Home Health Certification and Plan of Care

Order ID: 1150/18639

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
15326085	05/12/2026	From: 05/12/2026 To: 07/10/2026	25302	217058

6. Patient's Name and Address
Alzira Flori Barbosa
1814 Clearwood Rd,
PARKVILLE, MD 21234-
206-478-7379

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 02/25/1949 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
C34.91	Malignant neoplasm of unsp part of right bronchus or lung	05/12/26

13. ICD	Other Pertinent Diagnoses	Date
I11.0	Hypertensive heart disease with heart failure	05/12/26
I50.9	Heart failure unspecified	05/12/26
E78.5	Hyperlipidemia unspecified	05/12/26
E03.9	Hypothyroidism unspecified	05/12/26
K21.9	Gastro-esophageal reflux disease without esophagitis	05/12/26
K44.9	Diaphragmatic hernia without obstruction or gangrene	05/12/26
M79.7	Fibromyalgia	05/12/26
N32.81	Overactive bladder	05/12/26
I70.0	Atherosclerosis of aorta	05/12/26
R73.03	Prediabetes	05/12/26
R91.8	Other nonspecific abnormal finding of lung field	05/12/26
E66.9	Obesity unspecified	05/12/26
Z68.29	Body mass index [BMI] 29.0-29.9 adult	05/12/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	05/12/26
Z86.718	Personal history of other venous thrombosis and embolism	05/12/26
Z86.711	Personal history of pulmonary embolism	05/12/26
Z87.891	Personal history of nicotine dependence	05/12/26
Z79.01	Long term (current) use of anticoagulants	05/12/26
Z79.890	Hormone replacement therapy	05/12/26
J91.0	Malignant pleural effusion	05/12/26
I48.20	Chronic atrial fibrillation unspecified	05/12/26
B02.8	Zoster with other complications	05/12/26
Z85.828	Personal history of other malignant neoplasm of skin	05/12/26

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

Xarelto - Rivaroxaban 20mg, take 1 tablet by mouth once a day Blood thinner
Sodium Chloride - Sodium Chloride 1000mg, 1 take 1 tablet by mouth three times a day
Zofran Odt - Ondansetron 8 mg Dissolve 1 tablet by mouth twice a day Dissolve 1 tablet on the tongue. For Nausea and vomiting.
Proventil-Hfa - Albuterol Sulfate eq 0.09 mg base/inh Inhale 1 puff by mouth every 6 hours As needed for Cough (rescue inhaler)
Mirabegron 25 MG Tb24 by mouth once a day Commonly known as: MYRBETRIQ
Metoprolol Tartrate - Metoprolol Tartrate 25 mg / 1 Tablet by mouth 2 times daily
LOSARTAN POTASSIUM 25 MG tablet by mouth daily Commonly known as: COZAAR for HTN
Levothyroxine 125 MCG tablet by mouth once a day Commonly known as: SYNTHROID
ATORVASTATIN 40 MG tablet by mouth daily Commonly known as: LIPITOR
ACETAMINOPHEN 325 mg/tablet / Take 2 tablets by mouth every 6 hours as needed for MILD Pain (or if patient requests it for moderate or severe pain) (for fever > 38.0 and notify physician). Commonly known as: TYLENOL
Gabapentin - Gabapentin 300 mg Take 1 capsule by mouth at bedtime For cancer pain management
Pantoprazole - Pantoprazole Sodium 40 mg 1 tab by mouth once a day
LIDOCAINE 4% Patch / Place 1 patch onto the skin topical every 24 hours for 7 days
Butrans - Buprenorphine 5mcg/hour Weekly patch topical in the morning For cancer pain management
ESTRADIOL 0.01% vaginal cream / Insert 1 gram vaginally 2-3 nights per week at bedtime Commonly known as: ESTRACE

14. DME and Supplies:
bath bench, walker

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

16. Nutrition:
low sodium, fluid restriction, 2gm sodium, cardiac diet

17. Allergies:
fosamax pradaxa

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
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: 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
family/caregiver will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Malignant neoplasm of unspecified part of right bronchus or lung, 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: The patient is a 77-year-old Portuguese-speaking female referred to home health services following recent hospitalization for worsening shortness of breath, chest pain, fatigue, dizziness, hypertensive heart disease, hypoxic respiratory failure, and atrial fibrillation. The patient has a significant past medical history including metastatic small cell lung carcinoma currently undergoing chemotherapy, heart failure, hypertension, hyperlipidemia, hypothyroidism, gastroesophageal reflux disease (GERD), hiatal hernia, fibromyalgia, obesity, atherosclerosis of the aorta, overactive bladder, prediabetes, and chronic pain requiring palliative management. Pain management regimen includes oxycodone, buprenorphine patch, gabapentin, and acetaminophen. Due to language barriers, the patient's daughter, Andrea, served as interpreter throughout the visit. During hospitalization, a right pleural mass and recurrent pleural effusion were identified. The patient underwent thoracentesis with pathology confirming right pleural fluid accumulation related to her malignancy. Due to rapid reaccumulation of pleural fluid, a pleural drainage procedure was performed on 05/01/2026. Skilled nursing education was provided to the patient and family regarding pleural drainage management, recognition of worsening respiratory symptoms including shortness of breath and congestion, signs of infection, and proper drainage techniques using supplied equipment. The patient is scheduled for port placement through interventional radiology on 05/15/2026 in preparation for continued chemotherapy treatments, with the next chemotherapy cycle scheduled to begin on 05/27/2026. The patient resides with family in a two-story home with six steps and railing to enter; however, she currently has a first-floor setup to reduce stair negotiation demands. Prior to recent hospitalization, the patient had some difficulty negotiating stairs but was able to ambulate without an assistive device and complete activities of daily living with modified independence. Currently, the patient demonstrates significant decline in functional mobility and endurance. Assessment revealed impaired balance, decreased standing tolerance, reduced bilateral upper extremity strength, generalized weakness, and impaired activity tolerance impacting self-care, transfers, and ambulation. The patient ambulates without an assistive device but demonstrates unsteadiness and intermittent furniture walking within the home. She refuses to use a walker indoors despite

