

Home Health Certification and Plan of Care				Order ID: 1150/17623	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
7XY5G06VK66		03/27/2026		From: 03/27/2026 To: 05/25/2026	
				4. Medical Record No.	
				24068	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Margaret Helwig 5188 Talbots Landing, ELLICOTT CITY, MD 21043- 410-868-8158				HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239	
8. DOB 06/14/1948 9.Sex Female				10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
11. ICD C91.00		Principal Diagnosis Acute lymphoblastic leukemia not having achieved remission		Date 03/27/26	
13. ICD I13.0		Other Pertinent Diagnoses Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny		Date 03/27/26	
150.22		Chronic systolic (congestive) heart failure		03/27/26	
N18.32		Chronic kidney disease stage 3b		03/27/26	
J90.		Pleural effusion not elsewhere classified		03/27/26	
I48.20		Chronic atrial fibrillation unspecified		03/27/26	
J47.9		Bronchiectasis uncomplicated		03/27/26	
M17.0		Bilateral primary osteoarthritis of knee		03/27/26	
G47.00		Insomnia unspecified		03/27/26	
E03.9		Hypothyroidism unspecified		03/27/26	
E78.5		Hyperlipidemia unspecified		03/27/26	
K21.9		Gastro-esophageal reflux disease without esophagitis		03/27/26	
Z86.73		Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits		03/27/26	
Z87.01		Personal history of pneumonia (recurrent)		03/27/26	
14. DME and Supplies: bath bench, rolling walker, walker, cane, reacher				15. Safety Measures: ambulates with device, ambulates with assistance, hand rails, bathroom safety, activity supervision	
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET				17. Allergies: no known allergies	
18.A. Functional Limitations Endurance, Ambulation				18.B. Activities Permitted Up As Tolerated, Exercises Prescribed, Transfer bed/Chair	
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: good					
22. A Rehabilitation Potential: 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.				22.B.Discharge Plans family/caregiver will be responsible for managing treatment	
Homebound status: Due to diagnosis of Acute lymphoblastic leukemia not having achieved remission, 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 77-year-old female referred for skilled home health physical therapy evaluation following recent discharge from subacute rehabilitation due to a decline in functional mobility and endurance. Her past medical history is significant for congestive heart failure with an ejection fraction of 35%, atrial fibrillation on anticoagulation, hypertension, gastroesophageal reflux disease, chronic kidney disease stage III, recurrent pleural effusions, history of cerebrovascular accident, gastrointestinal bleed, osteoarthritis, chronic pain, and hypothyroidism. The patient resides alone in a multi-level home and receives daily assistance from a home health aide for activities of daily living (ADLs) and instrumental activities of daily living (IADLs), with additional support from her daughter in the mornings and evenings. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient presents with bilateral lower extremity weakness, impaired dynamic standing balance, decreased activity tolerance, and altered gait mechanics. She demonstrates bilateral upper extremity strength of 4/5 on manual muscle testing. Functionally, she requires moderate assistance for sit-to-stand transfers and contact guard assistance for toilet transfers using a raised toilet seat with handles. She ambulates limited household distances using a rolling walker with contact guard to standby assistance, requiring frequent rest breaks due to fatigue and underlying cardiopulmonary limitations. The patient is unable to safely negotiate two steps to access the shower and is currently performing bathing activities at the sink. She sleeps in a recliner and requires assistance with bathing and dressing tasks. Bed mobility and transfers are significantly impacted by her weakness and endurance deficits. Dynamic standing balance is assessed as fair-minus, contributing to an increased fall risk. The patient also demonstrates notable anxiety during ambulation, expressing fear of falling and concern about rehospitalization; however, she remains cooperative and motivated to participate in therapy. Skilled physical therapy is medically necessary to address deficits in strength, balance, gait, and endurance, as well as to provide training in energy conservation techniques and safe functional mobility. Interventions will focus on improving transfer ability, ambulation tolerance, and overall safety within the home environment. Education was provided on fall prevention strategies, safe use of assistive devices, and pacing of activities to manage fatigue. The plan of care includes continued skilled therapy to promote functional independence, reduce fall risk, and enhance quality of life, with close monitoring of the patient's cardiopulmonary status and response to activity.</div><div> </div><div>Date of Order</div><div>03/27/2026</div><div><div>Orders</div><div>Physician Face-to-Face Date: 03/12/2026</div><div>Clinical Condition Requiring Home Care per Certifying Physician: PT and OT due to Acute lymphoblastic leukemia not having achieved remission</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> </div><div>1 - SOC - PT Notes: soc</div><div>OT Eval Notes:</div><div> </div><div>Physician</div><div>Swett, Jeffrey</div>					
SN Careplans				SN Goals	
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 03/27/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address Jeffrey Swett 6701 N Charles St Towson, MD 21204 PHONE: (443) 934-0976 FAX: 14109337790 NPI: 1831250562				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 : 03/12/2026	
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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7XY5G06VK66	03/27/2026	From: 03/27/2026 To: 05/25/2026	24068	217058
6. Patient's Name and Address Margaret Helwig 5188 Talbots Landing, ELLICOTT CITY, MD 21043- 410-868-8158		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		
PT Careplans		PT Goals		
PT WK1: 1 (03/27/26-03/28/26) ,WK2: 2 (03/29/26-04/04/26) ,WK3: 2 (04/05/26-04/11/26) ,WK4: 2 (04/12/26-04/18/26) ,WK5: 1 (04/19/26-04/25/26) ,WK6: 1 (04/26/26-05/02/26) ,WK7: 1 (05/03/26-05/09/26) ,WK8: 1 (05/10/26-05/16/26) 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 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:See Molst in Miscellaneous Section PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, 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, GG0170E1 - Chair to Bed to Chair, GG0170F1 - Toilet Transfer, M2020 - Oral Med Management, M1400 - Dyspnea, limited endurance, muscle weakness, limited strength, balance deficit PROCEDURES: Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , B LE strengthening: , home exercise program: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day., work simplification/energy		PATIENT-STATED GOAL: to stay at home GOALS 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 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 patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule Sit to Stand - 05. Setup or clean-up assistance Chair to Bed to Chair - 05. Setup or clean-up assistance 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 Car Transfer - 05. Setup or clean-up 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		
		PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by Messick, Charles RN		03/27/2026		

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Margaret Helwig			HomeCentris Healthcare LLC		
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ELLICOTT CITY, MD 21043-			Owings Mills, MD 21117-8284		
410-868-8158			410-321-8448		
			1487113239		
conservation, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet 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, Car Transfer - 05. Setup or clean-up 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					
OT Careplans			OT Goals		
OT 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 (04/26/26-05/02/26) ,WK7: 1 (05/03/26-05/09/26) ,WK8: 1 (05/10/26-05/16/26)			PATIENT-STATED GOAL: Patient wants to be able to walk down 2 steps to use the shower		
PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, 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: Patient/caregiver recalls related purpose and schedule of medications: Medication review , cough/deep breathing exercises			patient/caregiver recalls		
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 - 05. Setup or clean-up assistance, 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, Patient will demonstrate improved bilateral upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks			* 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 - 05. Setup or clean-up assistance		
			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		
			Patient will demonstrate improved bilateral upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks		

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/27/2026