Home Health Certification and Plan of Care

Order ID: 1150/18235

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9DD5XJ1JR54	04/16/2026	From: 04/16/2026 To: 06/14/2026	24637	217058

6. Patient's Name and Address
Judith Carmen
1711 Gatehouse Court,
BEL AIR, MD 21014-
410-459-0980

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 03/26/1935 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S32.10XD	Unsp fracture of sacrum subs for fx w routn heal	04/16/26

13. ICD	Other Pertinent Diagnoses	Date
G47.01	Insomnia due to medical condition	04/16/26
M81.0	Age-related osteoporosis w/o current pathological fracture	04/16/26
I10.	Essential (primary) hypertension	04/16/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	04/16/26
F41.9	Anxiety disorder unspecified	04/16/26
G25.81	Restless legs syndrome	04/16/26
F39.	Unspecified mood [affective] disorder	04/16/26
Z79.891	Long term (current) use of opiate analgesic	04/16/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	04/16/26
Z95.5	Presence of coronary angioplasty implant and graft	04/16/26
Z91.81	History of falling	04/16/26

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

ACETAMINOPHEN 500 mg/tablet / Give 2 tablet by mouth three times a day for PAIN
PRAMIPEXOLE DIHYDROCHLORIDE 0.25 mg / 1 Tablet by mouth two times a day for PARKINSONS
LOVASTATIN 20 mg / 1 Tablet by mouth at bedtime for HYPERLIPIDEMIA
Plavix - Clopidogrel Bisulfate 75 mg / 1 Tablet by mouth at bedtime for CAD
MELOXICAM 15 mg / 1 Tablet by mouth in the morning for PAIN MANAGEMENT ADMINISTER WITH FOOD
LOSARTAN POTASSIUM 100 mg / 1 Tablet by mouth in the morning for HYPERTENSION HOLD MEDICATION IF SYSTOLIC BLOOD PRESSURE < 100 mmHg
Bupropion Hydrochloride - Bupropion Hydrochloride ER 12 Hour 150 mg / 1 Tablet by mouth in the morning related to ANXIETY DISORDER, UNSPECIFIED (F41.9) BUPROPION HCL ER (SMOKING DET) 150 TB12 IN THE MORNING
Amlodipine Besylate - Amlodipine Besylate 10 mg / 1 Tablet by mouth in the morning for HYPERTENSION (HOLD FOR SBP < 105)
Ipratropium Bromide - Ipratropium Bromide Solution 0.06 % / 1 spray in both nostrils Nasal every 12 hours as needed for NASAL CONGESTION
Trazodone Hydrochloride - Trazodone Hydrochloride 50mg, take 1 tablet by mouth at bedtime Insomnia

14. DME and Supplies:
walker, cane, bath bench

15. Safety Measures:
walker precautions, standard precautions, medication safety, fall precautions, bleeding precautions, bathroom safety, anticoagulant precautions, ambulates with device, activity supervision

16. Nutrition:
low sodium

17. Allergies:
penicillin

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
No Restrictions

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: 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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Unspecified fracture of sacrum, subsequent encounter for fracture with routine healing, 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 90-year-old female referred for home health services following a recent hospitalization and subsequent subacute rehabilitation stay after a fall at home that resulted in bilateral sacral fractures and a head injury. The injuries were managed conservatively without surgical intervention. The patient has since returned home, where she resides alone in a single-story residence. Her daughter, who resides in Belize, is temporarily present to assist, and additional nearby relatives provide intermittent support and monitoring. The patient's past medical history is significant for age-related osteoporosis, hypertension, atherosclerotic heart disease, anxiety disorder, restless leg syndrome, history of falls, and prior coronary angioplasty. At the time of assessment, the patient was alert and oriented to person, place, time, and situation (A&O x4) and appeared medically stable with no acute distress noted. Education was provided to the patient and her daughter regarding medication management, fall prevention strategies, and <hility is-highlighty="true" data-hility="93032137-0230-4c13-a00b-e29ab027a8f4" data-hility-match="highlight-pass-3:1" data-decoration-type="background" style="--decoration-thickness: auto;">bleeding precautions</hility> related to anticoagulant therapy. Both the patient and caregiver verbalized understanding of the education provided. Skilled nursing services were completed as an evaluation only, as the patient and family indicated that ongoing needs are primarily therapy-related. Prior to the recent fall and hospitalization, the patient was independent in the community without the use of an assistive device and was independent in all activities of daily living (ADLs) and instrumental activities of daily living (IADLs). The patient's stated goal is to return to her prior level of function, including independent ambulation without an assistive device. Current assessment reveals impaired balance and gait instability, with a Tinetti score of 15/28 indicating increased fall risk and a Timed Up and Go (TUG) test result of 20.1 seconds. The patient demonstrates mild transfer deficits and gait dysfunction, currently ambulating with a rolling walker with slight unsteadiness. She also reports difficulty negotiating stairs safely. An occupational therapy evaluation was completed, indicating that the patient is currently functioning at an independent level with self-care activities, including transfers to the shower, bed, and commode using a rolling walker for safety. No further skilled occupational therapy services are indicated at this time, and the visit was completed as an evaluation only. Skilled physical therapy services are recommended to address deficits in balance, gait, and stair negotiation, with the goal of reducing fall risk and restoring the patient to her prior level of independence. The plan of care was discussed with the patient and caregiver, emphasizing strengthening, balance training, and functional mobility interventions to promote safe ambulation and independence within the home environment.
 Date of Order 04/16/2026 Orders Physician Face-to-Face Date: 04/02/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat due to Unspecified fracture of sacrum, subsequent encounter for fracture with routine healing 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: OT Eval Notes: Physician Craig-Buckholtz, Mary

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 04/16/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Mary Craig-Buckholtz
3718 NORRISVILLE RD
JARRETTSVILLE, MD 21084
PHONE: 410-692-5292 FAX: 14106922567 NPI: 1528053048

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 : 04/02/2026

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: 1150/18235

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9DD5XJ1JR54	04/16/2026	From: 04/16/2026 To: 06/14/2026	24637	217058

6. Patient's Name and Address
Judith Carmen
1711 Gatehouse Court,
BEL AIR, MD 21014-
410-459-0980

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

SN Careplans

SN WK1: 1 (04/16/26-04/18/26)

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), 3. Multiple hospitalizations (2 or more) in the past 6 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, muscle weakness, Pain Interference with ADLs, balance deficit

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, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: To be able to walk without an assistive device

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/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
* 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

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (04/16/26-04/18/26) ,WK2: 2 (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)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, 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: Medication management : Review medication with pt, cough/deep breathing exercises, home exercise program: Laq, hip flexion, standing heelraises, toe raises, hip abduction, hip flexion hamstring curls, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition

PT Goals

PATIENT-STATED GOAL: To walk independently get off the Walker get back to driving

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

Signature of Physician:

Date

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

Date
04/16/2026

Home Health Certification and Plan of Care

Order ID: 1150/18235

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9DD5XJ1JR54	04/16/2026	From: 04/16/2026 To: 06/14/2026	24637	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Judith Carmen 1711 Gatehouse Court, BEL AIR, MD 21014- 410-459-0980	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, 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 - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 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

Sit to Stand - 06. Independent

OT Careplans

OT WK1: 1 (04/16/26-04/18/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, 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, 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: Evaluation only

GOALS
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

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	04/16/2026