Home Health Certification and Plan of Care

Order ID: 1150/18256

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
66216393	04/09/2026	From: 04/09/2026 To: 06/07/2026	23654	217058

6. Patient's Name and Address
Karen McCord
301 Lori Dr. Apt G,
GLEN BURNIE, MD 21061-
206-403-6027

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 05/24/1943 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I95.1	Orthostatic hypotension	04/09/26

13. ICD	Other Pertinent Diagnoses	Date
E43.	Unspecified severe protein-calorie malnutrition	04/09/26
F32.A	Depression unspecified	04/09/26
I10.	Essential (primary) hypertension	04/09/26
J30.9	Allergic rhinitis unspecified	04/09/26
I73.9	Peripheral vascular disease unspecified	04/09/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	04/09/26
E78.5	Hyperlipidemia unspecified	04/09/26
I65.23	Occlusion and stenosis of bilateral carotid arteries	04/09/26
D64.9	Anemia unspecified	04/09/26
K21.9	Gastro-esophageal reflux disease without esophagitis	04/09/26
I65.03	Occlusion and stenosis of bilateral vertebral arteries	04/09/26
M19.041	Primary osteoarthritis right hand	04/09/26
M19.042	Primary osteoarthritis left hand	04/09/26
E04.2	Nontoxic multinodular goiter	04/09/26
M81.0	Age-related osteoporosis w/o current pathological fracture	04/09/26
F17.210	Nicotine dependence cigarettes uncomplicated	04/09/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	04/09/26
Z91.81	History of falling	04/09/26
Z87.11	Personal history of peptic ulcer disease	04/09/26

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

Cymbalta - Duloxetine Hydrochloride eq 30 mg base by mouth once a day Take 1 capsule by mouth daily
Thiamine (VITAMIN B-1) 100mg by mouth once a day Take 1 tablet by mouth daily
Plavix - Clopidogrel Bisulfate eq 75 mg base eq 75 mg base by mouth once a day Take 1 tablet by mouth daily
Pepcid - Famotidine 20 mg 20 mg by mouth at bedtime Take 1 tablet by mouth daily at bedtime
Pravastatin - Pravastatin Sodium 40 mg 1 Tab by mouth in the evening Heart and strike prevention
Norvasc - Amlodipine Besylate eq 5 mg base 1 tablet by mouth once a day
Valtrex - Valacyclovir Hydrochloride eq 500 mg base 1 tablet by mouth twice a day
Astelin - Azelastine Hydrochloride 137 mcg (0.1 %) Nasal twice a day Use 1 Spray in each nostril 2 times a day, each nostril

14. DME and Supplies:
bath bench,

15. Safety Measures:
standard precautions, fall precautions, ambulates with assistance

16. Nutrition:
regular

17. Allergies:
NSAIDs

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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
family/caregiver will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Orthostatic hypotension, 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 72-year-old female admitted to home health services following a recent hospitalization from 03/09/2026 to 03/13/2026 for weakness, falls, and syncope, now requiring ongoing monitoring and rehabilitation. Her past medical history is significant for hypertension, hyperlipidemia, peripheral vascular disease, and gastroesophageal reflux disease. She is alert and oriented x4 and resides alone in a single-level apartment with approximately nine steps required for entry. Her sister lives nearby and provides intermittent support, while her daughter, who resides out of town, serves as the primary contact for care coordination. The patient reports ongoing episodes of dizziness and vertigo, particularly upon waking, as well as a history of recurrent falls, including two falls within the past two months and four within the past year, with prior injuries including a left wrist fracture and left foot fracture. She also reports bilateral lower extremity numbness, intermittent swelling, nocturnal urinary frequency, occasional muscle cramping in the feet, and recent nausea with one episode of vomiting that has since resolved. She endorses recent bereavement following the loss of her partner of 30 years but denies depression, suicidal ideation, or self-harm. The patient is a heavy smoker and has not committed to cessation. Medication reconciliation revealed the need for a refill of amlodipine, with additional medications including valacyclovir, clopidogrel, duloxetine, and nicotine patches reportedly not yet received despite pharmacy notification and delivery confirmation; follow-up is ongoing. Skilled nursing services are focused on blood pressure monitoring, medication management, and education related to syncope precautions, with a planned frequency of once weekly for four weeks. The patient has declined home health aide services but agreed to the overall plan of care. Functionally, the patient demonstrates decreased bilateral lower extremity strength, impaired balance, unsteady gait, decreased safety awareness, and reduced functional mobility. She ambulates primarily without an assistive device despite owning a walker, though she requires standby assistance for safety and often relies on holding onto a caregiver when leaving the home. She has difficulty negotiating stairs and is at high risk for falls due to syncope, vertigo, and impaired mobility, rendering her homebound as leaving the home requires assistance and poses significant risk. Physical therapy evaluation identified deficits in strength, balance, and mobility, as well as low back pain contributing to functional limitations. The patient requires standby assistance for transfers with cueing for proper body mechanics and safety. She participated in and was instructed on a home exercise program including seated hip flexion, long arc quadriceps exercises, hip abduction, and pillow squeezes, with instructions to perform exercises twice daily. Gait training was conducted on level surfaces with standby assistance, emphasizing increased step height and length and improved safety awareness; use of a walker at all times was strongly recommended. Standardized assessments including Tinetti and Timed Up and Go (TUG) were completed, supporting elevated fall risk. Education was provided on fall prevention strategies, home safety modifications, and risk factor reduction, as well as the importance of routine ambulation to improve circulation and prevent deconditioning. A structured walking program was initiated, starting

