

Home Health Certification and Plan of Care										Order ID: 1150/17945			
1. Patient s HI claim No.			2. Start Of Care Date			3. Certification Period			4. Medical Record No.			5. Provider No.	
3FQ4XN4WH87			04/13/2026			From: 04/13/2026 To: 06/11/2026			24766			217058	
6. Patient's Name and Address Jannette Jeffries 1213 Ashburgton Street, BALTIMORE, MD 21216- 443-938-1975							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 03/31/1960 9.Sex Female							10. Medications: Dose/Frequency/Route (N)ew (C)hanged ELIQUIS 5 mg / 1 Tablet by mouth once a day FLUTICASONONE 27.5 mcg/inh nasal spray / 2 puffs each nostril Nasal twice a day KETOTIFEN FUMARATE 0.025% ophthalmic solution / 1 drop both eyes twice a day TRAZODONE 100 mg / 1 Tablet by mouth once a day at bedtime Omeprazole - Omeprazole 20 mg / 1 Tablet by mouth once a day COLACE 100 MG capsule LORATADINE 10 MG CAPS Multiple Vitamins-Calcium (ONE-A-DAY WOMENS PO) - PRILOSEC OTC 20 MG tablet phenetermine 30 MG capsule PRAVACHOL 40 MG tablet Amlodipine - Amlodipine Besylate 5 mg / 1 Tablet by mouth once a day Atorvastatin - Atorvastatin Calcium 40mg by mouth at bedtime						
11. ICD G89.4			Principal Diagnosis Chronic pain syndrome				Date 04/13/26						
13. ICD M16.0 I10. E11.9 K21.9 G47.00 H10.45 Z87.440 Z79.891 Z79.01 Z87.891			Other Pertinent Diagnoses Bilateral primary osteoarthritis of hip Essential (primary) hypertension Type 2 diabetes mellitus without complications Gastro-esophageal reflux disease without esophagitis Insomnia unspecified Other chronic allergic conjunctivitis Personal history of urinary (tract) infections Long term (current) use of opiate analgesic Long term (current) use of anticoagulants Personal history of nicotine dependence				Date 04/13/26 04/13/26 04/13/26 04/13/26 04/13/26 04/13/26 04/13/26 04/13/26 04/13/26 04/13/26						
14. DME and Supplies: 4 wheeled walker, wheelchair, rolling walker, commode							15. Safety Measures: standard precautions, remove environmental barriers, medication safety, medical alert/lifeline, fall precautions, diabetic precautions, bleeding precautions, activity supervision, bathroom safety, anticoagulant precautions						
16. Nutrition: regular							17. Allergies: no known allergies						
18.A. Functional Limitations Ambulation, Endurance, Balance							18.B. Activities Permitted Walker, Exercises Prescribed, Up As Tolerated						
19. Mental & Psychosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No													
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 family/caregiver will be responsible for managing treatment						
Homebound status: Due to diagnosis of Chronic pain syndrome, 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 66-year-old with a recent physician home visit resulting in an order for therapy due to decreased mobility. Past medical history is significant for bilateral osteoarthritis of the hips and knees, status post right total knee replacement, diabetes mellitus, hypertension, and chronic pain. On assessment, the patient demonstrates limited functional mobility, requiring supervision for bed mobility, specifically during supine-to-sit transitions. The patient is able to tolerate sitting at the edge of the bed for approximately 10 minutes but declined attempts at transfers to standing due to a stated fear of falling and also declined ambulation at this time. Functional assessment using the Tinetti Performance-Oriented Mobility Assessment yielded a score of 1/28, indicating a significantly elevated fall risk and severely impaired mobility. The patient is considered homebound, as leaving the home requires considerable effort and would necessitate ambulance transport. Skilled therapy services are medically necessary to address deficits in strength, range of motion, and overall functional mobility, with the goal of improving safety and independence in activities of daily living. Education was provided regarding the importance of mobility, fall prevention strategies, and the role of therapy in improving function. The plan of care includes initiation of home-based therapy focusing on progressive strengthening, mobility training, and functional task performance. Additionally, the patient would benefit from environmental modifications, including consideration of relocation to a single-level, elevator-accessible residence to enhance safety and accessibility.</div><div>Date of Order</div><div>> </div><div>Date of Order</div><div>Orders</div><div>Physician Face-to-Face Date: 04/06/2026</div><div>Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat due to Chronic pain syndrome</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>Physician</div><div>Chia, Patience</div></div>													
SN Careplans							SN Goals						
PT Careplans							PT Goals						
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 04/13/2026										25. Date HHA Received Signed POT			
24. Physician's Name and Address Patience Chia 3310 Eastern Avenue Baltimore, MD 21244 PHONE: 4437085056 FAX: NPI: 1427664200							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 : 04/06/2026						
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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PT WK1: 1 (04/13/26-04/18/26) PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 8 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), 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, 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:No Advance Directive PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170J1 - Walk 50 ft with 2 Turns, 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, GG0170S1 - Wheel 150 feet, 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, GG0170I1 - Walk 10 Feet, GG0130A1 - Eating, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, Home Safety, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, Pain Interference with ADLs, balance deficit, Pain Effect on Sleep, obesity PROCEDURES: Standing tolerance at walker: Stand as long as possible at walker, Gait training on level surface and steps: With walker, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, quad sets, glut sets. Sitting knee extension, ankle pumps, equipment training, transfers training, teach/coordinate/arrange medication packaging and/or administration	PATIENT-STATED GOAL: To be able to get to the bedside commode by myself and walk short distances 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/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 self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient's living environment is clean/uncluttered caregiver administers and/or packages medications appropriately 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 - 03. Partial/moderate assistance Wheel 50 ft w 2 Turns - 06. Independent Wheel 150 feet - 06. Independent 1 - Step (curb) - 02. Substantial/maximal assistance 12 Steps - 02. Substantial/maximal assistance 4 Steps - 02. Substantial/maximal assistance Car Transfer - 05. Setup or clean-up assistance Picking Up Object - 02. Substantial/maximal assistance Walk 10 Feet - 02. Substantial/maximal assistance Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance Walk 150 Feet - 02. Substantial/maximal assistance Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Shower/Bathe Self - 02. Substantial/maximal assistance Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Eating - 05. Setup or clean-up assistance Upper Body Dressing - 06. Independent
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/13/2026

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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, * 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, patient's living environment is clean/uncluttered, caregiver administers and/or packages medications appropriately, 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 - 03. Partial/moderate assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, 1 - Step (curb) - 02. Substantial/maximal assistance, 12 Steps - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Car Transfer - 05. Setup or clean-up assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 02. Substantial/maximal assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 05. Setup or clean-up assistance, Upper Body Dressing - 06. Independent	
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