

Home Health Certification and Plan of Care				Order ID: 1150/17602	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
12205011		03/27/2026		From: 03/27/2026 To: 05/25/2026	
				4. Medical Record No.	
				24156	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Elva Santos Escobar			HomeCentris Healthcare LLC		
245 B Farragut Court Apt 105,			10 Crossroads Drive, Suite 102		
ANNAPOLIS, MD 21403-			Owings Mills, MD 21117-8284		
443-510-1883			410-321-8448		
			1487113239		
8. DOB			9. Sex		
01/14/1987			Female		
11. ICD			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
C50.912			PANTOPRAZOLE 40 mg by mouth twice a day		
Principal Diagnosis			COLACE 100 mg by mouth as necessary Apply as directed.		
Malignant neoplasm of unspecified site of left female breast			Oxycontin - Oxycodone Hydrochloride 15 mg by mouth twice a day		
			Metoprolol Succinate - Metoprolol Succinate eq 25 mg tartrate by mouth once a day		
13. ICD			Hydromorphone Hydrochloride - Hydromorphone Hydrochloride 2 mg by mouth every 6 hours or PRN		
C79.31			Ondansetron - Ondansetron 8 mg by mouth twice a day		
C79.51					
C78.01					
C78.02					
C78.7					
Secondary malig neoplasm of liver and intrahepatic bile duct					
C79.70					
Secondary malignant neoplasm of unspecified adrenal gland					
C79.61					
Secondary malignant neoplasm of right ovary					
E83.52					
Hypercalcemia					
G89.3					
Neoplasm related pain (acute) (chronic)					
D63.0					
Anemia in neoplastic disease					
M48.04					
Spinal stenosis thoracic region					
K59.00					
Constipation unspecified					
Z90.11					
Acquired absence of right breast and nipple					
Z87.01					
Personal history of pneumonia (recurrent)					
14. DME and Supplies:			15. Safety Measures:		
wheelchair, walker, hospital bed			walker precautions, bathroom safety		
16. Nutrition:			17. Allergies:		
regular			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance			Wheelchair, Independent at Home, Exercises Prescribed, Up As Tolerated		
19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, 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: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.			family/caregiver will be responsible for managing treatment		
Homebound status: Due to diagnosis of Malignant neoplasm of unspecified site of left female breast, 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 39-year-old female with a significant past medical history of widely metastatic triple-negative right breast Requiring Homecare:cancer, invasive ductal carcinoma with metastases to the brain, spine, and lungs. Her oncologic treatment history includes chemotherapy, immunotherapy, right mastectomy, and radiation therapy. She is currently enrolled in and being followed through a chemotherapy clinical trial at Johns Hopkins Hospital. The patient recently experienced symptoms of nausea, vomiting, diaphoresis, and shaking, which she initially attributed to a newly prescribed oral dose of Hydromorphone (Dilaudid). She presented to the Acute Care Unit for evaluation and was found to be tachycardic with heart rates in the 120s and laboratory abnormalities including hypomagnesemia (magnesium 1.4), an elevated anion gap of 17, anemia with hemoglobin of 7.8 g/dL, and thrombocytopenia with platelets of 62. The patient was subsequently admitted to the medical oncology unit at Johns Hopkins Hospital from March 12, 2026 through March 19, 2026 for management of pneumonia, anemia, electrolyte imbalance, and progressive metastatic disease involving the brain and spine. The patient resides at home with her husband and two children. She is a homemaker and currently receives daytime assistance from her sister and brother, while her husband provides caregiving support overnight. On assessment, the patient is awake, alert, and responding appropriately. Due to her medical condition and generalized weakness associated with metastatic disease and recent hospitalization, she demonstrates significant functional limitations. The patient requires moderate assistance with functional ambulation, transfers, and basic activities of daily living. She is currently dependent for bathing and instrumental activities of daily living. For mobility, the patient utilizes a wheelchair for community or outdoor ambulation and requires assistance or uses a rollator walker for short-distance indoor ambulation. Given her advanced disease process, recent hospitalization, and current functional deficits, the patient is at increased risk for falls, generalized weakness, and further physical deconditioning. She is also required to attend weekly radiation therapy sessions as part of her ongoing oncologic treatment plan. Skilled occupational therapy services are recommended to address deficits in strength, endurance, mobility, and functional performance with activities of daily living. Interventions will focus on improving safety with transfers and ambulation, enhancing activity tolerance, and supporting the patient in maintaining the highest possible level of independence within the home environment while reducing fall risk and preventing further functional decline. Education will be provided to the patient and caregivers regarding energy conservation, safe mobility strategies, and assistance techniques to support daily care needs and ongoing medical treatment.</div><div> </div><div>Date of Order</div><div>03/27/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 03/24/2026</div><div>Clinical Condition Requiring Home Care per Certifying Physician: PT, OT due to Malignant neoplasm of unspecified site of left female breast</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div>1 - SOC - OT Notes: soc - OT</div><div>PT Eval Notes:</div><div>Physician</div><div>Henry, Anise</div></div>					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 03/27/2026					
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.		
Anise Henry			F2F date : 03/24/2026		
888 Annapolis Rd					
Annapolis, MD 21401					
PHONE: FAX: NPI: 1376768184					
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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SN Careplans		SN Goals		
OT Careplans OT WK1: 1 (03/27/26-03/28/26) ,WK2: 1 (03/29/26-04/04/26) ,WK3: 1 (04/05/26-04/11/26) ,WK4: 1 (04/12/26-04/18/26) 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, 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, S O 2: 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:Full Code PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, 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, GG0170F1 - Chair		OT Goals PATIENT-STATED GOAL: to get better GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 05. Setup or clean-up assistance 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 * 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 self-administers medications as prescribed * recalls related medication(s) purpose, schedule Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 05. Setup or clean-up assistance Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance Walk 150 Feet - 05. Setup or clean-up assistance 4 Steps - 05. Setup or clean-up assistance 12 Steps - 05. Setup or clean-up assistance Picking Up Object - 05. Setup or clean-up assistance Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Shower/Bathe Self - 02. Substantial/maximal assistance 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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Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by Messick, Charles RN		03/27/2026		

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Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, M2020 - Oral Med Management, M1400 - Dyspnea, heartburn/indigestion, constipation, Pain Effect on Sleep, Pain Interference with ADLs, hair loss PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair 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, patient self-administers medications as prescribed, 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 - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 02. Substantial/maximal assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent	
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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