Home Health Certification and Plan of Care

Order ID: 1150/18203

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
591281227	04/21/2026	From: 04/21/2026 To: 06/19/2026	4973	217058

6. Patient's Name and Address

Frances Reed
710 HOLLY AVENUE,
PASADENA, MD 21122-
443-763-0142

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 01/30/1951 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M81.0	Age-related osteoporosis w/o current pathological fracture	04/21/26

13. ICD	Other Pertinent Diagnoses	Date
K05.5	Other periodontal diseases	04/21/26
D72.818	Other decreased white blood cell count	04/21/26
D69.6	Thrombocytopenia unspecified	04/21/26
K83.01	Primary sclerosing cholangitis	04/21/26
K76.6	Portal hypertension	04/21/26
J44.9	Chronic obstructive pulmonary disease unspecified	04/21/26
K75.81	Nonalcoholic steatohepatitis (NASH)	04/21/26
K21.9	Gastro-esophageal reflux disease without esophagitis	04/21/26
M50.30	Other cervical disc degeneration unsp cervical region	04/21/26
M79.7	Fibromyalgia	04/21/26
E78.00	Pure hypercholesterolemia unspecified	04/21/26
G91.2	(Idiopathic) normal pressure hydrocephalus	04/21/26
Z93.2	Ileostomy status	04/21/26
Z87.891	Personal history of nicotine dependence	04/21/26

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

Cholecalciferol 125 MCG (5000 UT) Tabs / Take 5,000 Units by mouth once a day Commonly known as: VITAMIN D-3
CYANOCOBALAMIN 1000 MCG/ML Kit / Inject 1,000 mcg Inject every 30 days as directed
LACTULOSE 10 GM/15ML solution / Take 10 g by mouth 2 times daily
Spiriva Respimat - Tiotropium Bromide 2.5 MCG/ACT Aers inhaler, Take 2 puffs inhalation daily Generic drug: tiotropium. For: Chronic Bronchitis
Xifaxan - Rifaximin 550 MG tablet by mouth 2 times daily
SPIRONOLACTONE 25 MG tablet by mouth once a day as needed for fluid retention. Commonly known as: ALDACTONE
Clindamycin - Clindamycin Hydrochloride 300 MG by mouth every 6 hours Take 1 tab by mouth every 6 hours

14. DME and Supplies:

bath bench, hand held shower, ostomy supplies, rolling walker, , cane

15. Safety Measures:

transfer with assist, supervision at all times, fall precautions, avoid temperature extremes, ambulates with device, standard precautions, emergency phone number prominently displayed, ambulates with assistance, walker precautions, smoke detectors , bathroom safety, activity supervision

16. Nutrition:

2gm sodium, low sodium

17. Allergies:

demerol gabapentin latex penicillins tramadol tylenol bactrim doxycycline elavil

18.A. Functional Limitations

Endurance, Hearing

18.B. Activities Permitted

Cane, Walker, Exercises Prescribed, Transfer bed/Chair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, 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: 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

Homebound status: Due to diagnosis of Age-related osteoporosis w/o current pathological fracture, 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:

