Home Health Certification and Plan of Care

Order ID: 1150/17843

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
52329579	04/07/2026	From: 04/07/2026 To: 06/05/2026	18366	217058

6. Patient's Name and Address

Norma Lawrence
4405 Prudence Street,
CURTIS BAY, MD 21226-
443-922-8937

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 11/21/1943 | **9.Sex** Female

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

ZOLOFT tablet by mouth at bedtime Depression
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg Take 1 capsule by mouth in the evening Urinary Retention.
REFRESH TEARS 2 drop in both eyes every 3 hours as needed for Dry Eyes
Cholecalfiferol Oral Tablet 25 MCG (1000 UT) / 1 Tablet by mouth once a day
Give 1 tablet by mouth one time a day for supplement
Amlodipine - Amlodipine Besylate 2.5 MG / 1 tablet by mouth in the morning
Give 1 tablet by mouth in the morning for HTN
ALEVE tablet by mouth every 12 hours as needed for Pain

11. ICD	Principal Diagnosis	Date
K57.92	Dvtrcli of intest part unsp w/o perf or abscess w/o bleed	04/07/26

13. ICD	Other Pertinent Diagnoses	Date
E11.65	Type 2 diabetes mellitus with hyperglycemia	04/07/26
N39.46	Mixed incontinence	04/07/26
N63.10	Unspecified lump in the right breast unspecified quadrant	04/07/26
I10.	Essential (primary) hypertension	04/07/26
E11.9	Type 2 diabetes mellitus without complications	04/07/26
F32.A	Depression unspecified	04/07/26
E55.9	Vitamin D deficiency unspecified	04/07/26
Z91.81	History of falling	04/07/26

14. DME and Supplies:

commode, walker,

15. Safety Measures:

standard precautions, fall precautions, ambulates with device, walker precautions, medication safety, bathroom safety

16. Nutrition:

diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Legally Blind, , , , Ambulation

18.B. Activities Permitted

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: fair

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

patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Diverticulitis of intestine, part unspecified, without perforation or abscess without bleeding, 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 an 82-year-old female who presented to the emergency department approximately one month ago with complaints of abdominal pain, dysuria, and generalized weakness. Following hospitalization, the patient was discharged to a rehabilitation facility and has since returned home, where she is currently receiving home health services. Her past medical history is significant for vitamin D deficiency, urinary incontinence, and type 2 diabetes mellitus. The patient also has bilateral cataracts that have resulted in complete vision loss. She reports a strong desire to undergo surgical intervention on at least one eye in hopes of restoring partial vision. Physical assessment also reveals the presence of a right breast mass with an associated wound that has scabbed over and is currently left open to air, with no reported active drainage at this time. The patient resides with her children and grandchild in a multi-level home. Due to safety concerns related to her blindness and mobility limitations, her bedroom was relocated to the first floor following her return from the hospital to eliminate the need for stair use. The patient is currently adjusting to the new environment and is learning the layout of her room and the placement of household items. She reports no history of falls. There are three steps at the entrance to the home. The patient ambulates with the assistance of a walker and requires assistance from another person during ambulation due to her visual impairment. She relies on auditory cues, such as the sound of the television, to help orient herself within the home environment. The patient has a bedside commode available for toileting and is currently limited to sponge bathing because the home bathroom is undergoing remodeling to improve accessibility and safety. The patient's daughter, Kimberly, who serves as the patient's power of attorney (POA), signed the consent for care and is responsible for managing all medications, which are present in the home. The patient reports that someone is available with her at all times to provide supervision and assistance as needed. A physical therapy assessment identified multiple functional deficits, including decreased strength in both lower extremities, impaired functional mobility, difficulty negotiating steps, unsteady gait, decreased balance, reduced safety awareness, and difficulty performing transfers. These impairments place the patient at an increased risk for falls and further functional decline. Prior to the recent illness and hospitalization, the patient functioned at a higher level of independence. Skilled home physical therapy services are therefore indicated to improve lower extremity strength, enhance balance, promote safe ambulation and transfers, improve safety awareness, and support the patient's ability to function safely within the home environment. Without skilled physical therapy intervention, the patient remains at significant risk for falls, further decline in mobility, and potential loss of independence. During the visit, the patient received education from the patient handbook regarding home safety, fall prevention, and risk factors associated with falls. Instruction was provided on environmental safety measures to reduce fall risk within the home. The patient was also instructed in safe transfer techniques using her walker, including proper hand and foot placement, forward weight shifting, and reaching back for the chair prior to sitting. The patient required standby assistance to perform transfers safely. Therapeutic exercises were introduced and performed during the session, including seated hip flexion, long arc quadriceps exercises, hip abduction, and pillow squeeze exercises. A copy of the home exercise program was left in the home with instructions to perform the exercises twice daily. The patient was also instructed in safe ambulation techniques on level surfaces using her walker. She required standby assistance during ambulation and was provided verbal cues to maintain proper positioning within the walker, increase bilateral step height and step length, and maintain safety during movement. Standardized gait assessments, including the Tinetti Balance and Gait Assessment and the Timed Up and Go (TUG) test, were performed. The patient was strongly advised to use the walker at all times during mobility. Education was provided regarding the importance and benefits of daily ambulation to promote circulation, prevent complications related to inactivity, and support overall functional recovery. The patient was instructed to initiate a walking program within the home, beginning with short walks every one to two hours and gradually progressing to longer walks of approximately three to five minutes as tolerated. The patient meets criteria for homebound status due to her diagnosis of blindness, which prevents her from safely leaving the home without human assistance and the use of an assistive device. Leaving the home requires considerable effort and presents a significant safety risk. The plan of care includes skilled home physical therapy services beginning on 04/13/2026 with a frequency of two visits per week for one week (Monday and Wednesday), followed by one visit per week for six weeks. Therapy will focus on strengthening, balance training, gait and transfer training, stair negotiation, safety awareness, and fall prevention strategies to maximize the patient's functional independence and safety within the home environment.
 Date of Order 04/07/2026 Orders Physician Face-to-Face Date: 04/02/2026 <span style="font-size:

