

Home Health Certification and Plan of Care				Order ID: 1150/17442	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
10026287		03/22/2026		From: 03/22/2026 To: 05/20/2026	
				4. Medical Record No.	
				23665	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Nancy Harvey 7225 Harford Road Apt A, PARKVILLE, MD 21234- 410-476-1635			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB 02/12/1936			9.Sex Female		
			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD J90.			Principal Diagnosis Pleural effusion not elsewhere classified		
13. ICD			Other Pertinent Diagnoses		
I13.0			Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny		
I50.32			Chronic diastolic (congestive) heart failure		
N18.4			Chronic kidney disease stage 4 (severe)		
D63.1			Anemia in chronic kidney disease		
I25.10			Athscl heart disease of native coronary artery w/o ang pctrs		
U07.1			COVID-19		
E87.1			Hypo-osmolality and hyponatremia		
K59.09			Other constipation		
Z79.82			Long term (current) use of aspirin		
Z95.5			Presence of coronary angioplasty implant and graft		
Z85.820			Personal history of malignant melanoma of skin		
Z87.891			Personal history of nicotine dependence		
Z87.440			Personal history of urinary (tract) infections		
14. DME and Supplies:			15. Safety Measures:		
wheelchair, walker, grab bars			walker precautions, , , emergency phone # clearly displayed, cardiac precautions, ambulates with assistance		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			dust smoke		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Bowel/Bladder Incontinence			Cane, Walker, , Up As Tolerated		
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: 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.			patient will be responsible for managing treatment family/caregiver will be responsible for managing treatment		
Homebound status:			Due to diagnosis of Pleural Effusion Not Elsewhere Classified, 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:			<div>The patient is a 90-year-old female with a significant past medical history including congestive heart failure (CHF), pleural effusion, chronic kidney disease stage IV (CKD stage 4), pulmonary embolism (PE), urinary tract infection (UTI), and skin cancer/melanoma, who was referred to home health services following a recent hospitalization and subsequent rehabilitation stay due to complications related to cardiac and pulmonary conditions. The patient resides alone in a single-level, first-floor apartment and receives assistance from family members with activities of daily living (ADLs), instrumental activities of daily living (IADLs), meal preparation, shopping, and errands. She is currently alert and oriented, with intact skin and no noted wounds. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient presents with generalized weakness, decreased endurance, and an unsteady gait, contributing to an increased risk for falls. She fatigues easily and requires assistance for safe transfers and ambulation. Functional limitations include decreased standing balance, reduced standing tolerance, diminished bilateral upper extremity strength, and overall decreased activity tolerance, which negatively impact her ability to perform self-care tasks, functional transfers, and ambulation independently. During therapy, the patient was able to perform lower extremity therapeutic exercises, including straight leg raises, hip abduction/adduction, long arc quadriceps, marching, and heel raises, completing 10 repetitions for one set each. Skilled nursing services have been initiated with a frequency of twice weekly for one week followed by once weekly for three weeks (2w1, 1w3), with the next visit scheduled for Wednesday. Physical and occupational therapy evaluations have been ordered and initiated to address deficits in strength, mobility, balance, and functional independence. The patient has been educated on fall prevention strategies and energy		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles RN on 03/22/2026					
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.		
Ashraf Mostafa 7505 Olser Dr Baltimore, MD 21204 PHONE: 4105984103 FAX: 14103219831 NPI: 1033279625			F2F date : 03/09/2026		
27. Attending Physician's Signature and Date Signed			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.		
Date of physician last face-to-face			PAGE 1 of 3		