Physical therapy start-of-care (SOC) admission was completed for a 75-year-old female, with all required consents obtained. The patient was recently admitted to the hospital from 04/17/2026 to 04/18/2026 following a fall from bed, which she reports occurred due to feeling overwhelmed. Emergency medical services were contacted by her daughter, and the patient was transported to the hospital. She has since returned home with family support and resides with her spouse, who is available at all times to assist with care. The patient lives in a single-level ranch-style home with two steps required for entry. She ambulates within the home using a cane. The patient reports a history of recurrent falls, including two falls within the past two months and a total of three falls over the past year, and expresses concerns regarding impaired balance. A comprehensive medication reconciliation, home safety assessment, and patient handbook review were completed during the visit. The physical therapy plan of care (POC) was discussed and developed collaboratively with the patient and caregiver. The patient currently presents with multiple functional deficits, including abdominal pain, decreased bilateral lower extremity strength, impaired balance, unsteady gait, reduced functional mobility, difficulty negotiating steps, impaired transfer ability, decreased safety awareness, and a significant fall risk. Objective assessment included administration of the Tinetti and Timed Up and Go (TUG) gait assessments. The patient requires standby assistance (SBA) for transfers and ambulation using a cane, with verbal cueing for proper hand and foot placement, forward weight shift during transfers, and safe positioning when sitting. During ambulation on level surfaces, the patient required SBA and verbal cues to improve bilateral step height and length as well as overall safety. Continued use of a cane with caregiver supervision at all times was strongly recommended. Skilled interventions included patient education on fall prevention strategies, risk factors for falls, and implementation of home safety modifications as outlined in the patient handbook (pages 32-33). The patient was also instructed on safe transfer techniques and ambulation strategies. Education was provided on the importance of daily ambulation to promote circulation and prevent complications associated with immobility. A progressive walking program was initiated, beginning with short walks within the home every 1-2 hours, with longer walks starting at 3-5 minutes and advancing gradually as tolerated. The patient reports that pain is currently well controlled with prescribed medications. She was educated on effective pain management strategies, including taking medications at the onset of pain, premedicating approximately one hour prior to therapy sessions, and monitoring for potential side effects such as dizziness and constipation. The patient was instructed to seek immediate medical attention for chest pain, unrelieved pain, or shortness of breath. She verbalized understanding of all education provided. The patient will receive home physical therapy services beginning 04/21/2026 with a planned frequency of two visits per week for one week, followed by one visit per week for eight weeks. A follow-up appointment is scheduled with Dr. Sharon Chung on 04/27/2026, and the physician has been notified of the patient's admission to home care services. The patient is considered homebound due to a high risk of falls, history of falls, and the requirement for assistive devices and human assistance to safely leave the home. Skilled physical therapy is deemed medically necessary to address deficits in strength, mobility, balance, and safety awareness, with the goal of reducing fall risk and restoring the patient's independence in the home environment.
 Date of Order 04/21/2026 Orders Physician Face-to-Face Date:

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/21/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Ravi Datla
6701 North Charles Street
Towson, MD 21204
PHONE: FAX: NPI: 1053596270

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 : 04/18/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/18203

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
591281227	04/21/2026	From: 04/21/2026 To: 06/19/2026	4973	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Frances Reed 710 HOLLY AVENUE, PASADENA, MD 21122- 443-763-0142	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

04/18/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to Age-related osteoporosis w/o current pathological fracture 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 - PT Notes: soc Physician Datla, Ravi

SN Careplans

SN Goals

PT Careplans

PT WK1: 2 (04/21/26-04/25/26) ,WK2: 1 (04/26/26-05/02/26) ,WK3: 1 (05/03/26-05/09/26) ,WK4: 1 (05/10/26-05/16/26) ,WK5: 1 (05/17/26-05/23/26) ,WK6: 1 (05/24/26-05/30/26) ,WK7: 1 (05/31/26-06/06/26) ,WK8: 1 (06/07/26-06/13/26) ,WK9: 1 (06/14/26-06/19/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 50 > 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), 4. Multiple emergency department visits (2 or more) in the past 6 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0170P1 - Picking

PT Goals

PATIENT-STATED GOAL: I would like to be able to have more balance while I am walking

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 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
* 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

caregiver performs medical/rehabilitation treatments with adequate competence

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/21/2026

Home Health Certification and Plan of Care

Order ID: 1150/18203

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
591281227	04/21/2026	From: 04/21/2026 To: 06/19/2026	4973	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Frances Reed 710 HOLLY AVENUE, PASADENA, MD 21122- 443-763-0142	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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, GG0170G1 - Car Transfer, 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, GG0130A1 - Eating, GG0170E1 - Chair to Bed to Chair, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, abdominal pain, limited endurance, muscle weakness, balance deficit

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, 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., work simplification/energy conservation, 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

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, * 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, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

Lower 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	04/21/2026