

Home Health Certification and Plan of Care				Order ID: 1150/17353	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
9F56WX7FY63		03/20/2026		From: 03/20/2026 To: 05/18/2026	
				4. Medical Record No.	
				21399	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Kathleen Lutz			HomeCentris Healthcare LLC		
1816 Kinship Rd,			10 Crossroads Drive, Suite 102		
Dundalk, MD 21222-			Owings Mills, MD 21117-8284		
443-586-5624			410-321-8448		
			1487113239		

8. DOB			10/14/1956			9. Sex			Female			10. Medications: Dose/Frequency/Route (N)ew (C)hanged											
11. ICD		Principal Diagnosis					Date		Wixela Inhub Inhalation Aerosol Powder Breath Activated 250-50 MCG/ACT (Fluticasone-Salmeterol) 1inhalation by mouth twice a day for COPD rinse and spit after use														
G21.0		Malignant neuroleptic syndrome					03/20/26		Acetaminophen - Acetaminophen 500 mg / 1 Tablet by mouth every 6 hours Give 2 Tablets by mouth every 6 hours as needed for Mild Pain (1-4) Do not exceed more than 3 grams per day from all sources														
13. ICD		Other Pertinent Diagnoses					Date		Eliquis - Apixaban 5 mg / 1 Tablet by mouth twice a day for A-fib														
G89.29		Other chronic pain					03/20/26		Atorvastatin Calcium - Atorvastatin Calcium 40 mg / 1 Tablet by mouth at bedtime for HLD														
M06.9		Rheumatoid arthritis unspecified					03/20/26		Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) mg / 1 Tablet by mouth once a day for Supplement														
I48.0		Paroxysmal atrial fibrillation					03/20/26		Folic Acid - Folic Acid 1 mg 1 Tablet by mouth once a day for Supplement														
I11.0		Hypertensive heart disease with heart failure					03/20/26		Melatonin - Melatonin 3 mg / 1 Tablet by mouth at bedtime Give 2 Tablet by mouth at bedtime for sleep aide														
I50.9		Heart failure unspecified					03/20/26		Metoprolol Tartrate - Metoprolol Tartrate 25 mg / 1 Tablet by mouth once a day Give 0.5 tablet by mouth one time a day for HTN Hold for SBP less than 100 and or HR less than 60														
J44.9		Chronic obstructive pulmonary disease unspecified					03/20/26		Mirtazapine - Mirtazapine 7.5 mg 1 Tablet by mouth at bedtime for Depression														
F41.1		Generalized anxiety disorder					03/20/26		Multivitamin Oral Tablet (Multiple Vitamin) 1 Tablet by mouth once a day for Supplement														
F32.A		Depression unspecified					03/20/26		Naloxone HCL Nasal Liquid (Naloxone HCL) 4 mg/0.1ml - - 1 spray in nostril every 3 minutes as needed for overdose may repeat in alternating nostrils every 3 minutes until Coherent. Call 911, continue until paramedics arrive. Notify provider														
D75.839		Thrombocytosis unspecified					03/20/26		Ondansetron Hydrochloride - Ondansetron Hydrochloride eq 8 mg base 1 Tablet by mouth every 6 hours as needed for Nausea and Vomitting														
R13.10		Dysphagia unspecified					03/20/26		Oxycodone Hydrochloride - Oxycodone Hydrochloride 10 mg 1 Tablet by mouth every 4 hours as needed for Moderate/Severe Pain (5-10)														
E78.5		Hyperlipidemia unspecified					03/20/26		Senna Plus - Senna 8.6-50 mg / 1 Tablet by mouth every 12 hours as needed for Constipation														
K21.9		Gastro-esophageal reflux disease without esophagitis					03/20/26		Tizanidine Hydrochloride - Tizanidine Hydrochloride eq 4 mg base 1 Tablet by mouth every 8 hours as needed for Muscle spasm														
M19.90		Unspecified osteoarthritis unspecified site					03/20/26		Dicyclomine HCL Oral Tablet 20 mg / 1 Tablet by mouth every 6 hours Give 1 tablet by mouth every 6 hours for IBS														
M81.0		Age-related osteoporosis w/o current pathological fracture					03/20/26		Ipratropium-Albuterol Solution 0.5-2.5 (3) mg/3ml inhalant every 6 hours 3 ml inhale orally via nebulizer every 6 hours as needed for SOB														
Z85.3		Personal history of malignant neoplasm of breast					03/20/26		Losartan Potassium - Losartan Potassium 50 mg 30 by mouth once a day 50 mg														
Z79.01		Long term (current) use of anticoagulants					03/20/26		Gabapentin - Gabapentin 800 mg 54 by mouth three times a day														
Z79.891		Long term (current) use of opiate analgesic					03/20/26																
Z87.01		Personal history of pneumonia (recurrent)					03/20/26																
Z87.440		Personal history of urinary (tract) infections					03/20/26																
Z91.81		History of falling					03/20/26																
14. DME and Supplies:												15. Safety Measures:											
wheelchair, bath bench, hospital bed												wheelchair precautions, standard precautions, bleeding precautions, fall precautions, medication safety, bathroom safety, anticoagulant precautions											
16. Nutrition:												17. Allergies:											
low sodium												aspirin azithromycin bupropion conjugated estrogrens erythromycin ibuprofen p											
18.A. Functional Limitations												18.B. Activities Permitted											
Ambulation												None of the above											
19. Mental & Psychosocial 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: Yes											
20. Prognosis:												fair											
22. A Rehabilitation Potential:												22.B.Discharge Plans											
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 9. Not Applicable												patient will be responsible for managing treatment											
Homebound status:												Due to diagnosis of Malignant neuroleptic syndrome, 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 assitive mobility device.											

