

Home Health Certification and Plan of Care				Order ID: 1150/18520	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
8K25KY3WC72		05/02/2026		From: 05/02/2026 To: 06/30/2026	
				4. Medical Record No.	
				25413	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Barbara Woodson			HomeCentris Healthcare LLC		
811 Judy Lane,			10 Crossroads Drive, Suite 102		
PIKESVILLE, MD 21208-			Owings Mills, MD 21117-8284		
410-486-5093			410-321-8448		
			1487113239		
8. DOB			9. Sex		
01/10/1945			Female		
11. ICD			Date		
G20.A1			05/02/26		
Principal Diagnosis			Parkinson's dis w/o dyskinesia w/o mention of fluctuations		
13. ICD			Date		
M34.1			05/02/26		
I10.			05/02/26		
E78.5			05/02/26		
M15.0			05/02/26		
G45.4			05/02/26		
E66.9			05/02/26		
Z86.73			05/02/26		
Z79.82			05/02/26		
Z87.440			05/02/26		
Other Pertinent Diagnoses			Date		
CR(E)ST syndrome			05/02/26		
Essential (primary) hypertension			05/02/26		
Hyperlipidemia unspecified			05/02/26		
Primary generalized (osteo)arthritis			05/02/26		
Transient global amnesia			05/02/26		
Obesity unspecified			05/02/26		
Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits			05/02/26		
Long term (current) use of aspirin			05/02/26		
Personal history of urinary (tract) infections			05/02/26		
14. DME and Supplies:			15. Safety Measures:		
walker			walker precautions, standard precautions, fall precautions, bathroom safety, ambulates with device, ambulates with assistance		
16. Nutrition:			17. Allergies:		
regular			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation			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:			22.B.Discharge Plans		
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.			patient will be responsible for managing treatment 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:			<div>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.</div><div> </div><div>Date of Order</div><div>05/02/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 03/27/2026</div><div>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</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div>1 - SOC - SN Notes: soc</div><div>OT Eval Notes:</div><div>PT Eval Notes:</div><div> </div><div><div>Physician</div><div>Pham, Trung</div>		
SN Careplans			SN Goals		
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)			PATIENT-STATED GOAL: To walk better and less fatigue		
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			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		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance					
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion,					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POTS	
Electronically Signed by Messick, Charles RN on 05/02/2026					
24. Physician's Name and Address			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.		
Trung Pham			F2F date : 03/27/2026		
5415 Old Court Road Ste 102					
Randallstown, MD 21133					
PHONE: 410-701-4600 FAX: 14107014481 NPI: 1669491999					
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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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/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/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, Sit to Stand - 06. Independent, Medication Review			PT Goals PATIENT-STATED GOAL: To be able to walk without help GOALS Chair to Bed to Chair - 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 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,			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			
Signature of Physician:			Date			
			PAGE 2 of 3			
Optional Name/Signature of Nurse/Therapist:			Date			
Electronically Signed by Messick, Charles RN			05/02/2026			

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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		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		

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