Home Health Certification and Plan of Care

Order ID: 1150/17676

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4HG7QH6WU49	03/30/2026	From: 03/30/2026 To: 05/28/2026	23461	217058

6. Patient's Name and Address

Faye Trippe
11 Slade Avenue Apt 909,
Baltimore, MD 21208-
410-484-7822

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 12/23/1928 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M15.0	Primary generalized (osteo)arthritis	03/30/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	03/30/26
I48.0	Paroxysmal atrial fibrillation	03/30/26
E78.2	Mixed hyperlipidemia	03/30/26
M47.817	Spondyls w/o myelopathy or radiculopathy lumbosacr region	03/30/26
G89.29	Other chronic pain	03/30/26
F41.2	Other mixed anxiety disorders	03/30/26
K21.9	Gastro-esophageal reflux disease without esophagitis	03/30/26
F51.09	Oth insomnia not due to a substance or known physiol cond	03/30/26
Z85.118	Personal history of malignant neoplasm of bronchus and lung	03/30/26
Z86.018	Personal history of other benign neoplasm	03/30/26
Z95.0	Presence of cardiac pacemaker	03/30/26
Z79.01	Long term (current) use of anticoagulants	03/30/26
Z87.891	Personal history of nicotine dependence	03/30/26

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

Amlodipine - Amlodipine Besylate 1 tablet 10 mg by mouth once a day Blood pressure
Ativan - Lorazepam 0.5 mg 1 tablet by mouth once a day As needed for anxiety
Baclofen - Baclofen 10 mg 1 tablet by mouth once a day As needed for muscle spasm
Lotrisone - Betamethasone Dipropionate: Clotrimazole eq 0.05 perc base;1 perc 1 application topical twice a day As needed for fungal infection
Carafate - Sucralfate 1gm 1 tablet by mouth before meal And at bedtime as needed for heart burn
Citalopram - Auranofin 1 tablet by mouth twice a day 20 mg in morning, 10 mg in evening for depression
Eliquis - Apixaban 1 tablet 2.5 mg by mouth twice a day Blood thinner
Famotidine - Famotidine 40 mg 1 tablet by mouth once a day Heart burn
Furosemide - Furosemide 40 mg 1 tablet by mouth in the morning Edema
Hydrocodone - Acetaminophen: Hydrocodone Bitartrate 1 tablet 5 mg by mouth once a day As needed for pain
Lidoderm Patch - Lidocaine 1 patch transdermal twice a day For back pain as needed
Metoprolol - Hydrochlorothiazide: Metoprolol Succinate 1 tablet 50 mg by mouth twice a day For heart rate
Ondansetron - Ondansetron 4 mg 1 tablet by mouth three times a day As needed for nausea
Potassium - Potassium Chloride 1 tablet 20 meq by mouth once a day Supplement
Promethazine - Promethazine Hydrochloride 1 tablet 12.5 mg by mouth once a day As needed for nausea
Rosuvastatin Zinc - Rosuvastatin Zinc 1 tablet 5 mg by mouth once a day Cholesterol
Zolpidem - Zolpidem Tartrate 10 mg 1-2 tablet by mouth at bedtime As needed for sleep
Lisinipril - Hydrochlorothiazide: Lisinopril 1 tablet 20 mg by mouth twice a day Blood pressure

14. DME and Supplies:

wheelchair, cane, rolling walker, bath bench, 4 wheeled walker

15. Safety Measures:

standard precautions, medication safety, fall precautions, emergency phone number prominently displayed, electrical safety measures, bathroom safety, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Exercises Prescribed, 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: Yes

20. Prognosis: good

22. A Rehabilitation Potential:

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.

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Primary generalized (osteo)arthritis, 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:

Physical therapy start of care was completed for a 97-year-old female with a past medical history significant for hypertension, pacemaker placement, aortic valve repair, osteoarthritis, chronic back pain, and a left elbow fracture in July 2025. She was referred for home physical therapy due to functional decline following a recent episode of pneumonia and bronchitis. Prior to this decline, the patient ambulated independently indoors without an assistive device and used a single-point cane outdoors; however, she now intermittently uses a rolling walker. She reports a prior fall resulting in an elbow fracture and notes further decline in function after her recent illness. On assessment, the patient demonstrates decreased strength in bilateral lower extremities (2-/5 MMT), requires supervision for transfers, and contact guard assistance for short-distance ambulation. Gait is characterized by short step length, slight forward trunk lean, and limited standing endurance. Functional mobility is further impacted by chronic back pain. The patient's goals include improving strength and regaining functional use of her left upper extremity for activities of daily living. She would benefit from skilled physical therapy to address strength, balance, safety, and functional mobility deficits in order to return to her prior level of function, as well as an occupational therapy evaluation to improve left upper extremity function and independence with activities of daily living.<o:p></o:p> <o:p> </o:p> Bottom of Form<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 03/30/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 03/22/2026
 Clinical Condition Requiring Home Care per Certifying Physician: PT eval & treat OT eval & treat due to Primary generalized (osteo)arthritis
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 <!--[if !supportLineBreakNewLine]-->
 <!--[endif]--><o:p></o:p> 1 - SOC -PT Notes:<o:p></o:p> Physician:<span style="font-size: 10.5pt; background-image: initial; background-position: initial;

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/30/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Jeffrey Gaber
1838 Greene Tree Rd
Pikesville, MD 21208
PHONE: 4106538840 FAX: 14106538847 NPI: 1386611853

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 : 03/22/2026

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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background-size: initial; background-repeat: initial; background-attachment: initial; background-origin: initial; background-clip: initial;"> Gaber, Jeffrey</p>

SN Careplans	SN Goals

PT Careplans

PT WK1: 1 (03/30/26-04/04/26) ,WK2: 1 (04/05/26-04/11/26) ,WK3: 1 (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) ,WK7: 1 (05/10/26-05/11/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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: GG0130G1 - Lower Body Dressing, 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, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene,

PT Goals

PATIENT-STATED GOAL: To be able to feel stronger and get up and go

GOALS
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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

caregiver performs medical/rehabilitation treatments with adequate competence

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 05. Setup or clean-up assistance

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

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/30/2026

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GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, D0160 - Depression, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, M1610 - Urinary Incontinence, limited strength, limited endurance, balance deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep

PROCEDURES: train caregiver(s) to perform medical/rehabilitation treatments, work simplification/energy conservation, gait training/stair training, transfers training, teach/coordinate/arrange medication packaging and/or administration

TEACH PATIENT/CAREGIVER: * 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, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, 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, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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