Home Health Certification and Plan of Care

Order ID: 1150/17900

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1DP2EW4JR93	02/09/2026	From: 04/10/2026 To: 06/08/2026	22164	217058

6. Patient's Name and Address

Bernice Wright
21 Summerfield Rd,
GWYNN OAK, MD 21207-
410-265-7537

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 10/22/1951 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	02/09/26

13. ICD	Other Pertinent Diagnoses	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	02/09/26
N18.6	End stage renal disease	02/09/26
D63.1	Anemia in chronic kidney disease	02/09/26
I82.409	Acute embolism and thombos unsp deep vn unsp lower extremity	02/09/26
N28.89	Other specified disorders of kidney and ureter	02/09/26
K21.9	Gastro-esophageal reflux disease without esophagitis	02/09/26
H40.9	Unspecified glaucoma	02/09/26
K59.09	Other constipation	02/09/26
E66.813	Other obesity	02/09/26
Z99.81	Dependence on supplemental oxygen	02/09/26
Z99.2	Dependence on renal dialysis	02/09/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	02/09/26
Z79.01	Long term (current) use of anticoagulants	02/09/26
Z79.4	Long term (current) use of insulin	02/09/26
Z87.891	Personal history of nicotine dependence	02/09/26

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

ipratropium-albuterol sulfate 3 ml inhalation every 6 hours Breathing
Docusate - Docusate Sodium 1 tablet oral twice a day Constipation
8-Hour Bayer - Aspirin 81 mg oral Daily Heart health
Eliquis - Apixaban 5 mg oral twice a day Blood thinner, do not take on dialysis days
Budesonide - Budesonide 0.5 mg inhalant every 12 hours Breathing
Montelukast Sodium - Montelukast Sodium 10 mg oral Nightly COPD
70/30 Insulin - Insulin Recombinant Human: Insulin Susp Isophane Recombinant Human 2-12 Units subcutaneous as necessary Sliding scale for DM
Renagel - Sevelamer Hydrochloride 2,400 mg oral three times a day With meals
Apresazide - Hydralazine Hydrochloride: Hydrochlorothiazide 25 mg oral twice a day Blood pressure
Prevacid - Lansoprazole 30 mg 1 capsule by mouth once a day Gerd
Glucose 15 mg tablet by mouth as necessary Low blood sugar
Predisone - Prednisone 10 MG Tablet 1 tablet by mouth in the morning Breathing
Cetirizine Hydrochloride - Cetirizine Hydrochloride 5 mg 1 tablet by mouth once a day As needed for allergies
Benzonatate - Benzonatate 150 mg 1 tablet by mouth three times a day As needed for allergies
Vitamin D - Ergocalciferol 50,000 International Units 1 tablet by mouth every other week Supplement
Latanoprost - Latanoprost 0.005 1 drop both eyes at bedtime
Simbrinza - Brimonidine Tartrate: Brinzolamide 1 drop both eyes three times a day
Nasal Spray - Sodium Chloride 1 spray nasal once a day Breathing
Miralax - Polyethylene Glycol 3350 17gm/scoopful 1cup by mouth once a day Constipation
Dulcolax - Bisacodyl 1 tablet 10 mg by mouth once a day As needed for constipation
Albuterol Nebulizer - Albuterol 1 dose inhalant every 4-6 hours For breathing
Oxygen - Oxygen 3L/min nasal cannula continuous COPD
Ventolin - Albuterol eq 0.083 perc base 1 puff inhalant every 4-6 hours As needed for breathing
Aformoteral tartrate 15mcg/2 mL inhalant twice a day Breathing

14. DME and Supplies:
commode, reacher, hospital bed, grab bars, wheelchair

15. Safety Measures:
standard precautions, hand rails, cardiac precautions, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
amlodipine avapro avelox bumetanide codeine furosemide hctz hydrocodone re

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

18.B. Activities Permitted
Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: WFL, HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Chronic obstructive pulmonary disease with (acute) exacerbation, 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:

