Home Health Certification and Plan of Care

Order ID: 1150/17772

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
32045657	04/03/2026	From: 04/03/2026 To: 06/01/2026	24402	217058

6. Patient's Name and Address
Gladys Parrish
705 Southern Lights Drive,
ABERDEEN, MD 21001
443-966-4123

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 05/08/1932 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
G93.40	Encephalopathy unspecified	04/03/26

13. ICD	Other Pertinent Diagnoses	Date
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	04/03/26
E11.9	Type 2 diabetes mellitus without complications	04/03/26
I50.32	Chronic diastolic (congestive) heart failure	04/03/26
I48.91	Unspecified atrial fibrillation	04/03/26
I44.1	Atrioventricular block second degree	04/03/26
D69.6	Thrombocytopenia unspecified	04/03/26
Z79.899	Other long term (current) drug therapy	04/03/26
Z79.01	Long term (current) use of anticoagulants	04/03/26

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

QUETIAPINE FUMARATE 25 MG tablets by mouth nightly Commonly known as: SEROquel What changed: how much to take
AMLODIPINE 10 MG mg by mouth daily Commonly known as: NORVASC
DONEPEZIL HYDROCHLORIDE 10 MG mg by mouth nightly Commonly known as: ARICEPT
ELIQUIS 2.5 MG mg by mouth 2 times daily Generic drug: apixaban
LOSARTAN POTASSIUM 25 MG mg by mouth daily Commonly known as: COZAAR
MEMANTINE HYDROCHLORIDE 5 MG mg by mouth daily Commonly known as: NAMENDA
MULTIVITAMIN 1 tablet by mouth daily
PANTOPRAZOLE 20 MG mg by mouth every morning Commonly known as: PROTONIX
Seroquel - Quetiapine Fumarate eq 300 mg base 0.5 tab by mouth three times a day Give 1/2 tab three times daily as needed for agitation.
Trazadone - Trazodone Hydrochloride 1/2 by mouth once a day At bedtime

14. DME and Supplies:
wheelchair, rolling walker, walker, grab bars, commode, wound care supplies, 4 wheeled walker

15. Safety Measures:
walker precautions, transfer with assist, supervision at all times, hand rails, fall precautions, bleeding precautions, ambulates with device, ambulates with assistance, standard precautions, wheelchair precautions, smoke detectors , medication safety, bathroom safety, anticoagulant precautions, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
codeine oxycodone tramadol

18.A. Functional Limitations
Bowel/Bladder Incontinence, Endurance, Ambulation

18.B. Activities Permitted
Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium., ANXIETY: NA Patient nonresponsive, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions!5. Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions)!6. Delusional, hallucinatory, or paranoid behavior, HISTORY OF DEPRESSION: No

