Home Health Certification and Plan of Care

Order ID: 1150/18279

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
89281313	02/17/2026	From: 04/18/2026 To: 06/16/2026	21226	217058

6. Patient's Name and Address
Karen Ensor
7340 Argonne Dr,
MARRIOTTSVILLE, MD 21104-
443-909-6097

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 03/07/1944 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	02/17/26

13. ICD	Other Pertinent Diagnoses	Date
J10.1	Flu due to oth ident influenza virus w oth resp manifest	02/17/26
J96.01	Acute respiratory failure with hypoxia	02/17/26
J96.02	Acute respiratory failure with hypercapnia	02/17/26
G93.40	Encephalopathy unspecified	02/17/26
J43.9	Emphysema unspecified	02/17/26
I11.0	Hypertensive heart disease with heart failure	02/17/26
I50.810	Right heart failure unspecified	02/17/26
I48.91	Unspecified atrial fibrillation	02/17/26
I89.0	Lymphedema not elsewhere classified	02/17/26
I27.20	Pulmonary hypertension unspecified	02/17/26
E78.5	Hyperlipidemia unspecified	02/17/26
E03.9	Hypothyroidism unspecified	02/17/26
F41.9	Anxiety disorder unspecified	02/17/26
F32.A	Depression unspecified	02/17/26
F43.20	Adjustment disorder unspecified	02/17/26
Z79.01	Long term (current) use of anticoagulants	02/17/26
Z86.711	Personal history of pulmonary embolism	02/17/26
Z86.718	Personal history of other venous thrombosis and embolism	02/17/26
I50.23	Acute on chronic systolic (congestive) heart failure	02/17/26
I50.32	Chronic diastolic (congestive) heart failure	02/17/26
I48.19	Other persistent atrial fibrillation	02/17/26
J96.21	Acute and chronic respiratory failure with hypoxia	02/17/26
I08.9	Rheumatic multiple valve disease unspecified	02/17/26
Z79.890	Hormone replacement therapy	02/17/26
Z87.01	Personal history of pneumonia (recurrent)	02/17/26

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

Spiriva Respimat - Tiotropium Bromide 2.5 mcg by mouth once a day 2 puffs by mouth daily
Armour Thyroid - Levothyroxine Sodium 25 mcg Oral in the morning Take 1 tab daily for thyroid
Dutoprol - Hydrochlorothiazide: Metoprolol Succinate 50 Oral 2 times daily Take 1 tablet in the morning and take 1 tablet at night
Dabigatran Etexilate - Dabigatran Etexilate 0 150 mg Oral twice a day Once in the morning and once at night

14. DME and Supplies:
rolling walker, commode, oxygen supplies

15. Safety Measures:
standard precautions, O2 precautions, fall precautions

16. Nutrition:
regular

17. Allergies:
penicillin

18.A. Functional Limitations
Ambulation, Endurance, Dyspnea With Minimal Exertion

18.B. Activities Permitted
No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 2. Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance)., ANXIETY: , SOCIAL ISOLATION: 2 independent, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: Bilateral lower extremity, 2+, MOBILITY: N/A

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status:
Due to diagnosis of Chronic obstructive pulmonary disease with (acute) exacerbation, 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 an 82-year-old female recently hospitalized due to fluid overload and congestive heart failure (CHF) exacerbation, with a past medical history significant for deep vein thrombosis (DVT), pulmonary embolism (PE), CHF, atrial fibrillation, chronic obstructive pulmonary disease (COPD), and chronic hypoxic respiratory failure. She resides with her daughter in a single-family home with a first-floor setup and ambulates with a rolling walker. The patient demonstrates bilateral upper extremity weakness (3+/5 muscle strength) and requires assistance with lower body dressing, standby assistance for upper body dressing, and assistance with bathing at the sink. She also requires standby assistance for sit-to-stand and commode transfers, with verbal cues for limb placement. She is on continuous oxygen therapy (1 L during the day and 3 L at night) and presents with significant bilateral lower extremity edema (5+ in lower legs, ankles, and feet). At the time of the RN visit, the patient was awake, alert, oriented, and denied pain. She recently had a virtual cardiology appointment with no changes in management and has a scheduled visit with a home nurse practitioner next week. The patient receives weekly palliative care services and monthly social work visits. She is considered a fall and safety risk and is homebound due to limited mobility, dependence on a walker, continuous oxygen use, history of syncope, and need for caregiver assistance.<o:p></o:p>   Bottom of Form<o:p></o:p> Date of Order<span style="color:black;mso-themecolor:

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
Felecia Waddleton Willis
7070 Samuel Morse Dr
Columbia, MD 21046
PHONE: FAX: NPI: 1366673097

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 : 02/04/2026

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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text1"><o:p></o:p> 04/17/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 02/04/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's msw due to Chronic Obstructive Pulmonary Disease With (Acute) Exacerbation
 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>
 4 - Recertification OT Notes: due to fluid overload and CHF exacerbation with weakness of bilateral upper extremity<o:p></o:p> SN Eval Notes:<o:p></o:p> Physician: Waddleton Willis, Felecia

SN Careplans

SN WK2: 1 (04/19/26-04/25/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: mobility, transferring, bathing, dressing and footwear, meal preparation, caregiver respite, D0150 - Depression, M1720 - Anxiety, abnormal blood pressure, dependent edema, itchy/runny nose, swelling in legs/around eyes, swelling in the arms/legs, M1033 - Exhaustion, M1400 - Dyspnea, heartburn/indigestion, increased urine output, decreased ROM ankle, limited strength, limited range of motion, limited endurance, muscle weakness, poor muscle tone, decreased muscle strength lower body, decreased ROM knee, decreased ROM foot, decreased ROM hip, decreased muscle strength upper body, balance deficit, extremity burn/tingle/numb, sensitivity to sounds & light, headache, obesity, rough/scaly/cracked skin, bruising/discoloration, discolored patches of skin, open sores/lesions, open sores/lesions, discolored patches of skin, bruising/discoloration, rough/scaly/cracked skin

PROCEDURES: incentive spirometer, assist with meal preparation, assist with caregiver respite, assist with dressing and footwear, assist with bathing, assist with transferring, assist with mobility

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 medicatio, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

SN Goals

PATIENT-STATED GOAL: I want to get better so I can go back to living in my own home.

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 medicatio

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

caregiver administers and/or packages medications appropriately

PT Careplans

PT WK2: 1 (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) ,WK8: 1 (05/31/26-06/06/26)

PROCEDURES: HEP: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day. Emphasis on improving right knee ROM, reducing stiffness, and promoting quadriceps activation. 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 effects, or confusion at this time.

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, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: Not to go back to hospital

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

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

OT Careplans

OT 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)

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:

HOSPITALIZATION RISKS: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status 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

OT Goals

PATIENT-STATED GOAL: Patient wants to go back to being independent

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 medicatio

Patient will demonstrate improved bilateral upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

Toileting Hygiene - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

patient/caregiver recalls
* strategies to increase caloric intake
* 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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/17/2026

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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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: dependent edema, M1033 - Exhaustion, M1033 - Unintentional Weight Loss, muscle weakness, balance deficit, obesity

PROCEDURES: Functional ambulation : Therapy, Patient/caregiver recalls related purpose and schedule of medications: Medication review , therapeutic exercises: Therapy, work simplification/energy conservation, transfers training: Therapy

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 medicatio, * strategies to increase caloric intake, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, Oral Hygiene - 06. Independent, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent, Patient will demonstrate improved bilateral upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

Shower/Bathe Self - 03. Partial/moderate assistance

Eating - 06. Independent

Oral Hygiene - 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	04/17/2026