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/12/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Robert Levine
2391 Greenspring Drive
Timonium, MD 21093
PHONE: 410-847-3000 FAX: 18554160980 NPI: 1417274432

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 : 04/24/2026

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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Alzira Flori Barbosa 1814 Clearwood Rd, PARKVILLE, MD 21234- 206-478-7379	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

education regarding fall risk and safety concerns. Functional mobility testing revealed a Tinetti Balance Assessment score of 15/28 and a Timed Up and Go (TUG) score of 32 seconds, indicating elevated fall risk. The patient also demonstrates minor unsteadiness with stair negotiation and requires some assistance for safety during transfers and mobility activities. The patient requires assistance with activities of daily living; however, she refuses home health aide services and prefers assistance from her husband and daughter despite both caregivers having underlying back problems contributing to caregiver strain. It is anticipated that occupational therapy intervention may assist in educating the patient regarding the benefits of accepting additional support services to reduce caregiver burden and improve safety. Two residual wounds from prior shingles infection were noted to be scabbed over with no current physician orders for treatment; family currently applies calamine lotion if areas reopen. Comprehensive education was provided regarding fall precautions, medication compliance, pain management, energy conservation, personal and hand hygiene, respiratory symptom monitoring, safe mobility, and infection prevention. Skilled home health physical therapy is medically necessary to address impaired balance, gait instability, transfer deficits, stair negotiation, endurance limitations, and fall prevention in order to maximize functional mobility and reduce risk of rehospitalization. Skilled occupational therapy services are also warranted to improve standing tolerance, upper extremity strength, activity tolerance, self-care performance, and overall safety with functional tasks to facilitate return toward prior level of function within the home environment. The patient demonstrates fair to good rehabilitation potential with continued skilled interdisciplinary home health intervention.
 Date of Order 05/12/2026 Orders Physician Face-to-Face Date: 04/24/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Malignant neoplasm of unspecified part of right bronchus or lung 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 PT Eval Notes: OT Eval Notes:
 Physician Levine, Robert

SN Careplans

SN WK1: 1 (05/12/26-05/16/26) ,WK2: 1 (05/17/26-05/23/26) ,WK4: 1 (05/31/26-06/06/26) ,WK6: 1 (06/14/26-06/20/26) ,WK8: 1 (06/28/26-07/04/26)

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: 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:Refused

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, abnormal blood pressure, M1033 - Exhaustion, M1400 - Dyspnea, frequent urination, muscle weakness, daytime fatigue, balance deficit, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, rough/scaly/cracked skin, swell/redness surround. skin, #1 - Non-Observable Surgical Wound - Anterior Right Abdomen - Pleural drainage catheter.

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Right Abdomen - Pleural drainage catheter.: The caregiver performs drainage, with instructions on when and which symptoms to watch for, provided by the surgeon., cough/deep breathing exercises, incentive spirometer

SN Goals

PATIENT-STATED GOAL: Pain management

GOALS
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

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

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/12/2026

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

PT Careplans

PT WK1: 1 (05/12/26-05/16/26) ,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) ,WK8: 1 (06/28/26-07/04/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, 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, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170E1 - Chair to Bed to Chair

PROCEDURES: Medication management : Meds reviewed, cough/deep breathing exercises, incentive spirometer, home exercise program: Laq, heelraises, hip abduction, hamstring curls, standing tes as toler, equipment training: Assess need for rw or spc if needed, gait training on uneven surfaces, 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: To walk faster and steadier

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

OT Careplans

OT WK1: 1 (05/12/26-05/16/26) ,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)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, 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: Medication Review : Medication reviewed with patient and caregiver with all medications in the home, incentive spirometer, home exercise program: Bilateral UE strengthening of anterior deltoid, biceps and triceps muscles, equipment training, work simplification/energy conservation, transfers training: 1x5wks, assist with bathing: 1x5wks, assist with lower body dressing: 1x5wks

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 - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body

OT Goals

PATIENT-STATED GOAL: I want to go out with my husband

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

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

Lower Body Dressing - 06. Independent

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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Dressing - 06. Independent	Don/Doff Footwear - 06. Independent Eating - 06. Independent Upper Body Dressing - 06. Independent

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