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/07/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Uchemadu Nwaononiwu
7670 Quarterfield Road
Glen Burnie, MD 21061
PHONE: FAX: NPI: 1770710451

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 : 04/02/2026

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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14px;">Clinical Condition Requiring Home Care per Certifying Physician: Disease process teaching due to Diverticulitis of intestine, part unspecified, without perforation or abscess without bleeding 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 Nwaononiwu, Uchemadu

SN Careplans

SN WK1: 1 (04/07/26-04/11/26) ,WK2: 1 (04/12/26-04/18/26) ,WK3: 1 (04/19/26-04/25/26) ,WK4: 1 (04/26/26-05/02/26) ,WK5: 1 (05/03/26-05/09/26) ,WK6: 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, 8. Currently reports exhaustion, 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:YES

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, Home Safety, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, limited strength, balance deficit, B1000 - Vision Deficit, open sores/lesions, #1 - Nodule - Other - Right breast beside the nipple -

PROCEDURES: physician-ordered wound care: #1 - Nodule - Other - Right breast beside the nipple -, cough/deep breathing exercises, incentive spirometer, coordinate/arrange resources for vision-impaired

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered

SN Goals

PATIENT-STATED GOAL: To walk without falling

GOALS
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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

patient's living environment is clean/uncluttered

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
04/07/2026

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PT WK2: 2 (04/12/26-04/18/26) ,WK3: 1 (04/19/26-04/25/26) ,WK4: 1 (04/26/26-05/02/26) ,WK5: 1 (05/03/26-05/09/26) ,WK6: 1 (05/10/26-05/16/26) ,WK7: 1 (05/17/26-05/23/26) ,WK8: 1 (05/24/26-05/30/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170G1 - Car 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, GG0130B1 - Oral Hygiene, 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

PROCEDURES: home exercise program: Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., gait training on uneven surfaces, gait training/stair training, transfers training, assist with fall prevention

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, 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, 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, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 04. Supervision or touching 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 - 02. Substantial/maximal 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

PATIENT-STATED GOAL: I want to be able to get out of my bed and to get stronger

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

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

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

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 04. Supervision or touching 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 - 02. Substantial/maximal 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
Electronically Signed by Messick, Charles RN	04/07/2026