Home Health Certification and Plan of Care

Order ID: 1150/18555

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
94221657	03/14/2026	From: 05/13/2026 To: 07/11/2026	23575	217058

6. Patient's Name and Address
Lakeria Burrell
3807 FLOWERTON ROAD,
BALTIMORE, MD 21229-
443-546-8282

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 12/11/1986 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z48.3	Aftercare following surgery for neoplasm	03/14/26

13. ICD	Other Pertinent Diagnoses	Date
D35.2	Benign neoplasm of pituitary gland	03/14/26
E22.1	Hyperprolactinemia	03/14/26
H43.819	Vitreous degeneration unspecified eye	03/14/26
N91.5	Oligomenorrhea unspecified	03/14/26
E66.9	Obesity unspecified	03/14/26
Z68.36	Body mass index [BMI] 36.0-36.9 adult	03/14/26
Z79.01	Long term (current) use of anticoagulants	03/14/26
Z79.4	Long term (current) use of insulin	03/14/26
Z79.52	Long term (current) use of systemic steroids	03/14/26
Z79.891	Long term (current) use of opiate analgesic	03/14/26

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

Roxicodone - Oxycodone Hydrochloride 5 mg 5 mg 5 mg / 1 Tablet by mouth every 6 hours as needed for MODERATE Pain (or if patient requests it for severe pain).
norethindrone e.estradiol-iron (FEIRZA) 0 1 mg-20 mcg (21) / 75 mg (7) / 1 Tablet by mouth once a day Take 1 tablet by mouth daily
KEPPRA 1,000 mg / 1 Tablet by mouth twice a day SEIZURES
Cortef - Hydrocortisone 5 mg 5 mg by mouth once a day Take 9 tablets by mouth daily for 3 days, THEN 6 tablets daily for 3 days, THEN 3 tablets daily. Do not start before March 10, 2026.
Cortef - Hydrocortisone 5 mg 5 mg 5 mg 5 mg / 1 Tablet by mouth once a day T ake 3 tablets by mouth every evening for 3days, THEN 2 tablets every evening for 3days, THEN 1 tablet every evening. Do not start before March 10, 2026.
White Petrolatum Mineral Oil (LUBRICANT EYE) 0 83-15 % Opht Oint left eye three times a day Use especially at night before bed; you may want to cover with eye patch at night

14. DME and Supplies:
4 wheeled walker

15. Safety Measures:
standard precautions, fall precautions, ambulates with device, ambulates with assistance, smoke detectors , transfer with assist, bathroom safety, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance

18.B. Activities Permitted
Walker

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status:
Due to diagnosis of Aftercare following surgery for neoplasm, 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 returned home following surgical removal of a cancerous tumor located on the right side of the brain and completed follow-up with neurology on 4/6. Patient reports intermittent facial pain; however, vision has improved since surgery. Patient is currently ambulating independently without an assistive device and demonstrates improved functional mobility during assessment.<o:p></o:p>   Bottom of Form<o:p></o:p> Date of Order<o:p></o:p> 05/08/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 03/09/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Aftercare following surgery for neoplasm
 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>
 4 - Recertification Notes: due to status post surgery from a cancerous tumor on the right side of her brain<o:p></o:p> Physician: Madah, Maria

SN Careplans

SN WK1: 1 (05/13/26-05/16/26) ,WK2: 1 (05/17/26-05/23/26) ,WK3: 1 (05/24/26-05/30/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications

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

SN Goals

PATIENT-STATED GOAL: I want to get stronger and start exercises

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

caregiver performs medical/rehabilitation treatments with adequate competence

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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/08/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Maria Madah
1701 Twin Springs Rd
Halethorpe, MD 21227
PHONE: (800) 777-7904 FAX: 18559024974 NPI: 1952892846

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 : 03/09/2026

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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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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, #1 - Other - Other - LEFT CLOSED CRANIAL INCISION ANTERIOR ASPECT -

PROCEDURES: physician-ordered wound care: #1 - Other - Other - LEFT CLOSED CRANIAL INCISION ANTERIOR ASPECT -: open to air, train caregiver(s) to perform medical/rehabilitation treatments, 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, * 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence

* 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 achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* 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

meal preparation is available to patient for all meals

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/08/2026