Home Health Certification and Plan of Care

Order ID: 1150/18323

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
51245239	04/23/2026	From: 04/23/2026 To: 06/21/2026	24086	217058

6. Patient's Name and Address

Patricia Villa
1004 Elbow Court,
ABERDEEN, MD 21001-
667-298-2674

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 09/12/1944 | 9.Sex Female

11. ICD	Principal Diagnosis	Date
S86.021D	Laceration of right Achilles tendon subsequent encounter	04/23/26

13. ICD	Other Pertinent Diagnoses	Date
J44.89	Other specified chronic obstructive pulmonary disease	04/23/26
I10.	Essential (primary) hypertension	04/23/26
Z79.01	Long term (current) use of anticoagulants	04/23/26
Z79.891	Long term (current) use of opiate analgesic	04/23/26
Z87.891	Personal history of nicotine dependence	04/23/26
Z91.81	History of falling	04/23/26

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

TYLENOL manages the pain
METAMUCIL 3.4 gram/5.4 gram Oral Powd / Take 1 Units by mouth once a day One spoonful
Ventolin - Albuterol 90 mcg/actuation Inhl HFAA / Inhale 1 to 2 puffs by mouth every 4 hours as needed for cough, shortness of breath or wheezing (Rescue inhaler)
Neurontin - Gabapentin 400 mg / 1 Capsule by mouth twice a day
Lioresal - Baclofen 10 mg / 1 Tablet by mouth at bedtime as needed for muscle spasms
Pradaxa - Dabigatran Etexilate Mesylate 110 mg / 1 Capsule by mouth twice a day
Cardizem Cd - Diltiazem Hydrochloride 240 mg / 1 Capsule by mouth once a day
Lasix - Furosemide 20 mg / 1 Tablet by mouth in the morning May increase to 2 tablets (40 mg) every morning for 5 days with weight gain as directed per heart failure nurse
Pacerone - Amiodarone Hydrochloride 200 mg / 1 Tablet by mouth once a day
Sensipar - Cinacalcet Hydrochloride eq 30 mg base / 1 Tablet by mouth threee times per week
Lipitor - Atorvastatin Calcium eq 40 mg base / 1 Tablet by mouth once a day for cholesterol and heart protection
Remeron - Mirtazapine 15 mg / 1 Tablet by mouth once a day at bedtime
ginkgo biloba leaf extract Oral Cap 120 mg by mouth
Vitamin B12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Take 1,000 mcg by mouth once a day
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 mcg (1,000 unit) Oral Cap by mouth once a day
Vitamin E - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 450 mg (1000 units) / 1 Tablet by mouth once a day
Zyrtec - Cetirizine Hydrochloride 5 mg / 1 Tablet by mouth once a day Allergy
Magnesium Oxide - Simethicone 400 mg / 1 Tablet by mouth once a day
Tramadol - Tramadol Hydrochloride 50mg, take 1 tablet by mouth twice a day As needed for pain
Lanoxin - Digoxin 0.125 mg / 1 Tablet by mouth every other day
ACETAMINOPHEN 500mg , Take 2 tablets by mouth every 8 hours for pain management
Flonase Allergy Relief - Fluticasone Propionate 50 mcg/actuation Nasl SpSn / Use 1 Spray in each nostril Nasal twice a day

14. DME and Supplies:

nebulizer, cane, bath bench

15. Safety Measures:

standard precautions, medication safety, infectious material management, fall precautions, bleeding precautions, bathroom safety, anticoagulant precautions, ambulates with device

16. Nutrition:

low sodium

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation

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: 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 Laceration of right Achilles tendon subsequent encounter, 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/23/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Stephanie Davis
3400 Box Hill Corporate Center Dr
Abingdon, MD 21009
PHONE: 1-800-777-7904 FAX: kaiser NPI: 1013976091

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 : 04/14/2026

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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Clinical Condition Requiring Homecare:

The patient is an 81-year-old female with a past medical history of hypertension, asthma, atrial fibrillation, COPD, obstructive sleep apnea, and right total hip replacement, recently hospitalized for pneumonia and evaluated following a fall that resulted in a right Achilles tendon rupture. She is currently in week 9 of recovery and remains in a CAM boot, with plans to transition to regular footwear per podiatry guidance. On assessment, the patient was alert and oriented 4, with clear lungs, intact and warm skin, and a non-distended abdomen. She reported prior left heel pain and swelling after the fall; however, current focus is on rehabilitation of the right lower extremity. The patient uses CPAP at night and demonstrated proper use of a nebulizer. She lives with her son and family in a two-story home with a first-floor setup and is largely independent, ambulating slowly without an assistive device for short distances and using a scooter within the home. She presents with right ankle range-of-motion limitations, decreased distal lower extremity strength, impaired balance, and gait dysfunction, and is following an Achilles tendon rehabilitation protocol. She is enrolled in a remote atrial fibrillation monitoring program with daily weight and twice-daily vital sign tracking. The patient demonstrates good rehabilitation potential and would benefit from continued skilled physical therapy to address functional deficits.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 04/23/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 04/14/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Laceration of right Achilles tendon subsequent encounter
 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>
 1 - SOC - SN Notes: <o:p></o:p> PT Eval Notes:<o:p></o:p> Physician: Davis, Stephanie

SN Careplans

SN WK1: 1 (04/23/26-04/25/26) ,WK2: 1 (04/26/26-05/02/26) ,WK3: 1 (05/03/26-05/09/26) ,WK4: 1 (05/10/26-05/16/26)

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

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, limited range of motion, balance deficit, Pain Interference with ADLs

PROCEDURES: cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: Leave Cam boot on until removed by the podiatric surgeon.

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

SN Goals

PATIENT-STATED GOAL: To walk without the Cam boot on

GOALS
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
* 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

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

04/23/2026

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PT WK1: 1 (04/23/26-04/25/26) ,WK2: 2 (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)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170O1 - 12 Steps, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170P1 - Picking Up Object, 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, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand

PROCEDURES: Medication management : Review medication with pt, cough/deep breathing exercises, home exercise program: R ANKLE HEELRAISES, ankle inversion eversion, toe curls, gentle DF, gentle heel order stretch, equipment training, work simplification/energy conservation, 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, Sit to Stand - 06. Independent, 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, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, 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, Dynamic balance

PATIENT-STATED GOAL: To get out of boot improve my ankle strength and mobility so I can walk again and be Independent

GOALS
Chair to Bed to Chair - 06. Independent

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

Sit to Stand - 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

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Dynamic balance

Oral Hygiene - 06. Independent

Shower/Bathe Self - 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	04/23/2026