Start of care physical therapy assessment was completed for this 74-year-old female with a complex medical history significant for end-stage renal disease on hemodialysis (Monday, Wednesday, Friday schedule), chronic obstructive pulmonary disease, type 2 diabetes mellitus, cerebrovascular accident, chronic anticoagulation therapy, and diverticulosis. She was recently hospitalized due to shortness of breath, coughing, and wheezing and was diagnosed with an acute COPD exacerbation. She is currently maintained on 3 liters of supplemental oxygen via nasal cannula. Prior to this most recent hospitalization, the patient reports a gradual functional decline over several years, progressing to a bedbound state. She is unable to sit unsupported and transfers out of bed only via stretcher for medical appointments, including dialysis treatments. She remains in bed at all other times. The patient resides at home with a live-in aide and receives additional support from family members. She is currently dependent for bathing, toileting, and dressing tasks. On assessment, the patient demonstrates significant generalized weakness and poor trunk control, contributing to inability to maintain unsupported sitting. She performs limited active range of motion exercises of the bilateral lower extremities in supine. Bilateral shoulder range of motion is limited to approximately 90 degrees of flexion and abduction. Skin is intact with the exception of a dialysis access site in the left upper extremity, which requires ongoing monitoring. No additional skin breakdown was noted at the time of evaluation. Given her profound deconditioning, prolonged bedbound status, oxygen dependence, and multiple comorbidities, the patient is at high risk for further functional decline, skin breakdown, contractures, and increased caregiver burden. Skilled physical therapy services are medically necessary to address strength deficits, improve sitting balance and tolerance as appropriate, enhance joint mobility, and implement positioning strategies to maintain skin integrity and prevent complications of immobility. Interventions will focus on progressive therapeutic exercise, bed mobility training as tolerated, caregiver education in safe positioning and range of motion techniques, and strategies to maximize safety and comfort. Skilled nursing oversight remains indicated for management of COPD, oxygen therapy monitoring, dialysis coordination, anticoagulation management, and monitoring for complications related to end-stage renal disease and diabetes. The overall plan of care is directed toward preventing further decline, optimizing residual functional capacity, reducing risk of secondary complications, and supporting the patient and

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 04/08/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
John Serlemitsos
2033 Penderbrooke Dr
Crownsville, MD 21032
PHONE: 4437902689 FAX: 14432928296 NPI: 1861405367

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 : 01/30/2026

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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caregivers in maintaining safety and quality of life within the home environment.
 Date of Order 04/08/2026 Orders Physician Face-to-Face Date: 01/30/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat due to Chronic Obstructive Pulmonary Disease With Exacerbation Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: Skilled PT remains medically necessary for continued pressure relief positioning education, caregiver training, therapeutic exercise for maintenance of strength and circulation, transfer training to reduce shear forces, and safety education to prevent further decline and hospitalization. Continued skilled PT indicated due to ongoing functional limitations and wound-related mobility concerns. Physician Serlemitsos, John

SN Careplans

SN Goals

PT Careplans

PT 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) ,WK7: 1 (05/17/26-05/23/26) ,WK8: 1 (05/24/26-05/30/26)

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: WFL

HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 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)

PT Goals

PATIENT-STATED GOAL: To be able to sit at the side of the bed

GOALS
Roll left & Right - 01. Dependent

Sit to Lying - 01. Dependent

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 relaxatio

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

caregiver administers and/or packages medications appropriately

Lying to sitting/bed - 01. Dependent

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/08/2026

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PROBLEMS IDENTIFIED ON ASSESSMENT: M1033 - Exhaustion, muscle weakness, limited strength, weak hand grips, lethargy, balance deficit, swell/redness surround. skin, skin breakdown r/t incontinence

PROCEDURES: B LE strengthening: 1, Bed Mobility- Pressure relief strategies: 1, cough/deep breathing exercises

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 relaxatio, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, Roll left & Right - 01. Dependent, Sit to Lying - 01. Dependent, Lying to sitting/bed - 01. Dependent, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

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