Home Health Certification and Plan of Care

Order ID: 1150/17929

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7HN7Y29AM20	04/12/2026	From: 04/12/2026 To: 06/10/2026	24711	217058

6. Patient's Name and Address
Almetta Fitzsimmons
303 Maiden Choice Lane Apt333,
CATONSVILLE, MD 21228-
443-454-1062

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 10/27/1936 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M54.42	Lumbago with sciatica left side	04/12/26

13. ICD	Other Pertinent Diagnoses	Date
G89.29	Other chronic pain	04/12/26
I10.	Essential (primary) hypertension	04/12/26
E03.9	Hypothyroidism unspecified	04/12/26
M17.0	Bilateral primary osteoarthritis of knee	04/12/26
E87.6	Hypokalemia	04/12/26
Z79.891	Long term (current) use of opiate analgesic	04/12/26
Z91.81	History of falling	04/12/26

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

ASPIRIN 81 MG Oral once a day in the morning for Pain
DILTIAZEM 300 MG Capsule by mouth in the morning for HTN
FUROSEMIDE 20 MG by mouth three times a day for edema
HYDROCHLOROTHIAZIDE 25 MG by mouth in the morning for HTN
LOSARTAN POTASSIUM 50 MG by mouth in the evening for HTN
MULTIVITAMIN 1 Tablet by mouth one time a day for Vit
OMEGA-3 1000 MG by mouth in the morning for supplement
OXYCODONE 5 MG by mouth every 4 hours as needed for pain

14. DME and Supplies:
grab bars, bath bench, wheelchair, walker, cane

15. Safety Measures:
transfer with assist, wheelchair precautions, walker precautions, supervision at all times, standard precautions, bathroom safety, fall precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
low sodium, diabetic

17. Allergies:
watermelon

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Wheelchair, Walker, 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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Lumbago with sciatica left side, 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 89-year-old female admitted to home health services following referral for skilled nursing medication management. All required consents were reviewed and signed by the patient at the start of care visit. The patient has a significant past medical history including chronic pain, lower extremity edema, ambulatory difficulty, osteoarthritis, anemia, obesity, hypertension, hypertensive chronic kidney disease stage 3A, history of hypercalcemia, dysphagia, and history of alkalosis. Due to chronic pain and mobility limitations, the patient requires assistive devices for safe ambulation and demonstrates taxing effort when leaving the home, qualifying her for home health services. The patient resides at home and currently receives supervision and support from her daughter, who is acting as the primary caregiver. Upon assessment, the patient was alert and oriented to person, place, and time with intermittent orientation to situation (A&O x3-4). She reported her last bowel movement occurred the previous night and denied abdominal discomfort, nausea, or vomiting. The patient also denied dysuria or any urinary discomfort. Appetite was reported as good, and the patient stated she sleeps well at night. No abnormal bleeding was reported. Medication reconciliation and review were completed with both the patient and caregiver. The patient demonstrated adequate knowledge of her medications, correctly identifying each medication and its purpose. No medication-related concerns were reported by either the patient or caregiver at the time of assessment. Physical assessment revealed bilateral lower extremity swelling consistent with the patient's history of edema. No open wounds, skin breakdown, or areas of concern were observed during the visit. The patient was instructed on the importance of elevating her lower extremities to assist with edema management. The patient denied current pain during the visit and reported that she had taken oxycodone prior to the nurse's arrival, which provided relief of her chronic pain symptoms. No falls were reported since the most recent hospitalization. The patient currently utilizes multiple assistive devices, including a wheelchair, walker, and cane, to support mobility and reduce fall risk. Due to ambulatory difficulty and generalized weakness, the patient requires assistance to safely perform mobility-related activities. The patient expressed personal goals for home health services, including improving strength and endurance in order to independently perform household tasks such as cleaning, hanging clothes, and standing to cook. Physical therapy evaluation has been completed. The patient has a history of osteoarthritis in the knees and left-sided sciatica following a motor vehicle accident in 2017. Since that time, she has ambulated with a rolling walker and previously lived independently in a senior apartment while participating in building activities. However, she was recently hospitalized following multiple falls occurring in close succession. Current physical therapy assessment indicates decreased bilateral lower extremity strength measured at approximately 3-/5 on manual muscle testing. The patient requires minimal assistance for transfers and short-distance ambulation using a rolling walker and demonstrates a very slow gait cadence. She reports persistent pain in the left lower extremity, which is improved with pain medication. Skilled physical therapy services are recommended to improve strength, balance, safety awareness, and overall functional mobility in order to promote a return toward the patient's prior level of function. The interdisciplinary home health plan of care includes skilled nursing, physical therapy, occupational therapy, and home health aide services. Skilled nursing services are ordered with a frequency of 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> for 1 week for continued assessment, medication management, patient and caregiver education, and monitoring of the patient's overall medical status. Therapy services will focus on strengthening, balance training, functional mobility, and activities of daily living to support the patient's goal of maintaining independence and preventing further falls while safely remaining in the home environment. Continuous monitoring and education will be provided to both the patient and caregiver to promote safety, symptom management, and adherence to the prescribed plan of care.
 Date of Order 04/12/2026 Orders Physician Face-to-Face Date: 03/30/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Lumbago with sciatica left side 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 Baskaran, Deepak

