Home Health Certification and Plan of Care

Order ID: 1150/18451

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7GU7RR9CT50	05/05/2026	From: 05/05/2026 To: 07/03/2026	25374	217058

6. Patient's Name and Address

Deborah Holden
4216 Maryland Place,
Baltimore, MD 21229-
443-827-8075

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 01/01/1960 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
C79.31	Secondary malignant neoplasm of brain	05/05/26

13. ICD	Other Pertinent Diagnoses	Date
C34.90	Malignant neoplasm of unsp part of unsp bronchus or lung	05/05/26
C79.51	Secondary malignant neoplasm of bone	05/05/26
J44.9	Chronic obstructive pulmonary disease unspecified	05/05/26
M32.9	Systemic lupus erythematosus unspecified	05/05/26
M79.7	Fibromyalgia	05/05/26
E46.	Unspecified protein-calorie malnutrition	05/05/26
K21.9	Gastro-esophageal reflux disease without esophagitis	05/05/26
D84.81	Immunodeficiency due to conditions classified elsewhere	05/05/26
F41.1	Generalized anxiety disorder	05/05/26
F33.3	Major depressv disorder recurrent severe w psych symptoms	05/05/26
E78.2	Mixed hyperlipidemia	05/05/26
M43.16	Spondylolisthesis lumbar region	05/05/26
M48.061	Spinal stenosis lumbar region without neurogenic claud	05/05/26
G89.29	Other chronic pain	05/05/26
E66.9	Obesity unspecified	05/05/26
Z68.37	Body mass index [BMI] 37.0-37.9 adult	05/05/26
Z85.118	Personal history of malignant neoplasm of bronchus and lung	05/05/26
Z87.440	Personal history of urinary (tract) infections	05/05/26
Z87.891	Personal history of nicotine dependence	05/05/26

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

Albuterol Sulfate - Albuterol Sulfate HFA Aerosol Solution 108(90 Base) MCG/ACT / 2 puff inhale orally by mouth every 6 hours as needed for COPD RINSE MOUTH AFTER USE
ARIPIPRAZOLE 15 mg / 1 Tablet by mouth one time a day for Major Depressive Disorder, severe, with psychotic symptoms
BUSPIRONE HCL 15 mg / 1 Tablet by mouth three times a day for anxiety
Escitalopram Oxalate - Escitalopram Oxalate 20 mg / 1 Tablet by mouth one time a day for Depression
FAMOTIDINE 20 mg / 1 Tablet by mouth two times a day for GERD
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 Give 17 gram by mouth once a day for bowel regimen give in 6-8 ounces of fluids hold for loose stool
Pravastatin Sodium - Pravastatin Sodium 80 mg / 1 Tablet by mouth at bedtime for hyperlipidemia
Umeclidinium-Vilanterol Aerosol Powder, breath activated 62.5-25 MCG/ACT / Give 1 puff by mouth once a day for COPD
Fluticasone Propionate - Fluticasone Propionate Nasal Suspension 50 MCG/ACT / 2 spray in both nostrils Nasal one time a day for ALLERGIES, RHINITIS
Lidocaine Patch - Lidocaine 4% / Apply to LOWER BACK topical once a day for pain 12hr on and 12hr off and remove per schedule

14. DME and Supplies:

wheelchair, walker, bath bench

15. Safety Measures:

wheelchair precautions, bathroom safety, transfer with assist, walker precautions, supervision at all times, standard precautions, fall precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

cardiac diet

17. Allergies:

No Known Allergies

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation, Endurance

18.B. Activities Permitted

Wheelchair, Walker, 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: Yes

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

SN and OT: patient will be responsible for managing treatment PT: family/careg

Homebound status: Due to diagnosis of Secondary malignant neoplasm of brain, 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:

