/20/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Phyllis Queen
1576 Merritt Blvd
Dundalk, MD 21222
PHONE: 4106502000 FAX: 18666395353 NPI: 1154846699

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 : 03/11/2026

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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Kathleen Lutz 1816 Kinship Rd, Dundalk, MD 21222- 443-586-5624	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 69-year-old female recently hospitalized for altered mental status with a significant past medical history including COPD, left breast cancer status post mastectomy, degenerative spinal disc disease with chronic pain, nasopharyngeal neoplasm with chronic dysphagia status post PEG tube placement, rheumatoid and degenerative joint arthritis with deformities, anxiety, depression, and recent pneumonia. She is alert and oriented 4, with vital signs within normal limits, clear lung sounds, active bowel sounds, and even, unlabored respirations. She is wheelchair-bound due to multiple joint deformities and pain, including right lower extremity, hip, knee, and hand involvement, and requires assistance with self-care and functional transfers, though she was previously able to perform transfers with supervision and was independent with wheelchair mobility. Skin assessment revealed intact skin with excoriation on the left buttock, which she manages with a skin protectant and sacral foam dressing. She resides in a single-family home with her husband, who is her primary caregiver and assists with activities of daily living and instrumental tasks. Currently, she demonstrates decreased standing balance, tolerance, upper extremity strength, and overall activity tolerance, leading to a decline in functional mobility and self-care abilities; therefore, skilled occupational therapy services are recommended to address these deficits and support a return to her prior level of function.<o:p></o:p> <o:p> </o:p> Bottom of Form<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 03/20/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 03/11/2026
 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat, OT eval and treat DX: Malignant neuroleptic syndrome
 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>
 1 - SOC -SN Notes:<o:p></o:p> PT Eval Notes:
 OT Eval Notes:<o:p></o:p> Physician:<span style="font-size: 10.5pt; background-image: initial; background-position: initial; background-size: initial; background-repeat: initial; background-attachment: initial; background-origin: initial; background-clip: initial;"> Queen, Phyllis

SN Careplans

SN WK1: 1 (03/20/26-03/21/26) ,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)

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: 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, muscle weakness, Pain Effect on Sleep, Pain Interference with ADLs, 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, * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure

SN Goals

PATIENT-STATED GOAL: To gain up to 10 lbs weight

GOALS
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

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
* 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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/20/2026

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preventive care, 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

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)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400 - Dyspnea, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170S1 - Wheel 150 feet

PROCEDURES: cough/deep breathing exercises, incentive spirometer, wheelchair training, transfers training

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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent

PT Goals

PATIENT-STATED GOAL: To get stronger

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 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

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

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

OT Careplans

OT 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)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, 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: Medication Review : Medication reviewed with patient with all medications in the home , therapeutic exercises, equipment training, work simplification/energy conservation, transfers training, assist with bathing, assist with lower body dressing

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 - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Do more for myself

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 - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

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

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/20/2026