

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				10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD	Principal Diagnosis		Date	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		
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			
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 : 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. PAGE 1 of 3		

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				4. Medical Record No.	
				25374	
5. Provider No.					
217058					
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Deborah Holden			HomeCentris Healthcare LLC		
4216 Maryland Place,			10 Crossroads Drive, Suite 102		
Baltimore, MD 21229-			Owings Mills, MD 21117-8284		
443-827-8075			410-321-8448		
			1487113239		
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.					
Date of Order: 05/05/2026 Order: 05/05/2026					
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					
1 - SOC - SN					
PT Eval Notes: PT Eval Notes: OT Eval Notes:					
Physician: Angulo-Bartlett, Tricia					
SN Careplans			SN Goals		
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)			PATIENT-STATED GOAL: To improve balance with walking		
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			GOALS		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			patient/caregiver recalls		
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion			* depression-prevention strategies including avoidance of isolation		
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.			* healthy eating		
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.			* sleeping habits		
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			* identification of activities that bring pleasure		
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.			* preventive care		
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.			* recalls related medication(s) purpose, schedule		
Provide education content at patient's level of health literacy.			patient/caregiver recalls		
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.			* lifestyle modifications to manage respiratory condition including		
Assess: Musculoskeletal status.			* diet changes and regular exercise		
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			* strategies to control shortness of breath		
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.			* home remedies to keep lungs healthy		
Pt/PCg educated in pain management techniques including positioning and relaxation techniques			* recalls related medication(s) purpose, schedule		
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education.,			patient/caregiver recalls		
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training			* prevention including increase fluid intake		
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.			* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)		
No open wounds noted			* perineal hygiene		
Advance Directive:SEE MOLST			* recalls related medication(s) purpose, schedule		
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			patient/caregiver recalls		
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			* urinary incontinence management including bladder 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, * 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			* Kegel exercises		
			* skin care		
			* 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		
			PAGE 2 of 3		
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