

Home Health Certification and Plan of Care						Order ID: 1150/17404	
1. Patient's HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.	5. Provider No.
9QG6X88QN64		01/28/2026		From: 03/29/2026 To: 05/27/2026		21723	217058
6. Patient's Name and Address Evelyn Royahn 7905 Hilltop Ave, NOTTINGHAM, MD 21236- 443-648-1098				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 06/05/1926 9. Sex Female				10. Medications: Dose/Frequency/Route (N)ew (C)hanged			
11. ICD S72.401D		Principal Diagnosis Unsp fx lower end of r femur subs for clos fx w routn heal		Date 01/28/26		Polyvinyl Alcohol-Povidone PF Ophthalmic Solution 1.4-0.6 % (Polyvinyl Alcohol-Povidone Ophthal) 1 drop in both eyes every 6 hours as needed for glaucoma. Senna-Docusate Sodium Oral Tablet 8.6-50 MG (Senna-Docusate Sodium) 2 tablets by mouth at bedtime for Bowel Regimen First weekly MDAP for Loose Stool. Gabapentin - Gabapentin 100 mg 1 Tablet by mouth every 8 hours Give 1 tablet by mouth every 8 hours for Neuropathy for 60 Days Monitor sedation Melatonin - Melatonin 3 mg / 1 Tablet by mouth at bedtime for Sleep aide. Latanoprost - Latanoprost 0.005 perc 1drop both eyes at bedtime for glaucoma. Furosemide - Furosemide 20 mg / 1 Tablet by mouth once a day for EDEMA. Acetaminophen - Acetaminophen 325 mg / 1 Tablet by mouth every 8 hours Give 2 tablet by mouth every 8 hours for Pain do not exceed more than 3 grams per day from all sources Aspirin Ec - Aspirin 81 mg / 1 Tablet by mouth twice a day for CAD Atorvastatin Calcium - Atorvastatin Calcium 40 mg / 1 Tablet by mouth at bedtime Give 40 mg by mouth at bedtime for HLD Ergocalciferol - Ergocalciferol 1.25 MG (50000 UT) capsule by mouth once a day every Mon for SUPPLEMENT Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) mg / 1 Tablet by mouth once a day for SUPPLEMENT PreserVision AREDS 2 Oral Capsule (Multiple Vitamins w/ Minerals) 1 Capsule by mouth twice a day for supplement Diclofenac - Diclofenac Epalamine 1% cream 4.5 (4grams) inches topical four times a day Apply 4.5 inches of cream to knees 4 times daily for pain. Losartan Potassium - Losartan Potassium 25 mg 25mg/tab by mouth once a day Take 1 tab, PO, QD for hypertension Atorvastatin - Atorvastatin Calcium 0 40mg/tab by mouth at bedtime Take 1 tab at bedtime for cholesterol Mupirocin - Mupirocin 2 perc 2% topical twice a day	
13. ICD		Other Pertinent Diagnoses		Date			
I10.		Essential (primary) hypertension		01/28/26			
E78.00		Pure hypercholesterolemia unspecified		01/28/26			
I27.20		Pulmonary hypertension unspecified		01/28/26			
F43.21		Adjustment disorder with depressed mood		01/28/26			
I44.1		Atrioventricular block second degree		01/28/26			
I69.321		Dysphasia following cerebral infarction		01/28/26			
K59.09		Other constipation		01/28/26			
I65.23		Occlusion and stenosis of bilateral carotid arteries		01/28/26			
M19.90		Unspecified osteoarthritis unspecified site		01/28/26			
H40.9		Unspecified glaucoma		01/28/26			
E66.813		Other obesity		01/28/26			
Z68.42		Body mass index [BMI] 45.0-49.9 adult		01/28/26			
Z79.82		Long term (current) use of aspirin		01/28/26			
Z79.891		Long term (current) use of opiate analgesic		01/28/26			
Z91.81		History of falling		01/28/26			
14. DME and Supplies: wheelchair, walker, diabetic supplies				15. Safety Measures:			
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET				17. Allergies: no known allergies			
18.A. Functional Limitations Bowel/Bladder Incontinence, Ambulation, Endurance				18.B. Activities Permitted Transfer bed/Chair, Wheelchair, Exercises Prescribed, Up As Tolerated			
19. Mental & Psychosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: wfl, HISTORY OF DEPRESSION:							
20. Prognosis: fair							
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 Unspecified fracture of lower end of right femur, subsequent encounter for closed fracture with routine healing, 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 <div>The patient is a 99-year-old female who resides alone in a single-family home. Her bedroom is located on the main living level, and she utilizes a hospital bed. The patient has a complex social history, having had four children and two spouses; both spouses are deceased, and she reports no current relationship with her children. Over time, she developed a supportive relationship with her mail carrier, who, along with her partner, assumed a caregiving role as the patient's health declined. The patient currently has paid caregivers providing 24-hour assistance in the home. She is designated as DNR/DNI. In October 2025, the patient sustained a mechanical fall in her home resulting in a femur fracture. She underwent open reduction and internal fixation (ORIF) and subsequently completed a rehabilitation stay. She has now been discharged home and is appropriate for skilled therapy services. While in rehabilitation, the patient reported ambulating up to 18 steps with assistance prior to discharge; however, since returning home, she has been unable to ambulate. Durable medical equipment available in the home includes a walker, wheelchair, shower chair, and hospital bed. The patient's past medical history is significant for <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-16 CE-FMS-hyperlipidemia">hyperlipidemia</mh>, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-hypertension">hypertension</mh>, right middle cerebral artery cerebrovascular accident, osteoarthritis, carotid stenosis, significant visual impairment, and glaucoma. At the time of evaluation, the patient denied pain. She was met resting in bed and is more than three months status post ORIF. All prescribed medications were present in the home, and medication education was provided to both the patient and caregiver. A written <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-13 CE-FMS-medication%20list">medication list</mh> and calendar were completed and placed on the refrigerator for reference to support medication compliance and care coordination. Functionally, prior to her fall, the patient was independent with basic self-care tasks, requiring supervision for bathing only, and received assistance with instrumental activities of daily living such as laundry, grocery shopping, and household cleaning. Currently, the patient demonstrates decreased standing balance, standing tolerance, bilateral upper extremity strength, and overall activity tolerance, resulting in limitations with self-care tasks, functional transfers, and functional ambulation. During the visit, the patient was instructed in a home exercise program, including straight leg raises and leg press exercises. She was assisted to a seated position with feet supported on the floor and required two-person assistance to transition to standing using a walker. The patient was assisted to stand three times during the session. Caregiver education was provided regarding safe assistance and reinforcement of the prescribed home exercise program. Skilled physical and occupational therapy services are recommended to address the patient's current functional deficits, improve strength, balance, and tolerance to activity, and promote safe mobility and self-care with the goal of maximizing independence and returning the patient as close as possible to her prior level of function while ensuring safety in the home environment.</div><div> </div><div>							
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 03/24/2026						25. Date HHA Received Signed POT	
24. Physician's Name and Address Bradford Ebright 9524 Belair Rd Baltimore, MD 21236 PHONE: 4105299311 FAX: 14105290085 NPI: 1053316158				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 : 01/15/2026			
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. PAGE 1 of 3			

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endurance, muscle weakness, difficulty sleeping, balance deficit PROCEDURES: Medication Review: The medication was reviewed with the patient , 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 medicatio, * 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 relaxatio, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, Wheel 50 ft w 2 Turns - 06. Independent				

Signature of Physician:	Date PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist: Electronically Signed by Messick, Charles RN	Date 03/24/2026