23. Signature and Date of Verbal SOC Where Applicable:		25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 03/20/2026			
24. Physician's Name and Address		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.	
Phyllis Queen		F2F date : 03/11/2026	
1576 Merritt Blvd			
Dundalk, MD 21222			
PHONE: 4106502000 FAX: 18666395353 NPI: 1154846699			
27. Attending Physician's Signature and Date Signed		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.	
05/06/2026 Date of physician last face-to-face			
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6. Patient's Name and Address Kathleen Lutz 1816 Kinship Rd, Dundalk, MD 21222- 443-586-5624			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	

Clinical Condition Requiring Homecare:

<p class="MsoNoSpacing">The patient is a 69-year-old female recently hospitalized for altered mental status with a significant past medical history including COPD, left breast cancer status post mastectomy, degenerative spinal disc disease with chronic pain, nasopharyngeal neoplasm with chronic dysphagia status post PEG tube placement, rheumatoid and degenerative joint arthritis with deformities, anxiety, depression, and recent pneumonia. She is alert and oriented 4, with vital signs within normal limits, clear lung sounds, active bowel sounds, and even, unlabored respirations. She is wheelchair-bound due to multiple joint deformities and pain, including right lower extremity, hip, knee, and hand involvement, and requires assistance with self-care and functional transfers, though she was previously able to perform transfers with supervision and was independent with wheelchair mobility. Skin assessment revealed intact skin with excoriation on the left buttock, which she manages with a skin protectant and sacral foam dressing. She resides in a single-family home with her husband, who is her primary caregiver and assists with activities of daily living and instrumental tasks. Currently, she demonstrates decreased standing balance, tolerance, upper extremity strength, and overall activity tolerance, leading to a decline in functional mobility and self-care abilities; therefore, skilled occupational therapy services are recommended to address these deficits and support a return to her prior level of function.</o:p></p> <p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">Bottom of Form</o:p></o:p></p> <p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">03/20/2026
 Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 03/11/2026
 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat, OT eval and treat DX: Malignant neuroleptic syndrome
 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 -SN Notes:<o:p></o:p></p> <p class="MsoNoSpacing">PT Eval Notes:
 OT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Queen, Phyllis</p>

SN Careplans

SN WK1: 1 (03/20/26-03/21/26) ,WK2: 1 (03/22/26-03/28/26) ,WK3: 1 (03/29/26-04/04/26) ,WK4: 1 (04/05/26-04/11/26) ,WK5: 1 (04/12/26-04/18/26) ,WK6: 1 (04/19/26-04/25/26)

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

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, muscle weakness, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit

PROCEDURES: cough/deep breathing exercises

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure

SN Goals

PATIENT-STATED GOAL: To gain up to 10 lbs weight

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

* 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

* 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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/20/2026

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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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals	
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PT Careplans	PT Goals
PT WK2: 1 (03/22/26-03/28/26) ,WK3: 1 (03/29/26-04/04/26) ,WK4: 1 (04/05/26-04/11/26) ,WK5: 1 (04/12/26-04/18/26)	PATIENT-STATED GOAL: To get stronger
PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400 - Dyspnea, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170S1 - Wheel 150 feet	GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent
PROCEDURES: cough/deep breathing exercises, incentive spirometer, wheelchair training, transfers training	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
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, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent	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 Sit to Stand - 06. Independent Car Transfer - 06. Independent Wheel 50 ft w 2 Turns - 06. Independent Wheel 150 feet - 06. Independent

OT Careplans	OT Goals
OT WK2: 1 (03/22/26-03/28/26) ,WK3: 1 (03/29/26-04/04/26) ,WK4: 1 (04/05/26-04/11/26) ,WK5: 1 (04/12/26-04/18/26) ,WK6: 1 (04/19/26-04/25/26)	PATIENT-STATED GOAL: Do more for myself
PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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	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
PROCEDURES: Medication Review : Medication reviewed with patient with all medications in the home , therapeutic exercises, equipment training, work simplification/energy conservation, transfers training, assist with bathing, assist with lower body dressing	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
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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching 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	Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Shower/Bathe Self - 04. Supervision or touching 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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/20/2026