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

11. ICD	Principal Diagnosis	Date
S72.401D	Unsp fx lower end of r femur subs for clos fx w routn heal	01/28/26

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

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

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 Epolamine 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

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 & Pyschosocial 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 Requiring Homecare: 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.
 <span

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.

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style="font-size: 14px;">Date of Order 03/24/2026 Orders Physician Face-to-Face Date: 01/15/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Unspecified fracture of lower end of right femur, subsequent encounter for closed fracture with routine healing Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: The patient reported lower le pain, she was met in supine. The patient has the potential to improve in bed mobility and transfer from bed to wheelchair hence she is being recertified today. Physician Ebright, Bradford

SN Careplans

SN Goals

PT Careplans

PT WK1: 2 (03/29/26-04/04/26) ,WK2: 2 (04/05/26-04/11/26) ,WK3: 2 (04/12/26-04/18/26) ,WK4: 1 (04/19/26-04/25/26) ,WK5: 1 (04/26/26-05/02/26) ,WK6: 1 (05/03/26-05/09/26)

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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: abnormal BS < 70/140 > mg/dL, limited

PT Goals

PATIENT-STATED GOAL: To walk again

GOALS
Chair to Bed to Chair - 06. Independent

Sit to Stand - 06. Independent

Toilet Transfer - 05. Setup or clean-up assistance

Wheel 50 ft w 2 Turns - 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 relaxatio

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 medicatio

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/24/2026

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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:	Date
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