Home Health Certification and Plan of Care

Order ID: 1150/18408

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
52173738	03/06/2026	From: 05/05/2026 To: 07/03/2026	1449	217058

6. Patient's Name and Address

Debra Lathe
5003 E Oliver St,
BALTIMORE, MD 21205-
443-630-2798

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 11/05/1958 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	03/06/26

13. ICD	Other Pertinent Diagnoses	Date
J96.21	Acute and chronic respiratory failure with hypoxia	03/06/26
J96.22	Acute and chronic respiratory failure with hypercapnia	03/06/26
R91.1	Solitary pulmonary nodule	03/06/26
G61.81	Chronic inflammatory demyelinating polyneuritis	03/06/26
I11.0	Hypertensive heart disease with heart failure	03/06/26
I50.30	Unspecified diastolic (congestive) heart failure	03/06/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	03/06/26
I48.91	Unspecified atrial fibrillation	03/06/26
E78.5	Hyperlipidemia unspecified	03/06/26
K21.9	Gastro-esophageal reflux disease without esophagitis	03/06/26
E21.3	Hyperparathyroidism unspecified	03/06/26
D50.9	Iron deficiency anemia unspecified	03/06/26
M81.0	Age-related osteoporosis w/o current pathological fracture	03/06/26
Z99.81	Dependence on supplemental oxygen	03/06/26
Z79.82	Long term (current) use of aspirin	03/06/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	03/06/26
Z95.1	Presence of aortocoronary bypass graft	03/06/26
Z87.01	Personal history of pneumonia (recurrent)	03/06/26

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

Carafate - Sucralfate 1gm 1 g, 1 tab by mouth four times a day Before meals and at bedtime
Docusate Sodium - Docusate Sodium 100mg, 1 tab by mouth once a day
Zoloft - Sertraline Hydrochloride eq 100 mg base 100mg, 1 tab by mouth at bedtime
Ditropan Xl - Oxybutynin Chloride 10 mg 10mg, 1 tab by mouth once a day
Lipitor - Atorvastatin Calcium eq 80 mg base 80mg, 1 tab by mouth once a day
Gabapentin - Gabapentin 300 mg 600mg; 2 cap by mouth three times a day
Aspirin 81Mg - Aspirin 81mg by mouth once a day
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 10mcg, 1 tab by mouth once a day
Desyrel - Trazodone Hydrochloride 50 mg **federal register determination that product was not discontinued or withdrawn for safety or efficacy reason** 50mg, 1 Tablet by mouth at bedtime
Buspar - Buspirone Hydrochloride 10 mg 1 by mouth twice a day For tremor and generalized anxiety
Topamax - Topiramate 25 mg 1 tablet by mouth once a day Week 1 one tablet by mouth in the evening, week 2 two tablets in the evening, week 3 one tablet in the morning and 2 tablets at night.
Folic Acid - Folic Acid 1 mg 1 by mouth once a day Supplements
Folic Acid - Folic Acid 1 mg 1 mg 1 tablet by mouth once a day Supplement
Potassium Chloride - Potassium Chloride 10meq 1 by mouth once a day For hypokalemia
Potassium Chloride - Potassium Chloride 10meq 10meq by mouth once a day Tremors
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg by mouth in the morning
Melatonin - Melatonin 3 mg by mouth at bedtime
Spiriva Respimat - Tiotropium Bromide 2.5 mcg/act; 2 puffs inhalant once a day
Buprenorphine Hydrochloride And Naloxone Hydrochloride - Buprenorphine Hydrochloride: Naloxone Hydrochloride 7.5 mg/hour transdermal once a week

14. DME and Supplies:
wheelchair, rolling walker, cane, bath bench, BIPAP, oxygen

15. Safety Measures:
standard precautions, remove environmental barriers, medication safety, fall precautions, ambulates with device, ambulates with assistance

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance, Balance

18.B. Activities Permitted
Walker, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: WNL , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

