Home Health Certification and Plan of Care

Order ID: 1150/18421

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
39217298	04/30/2026	From: 04/30/2026 To: 06/28/2026	25272	217058

6. Patient's Name and Address

Stephanie Weis
8407 Macauley Court,
LUTHERVILLE TIMONIUM, MD 21093-
410-733-7893

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 07/20/1951 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S82.852D	Displ trimalleol fx l low leg subs for clos fx w routn heal	04/30/26

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	04/30/26
N18.30	Chronic kidney disease stage 3 unspecified	04/30/26
I48.20	Chronic atrial fibrillation unspecified	04/30/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	04/30/26
E78.5	Hyperlipidemia unspecified	04/30/26
K21.9	Gastro-esophageal reflux disease without esophagitis	04/30/26
L57.0	Actinic keratosis	04/30/26
Z79.891	Long term (current) use of opiate analgesic	04/30/26
Z79.01	Long term (current) use of anticoagulants	04/30/26
Z91.81	History of falling	04/30/26

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

ALPRAZOLAM 0.25 mg tablet by mouth in the evening as necessary. Commonly known as: XANAX
DABIGATRAN ETEXILATE 150 mg capsule by mouth twice a day Commonly known as: PRADAXA
DIGOXIN 125 mcg tablet by mouth daily
Metoprolol Tartrate - Metoprolol Tartrate 25 mg tablet by mouth 2 times a day
OXYBUTYNIN 5 mg tablet by mouth Daily
OXYCODONE Immediate Release 5 mg tablet by mouth every 6 hours as needed for Pain or MODERATE Pain (or if patient requests it for severe pain). Commonly known as: ROXICODONE
PRAMIPEXOLE DIHYDROCHLORIDE 0.25 mg tablet by mouth three times a day Commonly known as: MIRAPEX
SERTRALINE 100 mg/tablet / Take 200 mg by mouth daily Commonly known as: ZOLOFT

14. DME and Supplies:

wheelchair, rolling walker, bath bench, walker, cane

15. Safety Measures:

ambulates with assistance, ambulates with device, , activity supervision, NWB L LE

16. Nutrition:

regular

17. Allergies:

codeine

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Walker, Transfer bed/Chair, 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: good

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

Homebound status: Due to diagnosis of Displaced trimalleolar fracture of left lower leg, subsequent encounter for closed fracture with routine healing, 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 74-year-old female recently hospitalized following a fall resulting in a left trimalleolar ankle fracture status post open reduction and internal fixation (ORIF) performed on 04/22/2026. Her past medical history is significant for hypertension, hyperlipidemia, chronic kidney disease stage 3, obstructive sleep apnea, gastroesophageal reflux disease, and atrial fibrillation. Patient was referred for skilled home health physical therapy evaluation due to decline in functional mobility, impaired safety with ambulation and transfers, post-operative recovery needs, and increased fall risk related to her current non-weight-bearing status of the left lower extremity. Patient resides with family in a multi-level home and currently requires caregiver assistance for mobility and activities of daily living due to postoperative limitations. Assessment revealed left lower extremity weakness, impaired balance, pain, decreased endurance, and altered gait mechanics associated with non-weight-bearing restrictions to the left lower extremity. Patient ambulates short household distances of less than 25 feet by hopping with a rolling walker and caregiver/contact guard assistance for safety. Functional mobility deficits currently result in moderate assistance required for bed mobility, minimal to moderate assistance for transfers, and contact guard assistance for sit-to-stand and toilet transfers with verbal cueing needed for proper hand and limb placement to maintain safety and adherence to weight-bearing precautions. Upper extremity weakness was also noted, with bilateral upper extremity muscle strength assessed at approximately 4/5 on manual muscle testing, contributing to difficulty with walker use, transfers, and self-care activities. Patient requires contact guard assistance for upper body dressing tasks and minimal assistance for lower body dressing due to impaired balance, mobility restrictions, and decreased strength. Surgical site remains stabilized with a semi-rigid external cast that was observed to be clean, dry, and intact with no visible signs of compromise, drainage, or infection at the time of assessment. Patient and caregiver were educated extensively regarding cast care, protection of the surgical extremity, skin integrity monitoring, fall prevention, transfer safety, adherence to non-weight-bearing precautions, and signs and symptoms requiring physician notification, including increased pain, swelling, drainage, discoloration, numbness, or changes in circulation. Skilled home health physical therapy services are medically necessary to address deficits in strength, balance, gait, transfers, endurance, and overall functional mobility. Treatment will focus on therapeutic exercise, gait training, transfer training, safety education, caregiver instruction, and progression toward improved independence and reduced fall risk to support safe recovery within the home environment.
 Date of Order 04/30/2026 Orders Physician Face-to-Face Date: 04/23/2026 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat ot-eval & treat due to Displaced trimalleolar fracture of left lower leg, subsequent encounter for closed fracture with routine healing 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 - PT Notes: soc OT Eval Notes:
 Physician Varghese, Sherin

SN Careplans	SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/30/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Sherin Varghese
2931 Greenspring Drive
Timonium, MD 21093
PHONE: FAX: NPI: 1952471153

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 : 04/23/2026

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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PT Careplans

PT WK1: 1 (04/30/26-05/02/26) ,WK2: 1 (05/03/26-05/09/26) ,WK3: 1 (05/10/26-05/16/26) ,WK4: 1 (05/17/26-05/23/26) ,WK5: 1 (05/24/26-05/30/26) ,WK6: 1 (05/31/26-06/06/26) ,WK7: 1 (06/07/26-06/13/26) ,WK8: 1 (06/14/26-06/20/26)

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: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 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; 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:none

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170I1 - Walk 10 Feet, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, 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, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, muscle weakness, limited strength, limited range of motion, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep

PROCEDURES: Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time., B LE strengthening: 1, wheelchair training, home exercise program: Exercises included ankle pumps to uninvolved LE, seated marching, long arc quads, hip abduction/adduction, glute sets, and quad sets, 10-15 reps each as tolerated. Emphasis placed on proper technique, pacing, posture, edema management, and strict compliance with NWB precautions during all mobility tasks. Patient verbalized understanding and demonstrated fair return demonstration., 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, * 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, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, 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, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Car Transfer - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: To have fracture heal well

GOALS
Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

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

Chair to Bed to Chair - 05. Setup or clean-up assistance

Sit to Stand - 05. Setup or clean-up assistance

Toilet Transfer - 05. Setup or clean-up assistance

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

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Car Transfer - 05. Setup or clean-up assistance

OT Careplans

OT WK2: 1 (05/03/26-05/09/26) ,WK3: 1 (05/10/26-05/16/26) ,WK4: 1 (05/17/26-05/23/26) ,WK5: 1 (05/24/26-05/30/26) ,WK6: 1 (05/31/26-06/06/26) ,WK7: 1 (06/07/26-06/13/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, 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: Therapeutic exercise: clinician will describe procedure at time of visits,

OT Goals

PATIENT-STATED GOAL: Patient to return back to PLOF and walk again

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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
04/30/2026

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Patient/caregiver recalls related purpose and schedule of medications: Medication review, cough/deep breathing exercises, home exercise program: Home exercise program to constant of using water bottles, dumbbells or theraband for upper extremity., transfers training: Transfers

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, 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

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

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

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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/30/2026