Home Health Certification and Plan of Care

Order ID: 1150/17454

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
34539667	03/23/2026	From: 03/23/2026 To: 05/21/2026	23897	217058

6. Patient's Name and Address

Patricia Dotson
5105 Old Court Road Apt 112,
RANDALLSTOWN, MD 21133-
410-370-5755

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 08/15/1946 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E11.65	Type 2 diabetes mellitus with hyperglycemia	03/23/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	03/23/26
I26.99	Other pulmonary embolism without acute cor pulmonale	03/23/26
I82.412	Acute embolism and thrombosis of left femoral vein	03/23/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	03/23/26
D86.89	Sarcoidosis of other sites	03/23/26
B37.49	Other urogenital candidiasis	03/23/26
K59.00	Constipation unspecified	03/23/26
E78.49	Other hyperlipidemia	03/23/26
I25.2	Old myocardial infarction	03/23/26
F41.1	Generalized anxiety disorder	03/23/26
D50.9	Iron deficiency anemia unspecified	03/23/26
Z79.4	Long term (current) use of insulin	03/23/26
Z79.01	Long term (current) use of anticoagulants	03/23/26
Z95.1	Presence of aortocoronary bypass graft	03/23/26
Z91.81	History of falling	03/23/26
Z87.891	Personal history of nicotine dependence	03/23/26

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

ELIQUIS 5 mg / 1 Tablet by mouth twice a day for PE
EZETIMIBE 10 mg / 1 Tablet by mouth once a day for Hyperlipidemia
MILK OF MAGNESIA 400 mg/5 mL/ Give 30 ml by mouth as necessary every 24 hours as needed for Constipation If no BM, give 30 ml Mineral Oil Enema
Rybelsus 7 mg / 1 Tablet by mouth once a day for DM Instructions-take at least 30 minutes before first food, beverage, or other oral Meds
Atorvastatin - Atorvastatin Calcium 10 mg / 1 Tablet by mouth once a day For HLD
Bisacodyl Rectal Suppository 10 mg / Insert 1 suppository rectal every 24 hours as needed for Constipation Administer suppository if Milk of Magnesia ineffective after 24 ho
Lisinopril - Lisinopril 40 mg / 1 Tablet by mouth once a day for HTN Instruction-Hold if SBP is less than 120
Metformin Er - Metformin Hydrochloride 500 mg / 1 Tablet by mouth once a day Give 2 tablet for DM
Mineral oil enema Insert 1 suppository rectal every 24 hours as needed for Constipation Administer enema if Dulcolax suppository is ineffective after 24 h
Folic Acid - Folic Acid 325mg tablet by mouth once a day 1 tab daily for folic acid repletion
Lantus Insulin - Insulin Glargine Recombinant 18 units subcutaneous at bedtime Inject 18 units subcutaneously at bedtime for blood sugar control

14. DME and Supplies:

wheelchair, rolling walker, hand held shower, diabetic supplies, bath bench, commode, grab bars, walker, cane, 4 wheeled walker

15. Safety Measures:

walker precautions, smoke detectors , , , diabetic precautions, , ambulates with device, ambulates with assistance, emergency phone # clearly displayed, sharps precautions, supervision at all times, transfer with assist, wheelchair precautions, , hand rails, bathroom safety, , activity supervision