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 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 a 67-year-old female receiving home health services for skilled nursing assessment and management following hospitalization for acute respiratory failure with hypoxia and hypercarbia in the setting of severe chronic obstructive pulmonary disease (COPD), with ongoing palliative care support. Her medical history is significant for coronary artery disease status post PCI, heart failure with preserved ejection fraction, atrial fibrillation, chronic inflammatory demyelinating polyneuropathy, essential hypertension, gastroesophageal reflux disease, chronic diarrhea, iron deficiency anemia, prior pneumonia, and a history of small bowel obstruction with prior bowel resection and cholecystectomy. During her recent hospitalization, she presented with periumbilical abdominal pain, nausea, flu-like symptoms, and worsening shortness of breath unrelieved by home nebulizer treatments; evaluation revealed acute on chronic respiratory acidosis with hypoxia and hypercapnia, elevated serum bicarbonate, hyponatremia, and hypokalemia requiring BiPAP support and ICU consultation. She currently has severe COPD with chronic respiratory failure requiring continuous oxygen at 3 L/min via nasal cannula and reports dyspnea with minimal exertion; lung sounds are diminished bilaterally with occasional wheezing. Cardiovascular history includes CAD, atrial fibrillation with irregular but stable rhythm, and HFpEF without current chest pain, though monitoring for fluid retention and worsening dyspnea is ongoing. Gastrointestinal history includes prior bowel resection with intermittent abdominal discomfort and chronic diarrhea. Neurologically, chronic inflammatory demyelinating polyneuropathy contributes to generalized weakness and limited mobility. Functionally, the patient fatigues easily, ambulates approximately 30 feet indoors with supervision and bilateral AFOs, performs 14 steps with bilateral rails and supervision, and requires supervision for bed mobility and transfers; she resides in a townhouse with her sister and is considered homebound due to significant effort required to leave home, as evidenced by a Tinetti score of 15/28. Skilled nursing interventions include comprehensive cardiopulmonary assessment, monitoring of oxygen therapy and respiratory status, COPD management education including inhaler and nebulizer use, medication reconciliation and adherence teaching, monitoring for respiratory distress or infection, reinforcement of energy conservation and fall prevention strategies, and coordination with the palliative care team. Patient and caregiver education was provided regarding COPD management, oxygen safety, medication adherence, and recognition of symptoms requiring medical attention. The plan is to continue skilled nursing <mh class="chrome-extension-FindManyStrings

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/01/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Tamischer Nettles
3400 Box Hill Corporate Center Dr
Abingdon, MD 21009
PHONE: 410-515-5440 FAX: 14105155581 NPI: 1285778225

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 : 03/04/2026

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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chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> for cardiopulmonary monitoring, medication management, and disease education, with follow-up with the primary care provider and specialists as scheduled, continuation of palliative care support, and home therapy to improve strength and functional mobility.
 Date of Order 05/01/2026 Orders Physician Face-to-Face Date: 03/04/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat 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
 4 - Recertification Notes: The patient was recertified to improve strength of lower extremities and increase endurance on outside unlevel surfaces so client can exit home without using wheelchair.
 Physician Nettles, Tamischer

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (05/05/26-05/09/26) ,WK3: 1 (05/17/26-05/23/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, 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: WNL

HOSPITALIZATION RISKS: 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; 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 ; 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.

PT Goals

PATIENT-STATED GOAL: Feel stronger and be able to walk outside with my walker to a doctor's appointment

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

Car Transfer - 06. Independent

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

4 Steps - 04. Supervision or touching assistance

Walk 10 Feet - 04. Supervision or touching assistance

Sit to Stand - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 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

12 Steps - 04. Supervision or touching assistance

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/01/2026

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Delete
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: dependent edema, M1033 - Exhaustion, muscle weakness, limited endurance, balance deficit

PROCEDURES: Home exercise program : Spine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, Family training: Outside gait with walker, 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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 - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching 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

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

Picking Up Object - 04. Supervision or touching assistance

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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