Home Health Certification and Plan of Care

Order ID: 1150/18488

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8K25KY3WC72	05/02/2026	From: 05/02/2026 To: 06/30/2026	25413	217058

6. Patient's Name and Address
Barbara Woodson
811 Judy Lane,
PIKESVILLE, MD 21208-
410-486-5093

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 01/10/1945 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
G20.A1	Parkinson's dis w/o dyskinesia w/o mention of fluctuations	05/02/26

13. ICD	Other Pertinent Diagnoses	Date
M34.1	CR(E)ST syndrome	05/02/26
I10.	Essential (primary) hypertension	05/02/26
E78.5	Hyperlipidemia unspecified	05/02/26
M15.0	Primary generalized (osteo)arthritis	05/02/26
G45.4	Transient global amnesia	05/02/26
E66.9	Obesity unspecified	05/02/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	05/02/26
Z79.82	Long term (current) use of aspirin	05/02/26
Z87.440	Personal history of urinary (tract) infections	05/02/26

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

Amlodipine Besylate - Amlodipine Besylate 5 mg / 1 Tablet by mouth once a day for HTN
carbidopa-levodopa 25-100 mg/tablet / Give 2 tablet by mouth three times a day for Parkinson
FOLIC ACID 1 mg tablet by mouth once a day for Vitamin B9 Deficiency
HYDROXYCHLOROQUINE SULFATE 200 mg / 1 Tablet by mouth twice a day for Crest Syndrome
Metoprolol Succinate - Metoprolol Succinate ER 50 mg / 1 Tablet by mouth once a day for HTN
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Give 2 tablet by mouth once a day for Supplement
Amantadine Hydrochloride - Amantadine Hydrochloride 100 mg by mouth twice a day
Creon - Pancrelipase (Amylase:Lipase:Protease) 114000 units by mouth four times a day
Zyrtec Allergy - Cetirizine Hydrochloride 10 mg by mouth once a day

14. DME and Supplies:
walker

15. Safety Measures:
walker precautions, standard precautions, fall precautions, bathroom safety, ambulates with device, ambulates with assistance

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Walker

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, 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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Parkinson's disease without dyskinesia, without mention of fluctuations, 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:

Patient is an 81-year-old female with a past medical history significant for Parkinson disease, hypertension, hyperlipidemia, CREST syndrome, cerebrovascular accident, generalized weakness, and unsteady gait. Patient was recently hospitalized and underwent a rehabilitation stay secondary to urinary tract infection. Prior to hospitalization, patient had recently initiated outpatient physical therapy for management of Parkinson disease; however, therapy services were interrupted due to hospitalization and extended rehabilitation stay. Patient resides with her husband in a ranch-style home and remains homebound secondary to weakness, impaired mobility, decreased endurance, and high fall risk associated with Parkinson disease and gait instability. Patient requires use of a rolling walker for ambulation and requires human assistance when leaving the home for safety. During assessment, patient was alert and oriented x3 with no complaints of pain or discomfort voiced. Skin assessment revealed skin warm, dry, and intact. Patient ambulates with a walker and demonstrates unsteady gait, placing her at increased risk for falls. Physical therapy evaluation identified decreased bilateral lower extremity strength with manual muscle testing graded at 3/5. Patient requires contact guard assistance for transfers and short-distance ambulation using a rolling walker. Additional deficits noted include impaired balance, decreased functional mobility, reduced endurance, and increased fall risk. Skilled physical therapy services are medically necessary to address strengthening, balance retraining, gait training, transfer safety, and mobility deficits in order to improve functional independence, increase safety, and facilitate return to prior level of function. Occupational therapy evaluation revealed deficits in activities of daily living, functional mobility, balance, upper extremity function, and overall safety awareness. Prior to hospitalization, patient was independent with basic self-care tasks and ambulated with a rolling walker. Patient reported a previous fall out of bed several months ago. Fall prevention education was provided, including recommendation to place a pool noodle under the fitted sheet to reduce risk of rolling out of bed. Patient would benefit from continued skilled occupational therapy services every other week through the remainder of the episode to address ADL retraining, adaptive equipment education, therapeutic exercises, home exercise program instruction, functional mobility training, and safety awareness. Continued skilled nursing and therapy services remain indicated for disease process education, fall prevention, strengthening, mobility training, and ongoing monitoring to promote safe functional independence within the home environment.
 Date of Order 05/02/2026 Orders Physician Face-to-Face Date: 03/27/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Parkinson's disease without dyskinesia, without mention of fluctuations 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 - SN Notes: soc OT Eval Notes: PT Eval Notes:
 Physician Tran, Trung

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/02/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Trung Tran
29 S. Paca Street
Baltimore, MD 21201
PHONE: 4107014600 FAX: 14107014481 NPI: 1326672916

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 : 03/27/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/18488

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8K25KY3WC72	05/02/2026	From: 05/02/2026 To: 06/30/2026	25413	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Barbara Woodson 811 Judy Lane, PIKESVILLE, MD 21208- 410-486-5093	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

SN WK1: 1 (05/02/26-05/02/26) ,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)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, 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, 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:SEE MOLST

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, daytime fatigue, B1000 - Vision Deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange resources for vision-impaired

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, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule

PATIENT-STATED GOAL: To walk better and less fatigue

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

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

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

PT Careplans

PT WK2: 1 (05/03/26-05/09/26) ,WK3: 1 (05/10/26-05/16/26) ,WK5: 1 (05/24/26-05/30/26) ,WK7: 1 (06/07/26-06/13/26) ,WK9: 1 (06/21/26-06/27/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170G1 - Car 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, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170E1 - Chair to Bed to Chair

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, home exercise program: Review HEP: seated knee ext, hip flex, hip abd, quad sets, gluteal squeezes, ankle pumps at least 1x10. Once tolerated, upgrade to standing heel/ toe raises, knee flex, hip flex, hip abd at least 1x10 with UE support as needed. Upgrade as tolerated, 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

PT Goals

PATIENT-STATED GOAL: To be able to walk without help

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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/02/2026

Home Health Certification and Plan of Care

Order ID: 1150/18488

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8K25KY3WC72	05/02/2026	From: 05/02/2026 To: 06/30/2026	25413	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Barbara Woodson 811 Judy Lane, PIKESVILLE, MD 21208- 410-486-5093	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Bed to Chair - 06. Independent, Sit to Stand - 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, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Medication Review

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

Picking Up Object - 04. Supervision or touching assistance

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

Medication Review

OT Careplans

OT WK2: 1 (05/03/26-05/09/26) ,WK4: 1 (05/17/26-05/23/26) ,WK6: 1 (05/31/26-06/06/26) ,WK8: 1 (06/14/26-06/20/26) ,WK10: 1 (06/28/26-06/30/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: cough/deep breathing exercises, home exercise program: 16 oz water bottle bilateral shoulder flex chest presses horizontal abd add bicep curls 2x10 reps, therapeutic exercises: Tub, toilet, equipment training, work simplification/energy conservation, transfers training: Tub, toilet

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 - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: to do what I usually do

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

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 - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 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	05/02/2026