SN Careplans | SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 04/12/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Deepak Baskaran
3455 Wilkens Ave
Baltimore, MD 21229
PHONE: 410-644-4444 FAX: 14106444484 NPI: 1730135278

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 : 03/30/2026

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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SN WK1: 2 (04/12/26-04/18/26) ,WK2: 1 (04/19/26-04/25/26) ,WK3: 1 (04/26/26-05/02/26) ,WK4: 1 (05/03/26-05/09/26)

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: 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, 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; 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 ; 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.

No open wounds noted
Advance Directive:MOLST

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, meal preparation, M2020 - Oral Med Management, A1250 - Lack of Necessary Transportation, M1400 - Dyspnea, swelling in the arms/legs, abnormal blood pressure, limited range of motion, swelling of affected area, limited strength, muscle weakness, limited endurance, balance deficit, pain radiating to arms/legs, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, swell/redness surround. skin

PROCEDURES: cough/deep breathing exercises, incentive spirometer, home exercise program, coordinate/arrange preparation of missing meals, coordinate/arrange transportation services

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, meal preparation is available to patient for all meals

PATIENT-STATED GOAL: to be able to clean home with hanging clothes and stand to cook independently.

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

patient's transportation needs are met

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (04/12/26-04/18/26) ,WK2: 1 (04/19/26-04/25/26) ,WK3: 1 (04/26/26-05/02/26) ,WK4: 1 (05/03/26-05/09/26) ,WK5: 1 (05/10/26-05/16/26) ,WK6: 1 (05/17/26-05/23/26) ,WK7: 1 (05/24/26-05/30/26) ,WK8: 1 (05/31/26-06/06/26)

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, 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, GG0130B1 - Oral Hygiene, 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 -

PT Goals

PATIENT-STATED GOAL: To be able to walk without pain

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

Sit to Stand - 04. Supervision or touching assistance

Signature of Physician:

Date

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

Date
04/12/2026

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Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, cough/deep breathing exercises, therapeutic exercises: BLE therex in sitting and/or standing, equipment training, gait training/stair training: Ambulation with RW, transfers training

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, Chair to Bed to Chair - 04. Supervision or touching assistance, Sit to Stand - 04. Supervision or touching assistance, Toilet Transfer - 03. Partial/moderate assistance, Car Transfer - 04. Supervision or touching 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 - 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, Medication Review

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

Toilet Transfer - 03. Partial/moderate assistance

Car Transfer - 04. Supervision or touching 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 - 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

Medication Review

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/12/2026