

Home Health Certification and Plan of Care				Order ID: 1150/18245					
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
32956720		04/17/2026		From: 04/17/2026 To: 06/15/2026		20021		217058	
6. Patient's Name and Address					7. Provider's Name, Address and Telephone Number				
Mary Jukes 2914 Wynham Rd Apt C, Baltimore, MD 21216- 240-935-7391					HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239				
8. DOB 01/14/1949 9.Sex Female					10. Medications: Dose/Frequency/Route (N)ew (C)hanged				
11. ICD		Principal Diagnosis			Date		Humalog Kwipken - Insulin Lispro Recombinant 100 units/ml 6 units intramuscular three times a day Before meals ASPIRIN 81 MG chewable tablet mouth daily. LASIX 20 MG tablet mouth daily. SYNTHROID 75 MCG tablet mouth daily before breakfast. PRAVACHOL 40 MG tablet mouth daily. ALDACTONE 25 MG tablet mouth daily. COREG 6.25 mg 1 tab mouth 2 times daily with meals. LANTUS 100 units/ml 6 units skin in the morning		
E10.65		Type 1 diabetes mellitus with hyperglycemia			04/17/26				
13. ICD		Other Pertinent Diagnoses			Date				
I13.0		Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny			04/17/26				
I50.22		Chronic systolic (congestive) heart failure			04/17/26				
N18.9		Chronic kidney disease u			04/17/26				
I42.8		Other cardiomyopathies			04/17/26				
E78.5		Hyperlipidemia unspecified			04/17/26				
J98.4		Other disorders of lung			04/17/26				
E03.9		Hypothyroidism unspecified			04/17/26				
E83.52		Hypercalcemia			04/17/26				
Z79.82		Long term (current) use of aspirin			04/17/26				
Z99.81		Dependence on supplemental oxygen			04/17/26				
Z95.810		Presence of automatic (implantable) cardiac defibrillator			04/17/26				
Z86.73		Prsntl hx of TIA (TIA) and cereb infrc w/o resid deficits			04/17/26				
Z90.49		Acquired absence of other specified parts of digestive tract			04/17/26				
14. DME and Supplies: commode, rolling walker					15. Safety Measures: standard precautions, remove environmental barriers, medication safety, fall precautions, diabetic precautions, bleeding precautions, bathroom safety, anticoagulant precautions, ambulates with device, ambulates with assistance, activity supervision				
16. Nutrition: diabetic					17. Allergies: morphine penicillin				
18.A. Functional Limitations Ambulation, Endurance, Balance					18.B. Activities Permitted Exercises Prescribed, 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: 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: 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 Type 1 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:		<p class="MsoNoSpacing">The patient is a 77-year-old individual recently hospitalized due to syncope and a fall, with a medical history significant for congestive heart failure (CHF), chronic kidney disease (CKD), chronic obstructive pulmonary disease (COPD), diabetes mellitus, cardiomyopathy, hypercalcemia, hypothyroidism, presence of a defibrillator, and a prior transient ischemic attack (TIA). The patient is currently residing with their daughter in an apartment requiring navigation of 14 steps for entry. The patient ambulates up to 30 feet on indoor surfaces using a rolling walker with supervision, is able to negotiate three steps with a handrail and contact guard assistance, and performs bed mobility on a sofa as well as transfers from the sofa, chair, and toilet with supervision. Outdoor mobility and car transfer abilities were not assessed. The patient is considered homebound due to the significant effort required to leave the home using a rolling walker, as evidenced by a Tinetti score of 11/28. The patient would benefit from home-based therapy to improve strength and functional mobility. Additionally, the patient reported a blood glucose level exceeding 500 mg/dL this morning, with a reading of 358 mg/dL during the visit, indicating the need for skilled nursing services for diabetes management and education.<o:p></o:p></p> <p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">04/17/2026 Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 04/08/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat DX: Type 1 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<o:p></o:p></p> <p class="MsoNoSpacing"> 1 - SOC - PT Notes: <o:p></o:p></p> <p class="MsoNoSpacing">Physician: Baskaran, Deepak</p>							
SN Careplans					SN Goals				
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 04/17/2026							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 : 04/08/2026				
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 Careplans PT WK1: 1 (04/17/26-04/18/26) ,WK3: 1 (04/26/26-05/02/26) ,WK4: 1 (05/03/26-05/09/26) 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 > 5 CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance HOSPITALIZATION RISKS: 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, 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; 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, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170K1 - Walk 150 Feet, GG0170I1 - Walk 10 Feet, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, Home Safety, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, abnormal BS < 70/140 > mg/dL, M1600 - UTI, limited strength, limited range of motion, limited endurance, weak hand			PT Goals PATIENT-STATED GOAL: To be able to return to live with my son and be independent with my walker GOALS Toilet Transfer - 06. Independent 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 * prevention including increase fluid intake * increase Vitamin C intake to promote acidic bladder environment (cranberry juice) * perineal hygiene * 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 enviroment has adequate stairs railings 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 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 Car Transfer - 05. Setup or clean-up assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance Oral Hygiene - 05. Setup or clean-up assistance Toileting Hygiene - 06. Independent Shower/Bathe Self - 04. Supervision or touching assistance Upper Body Dressing - 05. Setup or clean-up assistance Lower Body Dressing - 05. Setup or clean-up assistance			
Signature of Physician:			Date			
			PAGE 2 of 3			
Optional Name/Signature of Nurse/Therapist:			Date			
Electronically Signed by Messick, Charles RN			04/17/2026			

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grips, balance deficit PROCEDURES: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, equipment training, 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, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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 enviroment has adequate stairs railings, 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 - 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, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent		Don/Doff Footwear - 05. Setup or clean-up assistance Eating - 06. Independent		

Signature of Physician:	Date PAGE 3 of 3
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