20. Prognosis: fair

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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Encephalopathy unspecified, 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 93-year-old female with a complex medical history including heart failure with preserved ejection fraction (HFpEF), atrial fibrillation managed with apixaban (Eliquis), second-degree atrioventricular block (for which she has declined pacemaker placement), prior right hip fracture status post hemiarthroplasty, thrombocytopenia, type 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-diabetes">diabetes</mh> mellitus (diet-controlled), and dementia. She was recently hospitalized due to an acute change in mental status and was diagnosed with encephalopathy superimposed on chronic dementia. During hospitalization, the patient experienced a fall without reported injury. Prior to admission, the patient was ambulatory for household distances with a rolling walker and required family assistance with activities of daily living (ADLs). The patient currently resides in her granddaughter's home with significant family involvement in her care, including her niece, who serves as the primary caregiver, and her daughter, Betty, who assists during the week. The home environment includes a first-floor living setup with three steps to enter, equipped with a railing. At present, the patient demonstrates a marked functional decline and is bedbound, unable to safely sit at the edge of the bed or ambulate independently. She requires moderate assistance for bed mobility, maximum assistance of one person for sit-to-stand transfers, and moderate to maximum assistance of two persons for stand-pivot transfers. Ambulation is extremely limited to 2-3 feet with close wheelchair follow, characterized by poor gait sequencing, poor standing balance, and bilateral lower extremity weakness with noted genu valgum. The patient is at very high risk for falls. She sponge bathes and remains dependent on caregivers for all ADLs. On assessment, the patient is noted to be increasingly somnolent, sleeping for extended periods throughout the day. All prescribed medications are available in the home, and allergies include codeine, oxycodone, and tramadol. A small wound is present on the plantar aspect of the right heel; wound care orders have been initiated per physician direction, and photographic documentation has been completed. No home health aide services are currently in place per family preference; however, the family has requested a physical therapy evaluation to assess potential for strength improvement and functional recovery. Skilled nursing services are indicated for ongoing monitoring of the patient's medical status, medication management, and caregiver education, particularly related to her cardiac conditions, anticoagulation therapy, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-diabetes">diabetes</mh> management, and cognitive decline. Education has been or will be provided regarding fall prevention, pressure injury prevention, safe transfer techniques, and recognition of changes in mental status or worsening symptoms requiring medical attention. Given the patient's current deficits, skilled physical therapy is warranted to address lower extremity weakness, impaired balance, decreased mobility, and transfer deficits, with the goal of maximizing functional independence and reducing fall risk. Despite significant impairments, the patient demonstrates fair rehabilitation potential. The patient remains homebound due to severe functional limitations, dependence on caregiver assistance, and high risk for injury with mobility. Skilled services will continue to monitor progress, reinforce education, and adjust the plan of care as clinically indicated.
 Date of Order 04/03/2026 Orders Physician Face-to-Face Date: 03/28/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN, PT due to Encephalopathy unspecified Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc PT Eval Notes: Physician <span

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 04/03/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Brooke Stinebaugh
9 Aberdeen Shopping Plz
Aberdeen, MD 21001
PHONE: 4102728844 FAX: 14102728910 NPI: 1629850748

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 : 03/28/2026

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;">Stinebaugh, Brooke

SN Careplans

SN WK1: 1 (04/03/26-04/04/26) ,WK2: 2 (04/05/26-04/11/26) ,WK3: 2 (04/12/26-04/18/26) ,WK4: 1 (04/19/26-04/25/26)

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), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 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, 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:Not Received

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M1700 - Cognition, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M1400 - Dyspnea, dependent edema, M1610 - Urinary Incontinence, poor muscle tone, muscle weakness, limited range of motion, limited strength, limited endurance, weak hand grips, lethargy, loss of appetite, #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Other - Right heel - Right heel pressure ulcer

PROCEDURES: physician-ordered wound care: #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Other - Right heel - Right heel pressure ulcer: Wound Care:Right heel - Cleanse with normal saline. Apply Aquacel Ag (4x5) to the wound. Cover with Allevyn Gentle (non-bordered foam), rolled gauze, and medipore tape. Change dressing every other day and PRN for soiled/compromised dressing., coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, teach/coordinate/arrange medication packaging and/or administration

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 keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or

SN Goals

PATIENT-STATED GOAL: Care giver wants patient to be able to walk again

GOALS
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/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

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

patient is adequately supervised

caregiver administers and/or packages medications appropriately

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/03/2026

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packages medications appropriately

PT Careplans

PT 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 (04/26/26-04/30/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, GG0170J1 - Walk 50 ft with 2 Turns, GG0170R1 - Wheel 50 ft w 2 Turns, 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, GG0170S1 - Wheel 150 feet, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene

PROCEDURES: cough/deep breathing exercises, incentive spirometer, home exercise program: To perform laq, hip flexion, hip abduction, heelraises, DF, and hamstring curls, equipment training, work simplification/energy conservation, 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, Chair to Bed to Chair - 04. Supervision or touching assistance, Sit to Stand - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, 1 - Step (curb) - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance

PT Goals

PATIENT-STATED GOAL: Per pt and family to improve her transfer techs, strength and be able to walk short distances with assist.

GOALS
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/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

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 05. Setup or clean-up assistance

1 - Step (curb) - 02. Substantial/maximal assistance

4 Steps - 02. Substantial/maximal assistance

Car Transfer - 04. Supervision or touching assistance

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

Oral Hygiene - 03. Partial/moderate assistance

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/03/2026