16. Nutrition:

diabetic

17. Allergies:

Sertraline, Strawberry

18.A. Functional Limitations

Ambulation, Bowel/Bladder Incontinence, Endurance

18.B. Activities Permitted

Up As Tolerated, Walker, Exercises Prescribed, Wheelchair

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: No

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 Type 2 diabetes mellitus with hyperglycemia, 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 79-year-old female with a significant past medical history of type 2 diabetes mellitus, coronary artery disease status post coronary artery bypass grafting (CABG 2) and prior angioplasty, hypertension, hyperlipidemia, sarcoidosis, anxiety, and prior myocardial infarction. She was recently hospitalized from 01/08/2026 to 01/19/2026 for diabetic ketoacidosis and an extensive acute pulmonary embolism with associated left lower extremity femoral deep vein thrombosis, requiring intensive care management with insulin infusion and anticoagulation therapy. During her hospital course, she was transitioned to a subcutaneous insulin regimen and later to apixaban following resolution of transient hematuria. She was discharged to subacute rehabilitation on 01/19/2026 and subsequently discharged home on 03/14/2026 with home health services, including nursing and physical and occupational therapy evaluation and treatment. The patient now presents for continued home care management and rehabilitation following decline in functional mobility associated with her recent hospitalization and rehabilitation stay. She is currently insulin-dependent for diabetes management and remains on apixaban for anticoagulation related to recent pulmonary embolism and deep vein thrombosis. Her chronic conditions, including coronary artery disease, hypertension, hyperlipidemia, and sarcoidosis, are reported as stable on the current regimen. She has documented allergies to sertraline and strawberries and is designated as full code. The patient resides alone in a senior living apartment in Reisterstown, Maryland, with strong family support from her children, and all prescribed medications are available in the home. On functional <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient demonstrates generalized deconditioning, bilateral lower extremity weakness, impaired dynamic balance, and altered gait mechanics, contributing to unsteady ambulation with a rolling walker, decreased gait tolerance, and the need for assistance with transfers. She is noted to have an increased fall risk, particularly in the context of a recent unwitnessed fall with head strike. Despite these limitations, she remains independent with upper and lower body dressing, bathing, and basic transfers, including sit-to-stand, toilet, and tub transfers, without the need for verbal cueing. Upper extremity strength is intact at 5/5 bilaterally, and she is able to perform light meal preparation independently. Occupational therapy evaluation indicates no current need for ongoing OT services. The plan of care includes continuation of apixaban therapy with close monitoring for signs of bleeding, and continuation of insulin therapy with regular blood glucose monitoring to maintain glycemic control. Routine laboratory monitoring, including complete blood count, comprehensive metabolic panel, and hemoglobin A1c, will be obtained as indicated. Vital signs and cardiopulmonary status will be closely monitored, with vigilance for recurrence of thromboembolic symptoms. Skilled home health physical therapy is medically necessary to address strength deficits, balance impairment, gait training, and fall prevention, with the goal of improving functional mobility, enhancing safety, and reducing the risk of rehospitalization. Ongoing management of chronic conditions will be maintained, and psychosocial support will be provided to address anxiety.
 Date of Order 03/23/2026 Orders Physician Face-to-Face Date: 03/13/2026 Clinical Condition Requiring Home Care per Certifying Physician: Discharge Home 3/14/26PT/OT eval and treatNursing eval and treat for

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/23/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Hasan Imanli
821 N Eutaw St
Baltimore, MD 21201
PHONE: 4103832072 FAX: 14103830054 NPI: 1205325628

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 : 03/13/2026

27. Attending Physician's Signature and Date Signed **03/31/2026**: 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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medication management due to Type 2 diabetes mellitus with hyperglycemia 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 OT Eval Notes: PT Eval Notes:
 Physician Imanli, Hasan

SN Careplans

SN WK1: 1 (03/23/26-03/28/26) ,WK2: 1 (03/29/26-04/04/26) ,WK3: 1 (04/05/26-04/11/26) ,WK4: 1 (04/12/26-04/18/26) ,WK5: 1 (04/19/26-04/25/26) ,WK6: 1 (04/26/26-04/30/26)

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: 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), 7. Currently taking 5 or more medications

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:MOLST

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, dependent edema, limited endurance, limited strength, muscle weakness, balance deficit

PROCEDURES: incentive spirometer, apply anti-embolitic stockings, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

SN Goals

PATIENT-STATED GOAL: Patient wants to regain her strength back so she can go preach the word of god to the world 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

PT Careplans

PT WK1: 1 (03/23/26-03/28/26) ,WK2: 1 (03/29/26-04/04/26) ,WK3: 1 (04/05/26-04/11/26) ,WK4: 1 (04/12/26-04/18/26) ,WK5: 1 (04/19/26-04/25/26) ,WK6: 1 (04/26/26-04/30/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: HEP: Patient instructed on proper technique, pacing, use of ice after exercises, and safe frequency throughout the day. Patient verbalized understanding and demonstrated good carryover. , Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side

PT Goals

PATIENT-STATED GOAL: Not to go back to hospital

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/23/2026

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effects, or confusion at this time. , gait training/stair training, 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 - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, 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, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

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

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

OT Careplans

OT WK1: 6 (03/23/26-03/28/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

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 - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, 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, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Eval only

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Shower/Bathe Self - 05. Setup or clean-up assistance

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 - 06. Independent

Car Transfer - 06. Independent

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

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/23/2026