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conservation techniques to promote safety and reduce fatigue during daily activities. Occupational therapy services are recommended to focus on improving ADL performance, upper extremity strength, functional mobility, and activity tolerance, with the goal of returning the patient to her prior level of function. The interdisciplinary plan of care emphasizes safety, fall prevention, strength and endurance training, and maximizing independence while supporting the patient's ability to remain in her home environment.					
Date of Order03/22/2026OrdersPhysician Face-to-Face Date: 03/09/2026Clinical Condition Requiring Home Care per Certifying Physician: PT/OT/SN due to Pleural Effusion Not Elsewhere ClassifiedHomebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave homeSOC - SN Notes: socPT Eval NotesOT Eval NotesPhysicianMostafa, Ashraf					
SN Careplans			SN Goals		
SN WK1: 2 (03/22/26-03/28/26) ,WK2: 1 (03/29/26-04/04/26) ,WK3: 1 (04/05/26-04/11/26) ,WK4: 1 (04/12/26-04/18/26) ,WK5: 1 (04/19/26-04/25/26)			PATIENT-STATED GOAL: I want to be able to go for a walk a couple times a week		
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			GOALS		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			patient/caregiver recalls		
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications			* lifestyle modifications to manage respiratory condition including		
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 ; 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.			* diet changes and regular exercise		
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.			* strategies to control shortness of breath		
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			* home remedies to keep lungs healthy		
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.			* recalls related medication(s) purpose, schedule		
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.			patient/caregiver recalls		
Provide education content at patient's level of health literacy.			* urinary incontinence management including bladder training		
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.			* Kegel exercises		
Assess: Musculoskeletal status.			* skin care		
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			* recalls related medication(s) purpose, schedule		
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.			patient self-administers medications as prescribed		
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques			* recalls related medication(s) purpose, schedule		
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.					
NA					
Advance Directive:Living Will					
PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1400 - Dyspnea, M1610 - Urinary Incontinence, muscle weakness, limited endurance, limited strength					
PROCEDURES: cough/deep breathing exercises, bladder 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, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule					
PT Careplans			PT Goals		
PT WK1: 1 (03/22/26-03/28/26) ,WK2: 2 (03/29/26-04/04/26) ,WK3: 2 (04/05/26-04/11/26) ,WK4: 1 (04/12/26-04/18/26)			PATIENT-STATED GOAL: The patient wants to get well and walk better		
PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, 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			GOALS		
PROCEDURES: cough/deep breathing exercises, incentive spirometer, gait training/stair			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		
Signature of Physician:			Date		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			03/22/2026		

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training, transfers training			* strategies to control shortness of breath		
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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance			* home remedies to keep lungs healthy		
			* recalls related medication(s) purpose, schedule		
			Sit to Stand - 06. Independent		
			Car Transfer - 06. Independent		
			Walk 10 Feet - 04. Supervision or touching assistance		
			Walk 50 ft with 2 Turns - 04. Supervision or touching assistance		
			Walk 150 Feet - 04. Supervision or touching assistance		
			1 - Step (curb) - 04. Supervision or touching assistance		
			4 Steps - 04. Supervision or touching assistance		
			12 Steps - 04. Supervision or touching assistance		
			Picking Up Object - 04. Supervision or touching assistance		
			Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance		
OT Careplans			OT Goals		
OT WK1: 1 (03/22/26-03/28/26) ,WK2: 1 (03/29/26-04/04/26) ,WK3: 1 (04/05/26-04/11/26) ,WK4: 1 (04/12/26-04/18/26) ,WK5: 1 (04/19/26-04/25/26) ,WK6: 1 (04/26/26-04/30/26)			PATIENT-STATED GOAL: Get in the shower		
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		
PROCEDURES: Medication Review : Medication reviewed with patient with all medications in the home , therapeutic exercises, work simplification/energy conservation, transfers training, assist with bathing			Chair to Bed to Chair - 06. Independent		
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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent			Toilet Transfer - 06. Independent		
			Shower/Bathe Self - 05. Setup or clean-up assistance		
			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		
			Sit to Stand - 06. Independent		
			Car Transfer - 06. Independent		
			Walk 10 Feet - 04. Supervision or touching assistance		
			Walk 50 ft with 2 Turns - 04. Supervision or touching assistance		
			Walk 150 Feet - 04. Supervision or touching assistance		
			1 - Step (curb) - 04. Supervision or touching assistance		
			4 Steps - 04. Supervision or touching assistance		
			12 Steps - 04. Supervision or touching assistance		
			Picking Up Object - 04. Supervision or touching assistance		
			Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance		
			Oral Hygiene - 06. Independent		
			Toileting Hygiene - 06. Independent		
			Lower Body Dressing - 06. Independent		
			Don/Doff Footwear - 06. Independent		
			Eating - 06. Independent		
			Upper Body Dressing - 06. Independent		

Signature of Physician:	Date
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