<p class="MsoNoSpacing">SOC completed with consents signed by the patient. The patient is a 66-year-old female with a primary diagnosis of brain cancer/small cell carcinoma involving the cerebellum, status post 41 chemotherapy treatments and 12 radiation treatments, with the final radiation treatment scheduled for next Wednesday. Past medical history includes brain disorder with gait dysfunction, asthma, COPD, hyperlipidemia, anxiety, depression, obesity, neuropathy, constipation, and seasonal allergies. The patient is alert and oriented x2-3 and resides with her husband, who is the primary caregiver, in a ranch-style single-family home with three steps and railings at the entrance and a rear ramp. The patient is homebound due to significant ambulatory difficulty, requiring supervision and one-person assistance with a wheelchair, walker, and transport chair for mobility and fall prevention, as evidenced by a Tinetti score of 5/28. Bed mobility requires moderate assistance for supine-to-sit and sit-to-supine transfers, sit-to-stand transfers require moderate assistance from a recliner and minimal assistance from a transport chair, and the patient ambulates approximately 5 feet x2 with two-hand assist and minimal assistance. The patient reports declining balance and ADL performance since 2024 and currently presents with deficits in ADLs, functional mobility, activity tolerance, upper extremity function, and safety awareness. Durable medical equipment in the home includes a wheelchair, transport chair, walker, bath bench, and shower chair, and the husband has requested a hospital bed. Medications were reviewed with the patient and caregiver, and education was provided regarding inhaler use with mouth rinsing after powder inhalation therapy, constipation management with Miralax and stool softeners, and Kegel exercises for mild nighttime incontinence. The patient denied pain, abnormal bleeding, or recent falls, and no abnormal lung sounds were noted. OT initiated a home exercise program including upper extremity strengthening exercises with 2-3 lb weights and theraputty exercises. The patient tolerated supine therapeutic exercises including hip flexion, bridging, hooklying rotation, straight leg raises, hip abduction, and

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/05/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Tricia Angulo-Bartlett
1120 N. Rolling Rd
Catonsville, MD 21228
PHONE: 410-801-2273 FAX: 14103859319 NPI: 1134160070

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 : 03/11/2026

27. Attending Physician's Signature and Date Signed **05/12/2026**: 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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AAROM activities. Skilled PT and OT services are indicated to improve strength, balance, safety, ADL performance, and overall functional mobility while reducing caregiver burden and maximizing independence in the home setting.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 05/05/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 03/11/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Secondary malignant neoplasm of brain
 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> OT Eval Notes: <o:p></o:p> Physician: Angulo-Bartlett, Tricia

SN Careplans

SN WK1: 1 (05/05/26-05/09/26) ,WK2: 1 (05/10/26-05/16/26) ,WK3: 1 (05/17/26-05/23/26) ,WK4: 1 (05/24/26-05/30/26) ,WK6: 1 (06/07/26-06/13/26) ,WK8: 1 (06/21/26-06/27/26)

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; 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.

No open wounds noted
Advance Directive:SEE MOLST

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2102d - Caregiver Performs Treatment, meal preparation, M2102f - Patient Supervision, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abn cholesterol > 200 mg/dL, heartburn/indigestion, frequent urination, M1600 - UTI, M1610 - Urinary Incontinence, limited strength, limited endurance, muscle weakness, difficulty sleeping, balance deficit, obesity

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, bladder training, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin 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, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: To improve balance with walking

GOALS
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
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver performs medical/rehabilitation treatments with adequate competence

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

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PT Careplans

PT WK1: 1 (05/05/26-05/09/26) ,WK2: 1 (05/10/26-05/16/26) ,WK3: 1 (05/17/26-05/23/26) ,WK4: 1 (05/24/26-05/30/26) ,WK5: 1 (05/31/26-06/06/26) ,WK6: 1 (06/07/26-06/13/26) ,WK7: 1 (06/14/26-06/20/26) ,WK8: 1 (06/21/26-06/27/26) ,WK9: 1 (06/28/26-07/03/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170L1 - Walk 10 ft on Uneven Surface

PROCEDURES: Order hospital bed.: Call physician for order, cough/deep breathing exercises, home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, plantarflexion, squats. Sitting knee extension, ankle pumps, 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, 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 - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: Be able to get on and off the bed by myself 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

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

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

Toilet Transfer - 05. Setup or clean-up assistance

Walk 10 Feet - 04. Supervision or touching assistance

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

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

4 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

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

OT Careplans

OT WK1: 1 (05/05/26-05/09/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating

PROCEDURES: cough/deep breathing exercises, home exercise program: 2# weight: bilateral shoulder flex, chest presses, horizontal abd/add, bicep curls 2x10 reps, medium theraputty -pinch and squeeze, equipment training, work simplification/energy conservation, dynamic standing balance exercises: as needed, transfers training: toilet, tub, bed

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, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: to do things faster

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

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate assistance

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

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

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

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/05/2026