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 04/09/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Biruk Amare
827 Linden Ave
Baltimore, MD 21201
PHONE: FAX: NPI: 1144643529

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 : 03/09/2026

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
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with short, frequent walks every 1-2 hours and gradual progression as tolerated. The patient was also instructed on pain management strategies, including appropriate medication use and monitoring for side effects such as dizziness and constipation, as well as when to seek urgent medical care. Additional instruction included safe use of heat or ice therapy with appropriate skin protection. Occupational therapy evaluation further identified challenges with activities of daily living, including difficulty with meal preparation tasks such as cutting food, and recommended interventions to improve upper extremity function, safety, and independence. The patient is independent with basic ADLs with supervision but demonstrates limitations in instrumental activities of daily living and overall safety awareness. Plans are in place for continued skilled physical and occupational therapy services with a frequency of 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> per week for 2 weeks followed by 1 visit per week for 4 weeks. Overall, the patient presents with complex medical and functional needs, including high fall risk, syncope, and mobility deficits, compounded by limited social support and ongoing medication access issues. Continued interdisciplinary home health services are medically necessary to address safety, mobility, medication management, and disease education, with the goal of preventing further falls, improving functional independence, and reducing risk of rehospitalization.
 Date of Order 04/09/2026 Orders Physician Face-to-Face Date: 03/09/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha due to Orthostatic hypotension 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 Amare, Biruk

SN Careplans

SN WK1: 1 (04/09/26-04/11/26) ,WK2: 1 (04/12/26-04/18/26) ,WK3: 1 (04/19/26-04/25/26) ,WK4: 1 (04/26/26-05/02/26) ,WK5: 1 (05/03/26-05/09/26) ,WK6: 1 (05/10/26-05/13/26)

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, 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, meal preparation, abnormal blood pressure, M1033 - Exhaustion, M1400 - Dyspnea, limited endurance, limited strength, weak hand grips, balance deficit, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, B1000 - Vision Deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, apply compression bandage, physician-ordered wound care, home exercise program, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired

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

SN Goals

PATIENT-STATED GOAL: To get my legs to stop hurting so I can get out the house more

GOALS
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/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
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

meal preparation is available to patient for all meals

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/09/2026

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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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

PT Careplans

PT WK2: 2 (04/12/26-04/18/26) ,WK3: 2 (04/19/26-04/25/26) ,WK4: 1 (04/26/26-05/02/26) ,WK5: 1 (05/03/26-05/09/26) ,WK6: 1 (05/10/26-05/16/26) ,WK7: 1 (05/17/26-05/23/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, 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, GG0170E1 - Chair to Bed to Chair

PROCEDURES: cough/deep breathing exercises, 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, * 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 - 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 - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent

PT Goals

PATIENT-STATED GOAL: I just want to be able to get back to walking

GOALS
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

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

Chair to Bed to Chair - 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
* 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

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

Lower Body Dressing - 06. Independent

Upper Body Dressing - 06. Independent

Sit to Stand - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

OT Careplans

OT WK2: 1 (04/12/26-04/18/26) ,WK4: 1 (04/26/26-05/02/26) ,WK5: 1 (05/03/26-05/09/26) ,WK6: 1 (05/10/26-05/16/26)

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

PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath

OT Goals

PATIENT-STATED GOAL: To resolve balance

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

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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home remedies to keep lungs healthy, related medication(s) purpose, schedule, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Signature of Physician:	Date
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