

Home Health Certification and Plan of Care				Order ID: 1150/18598	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
3CW4F40WV72		03/14/2026		From: 05/13/2026 To: 07/11/2026	
				4. Medical Record No.	
				23015	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Betty Otto 916 Greenfawn Ct, ABINGDON, MD 21009- 443-417-4613			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			10/18/1945		
9. Sex			Female		
11. ICD		Principal Diagnosis		Date	
M47.26		Other spondylosis with radiculopathy lumbar region		03/14/26	
13. ICD		Other Pertinent Diagnoses		Date	
I50.32		Chronic diastolic (congestive) heart failure		03/14/26	
J43.9		Emphysema unspecified		03/14/26	
I48.91		Unspecified atrial fibrillation		03/14/26	
M47.816		Spondylosis w/o myelopathy or radiculopathy lumbar region		03/14/26	
G47.33		Obstructive sleep apnea (adult) (pediatric)		03/14/26	
G62.9		Polyneuropathy unspecified		03/14/26	
K21.9		Gastro-esophageal reflux disease without esophagitis		03/14/26	
K74.60		Unspecified cirrhosis of liver		03/14/26	
M10.9		Gout unspecified		03/14/26	
M85.80		Oth disrd of bone density and structure unspecified site		03/14/26	
L24.A2		Irritant cntct derm d/t fecal urinry or dual incontinence		03/14/26	
E87.3		Alkalosis		03/14/26	
M81.0		Age-related osteoporosis w/o current pathological fracture		03/14/26	
D64.9		Anemia unspecified		03/14/26	
F41.9		Anxiety disorder unspecified		03/14/26	
F32.A		Depression unspecified		03/14/26	
Z79.82		Long term (current) use of aspirin		03/14/26	
J96.11		Chronic respiratory failure with hypoxia		03/14/26	
Z96.653		Presence of artificial knee joint bilateral		03/14/26	
Z90.710		Acquired absence of both cervix and uterus		03/14/26	
Z99.81		Dependence on supplemental oxygen		03/14/26	
Z87.891		Personal history of nicotine dependence		03/14/26	
Z86.73		Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits		03/14/26	
14. DME and Supplies:			15. Safety Measures:		
wheelchair, rolling walker, reacher, oxygen supplies, commode, cane, bath bench			walker precautions, standard precautions, O2 precautions, fall precautions, ambulates with device, ambulates with assistance		
16. Nutrition:			17. Allergies:		
regular			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Dyspnea With Minimal Exertion, Ambulation, Hearing			Exercises Prescribed, Transfer bed/Chair, Up As Tolerated, Wheelchair, 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: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: WII , HISTORY OF DEPRESSION:		
20. Prognosis:			good		
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: , MOBILITY:			family/caregiver will be responsible for managing treatment		
Homebound status: Due to diagnosis of Other spondylosis with radiculopathy lumbar region, 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">PT recertification was completed for a patient receiving home health services due to hypertensive heart disease and congestive heart failure. The patient is oxygen-dependent and resides with her son and his family in a two-story home with a first-floor setup and ramp access through the garage. Skilled therapy has focused on improving lower extremity strength, activity tolerance, gait sequencing, transfer safety, curb negotiation using a rolling walker, and safe management of the oxygen line during mobility tasks. The patient has demonstrated measurable progress, including improved transfers, enhanced gait sequencing with the rolling walker, and improved dynamic balance, as evidenced by a Tinetti score improvement to 14/28. Family training has also been provided to support safety and functional mobility within the home. Although oxygen line management continues to present safety challenges, the patient demonstrates good rehabilitation potential and continues to benefit from skilled therapeutic intervention to further improve functional mobility, balance, strength, and overall safety with daily activities.</o:p></o:p></p> <p class="MsoNoSpacing"> </p> <p class="MsoNoSpacing">Bottom of Form</o:p></o:p></p> <p class="MsoNoSpacing">Date of Order</o:p></o:p></p> <p class="MsoNoSpacing">05/08/2026 Order</o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 02/03/2026 Clinical Condition Requiring Home Care per Certifying Physician: Discharge home 02/27/2026 with home health services to include RN for medication management, PT/OT for evaluation and treatment, aid for ADL care. due to Other Spondylosis With Radiculopathy Lumbar Region 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></p> <p class="MsoNoSpacing"> 4 - Recertification PT Notes: due <span			
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 05/08/2026					
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.		
Wilbur Roese 7106 Ridge Rd Baltimore, MD 21237 PHONE: 4106872300 FAX: 18443045355 NPI: 1588764278			F2F date : 02/03/2026		
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		

Home Health Certification and Plan of Care				Order ID: 1150/18598	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
3CW4F40WV72		03/14/2026		From: 05/13/2026 To: 07/11/2026	
				4. Medical Record No.	
				23015	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Betty Otto			HomeCentris Healthcare LLC		
916 Greenfawn Ct,			10 Crossroads Drive, Suite 102		
ABINGDON, MD 21009-			Owings Mills, MD 21117-8284		
443-417-4613			410-321-8448		
			1487113239		
style="color:black;mso-themecolor:text1">to further training to improve her gait sequencing, curb negotiation, dynamic balance and strength<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Roese, Wilbur</p>					
SN Careplans			SN Goals		
PT Careplans			PT Goals		
PT WK2: 1 (05/17/26-05/23/26) ,WK3: 1 (05/24/26-05/30/26) ,WK4: 1 (05/31/26-06/06/26) ,WK5: 1 (06/07/26-06/13/26) ,WK6: 1 (06/14/26-06/20/26) ,WK7: 1 (06/21/26-06/27/26)			PATIENT-STATED GOAL: To improve my walking and balance to I can walk around the main floor and sit out on the front porch.		
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: WII			Chair to Bed to Chair - 06. Independent		
HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8			Toilet Transfer - 06. Independent		
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.			Dynamic balance training		
; 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:POLST (Physician Orders for Life-Sustaining Treatment)			02 line management		
PROBLEMS IDENTIFIED ON ASSESSMENT: M1033 - Exhaustion, limited endurance, muscle weakness, balance deficit, loss of appetite			Curb negotiation		
PROCEDURES: Medication management ; Review medication with pt and caregiver, Curb			Sit to Stand - 06. Independent		
			Car Transfer - 06. Independent		
			patient/caregiver recalls		
			* strategies to minimize fatigue and exhaustion including work simplification		
			* energy conservation		
			* lifestyle changes		
			* diet		
			* recalls related medication(s) purpose, schedule		
			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		
			1 - Step (curb) - 04. Supervision or touching assistance		
			Picking Up Object - 04. Supervision or touching assistance		
			Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance		
			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		
			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		

Home Health Certification and Plan of Care				Order ID: 1150/18598
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3CW4F40WV72	03/14/2026	From: 05/13/2026 To: 07/11/2026	23015	217058
6. Patient's Name and Address Betty Otto 916 Greenfawn Ct, ABINGDON, MD 21009- 443-417-4613		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		
negotiation : Focus on proper tech and safe mgmt of rw negotiating curb step , home exercise program: Hip flexion, laq, hip abduction, heel toe raises, hamstring curls Pursed lipped breathing, 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, * 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, Sit to Stand - 06. Independent, Chair to Bed to Chair - 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, 1 - Step (curb) - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Dynamic balance training , 02 line management , Curb negotiation				

Signature of Physician:	Date PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist: Electronically Signed by Messick, Charles RN	Date 05/08/2026