Home Health Certification and Plan of Care

Order ID: 1150/18719

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1AP5T96KP71	05/12/2026	From: 05/12/2026 To: 07/10/2026	25510	217058

6. Patient's Name and Address
Mary Osborn
522 Thomas Run Rd,
Bel Air, MD 21001-
410-989-0363

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 04/08/1944 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S52.351D	Displ commnt fx shaft of rad r arm 7thD	05/12/26

13. ICD	Other Pertinent Diagnoses	Date
S52.201D	Unsp fx shaft of right ulna subs for clos fx w routn heal	05/12/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	05/12/26
N18.30	Chronic kidney disease stage 3 unspecified	05/12/26
D63.1	Anemia in chronic kidney disease	05/12/26
I95.9	Hypotension unspecified	05/12/26
E46.	Unspecified protein-calorie malnutrition	05/12/26
R13.12	Dysphagia oropharyngeal phase	05/12/26
G62.9	Polyneuropathy unspecified	05/12/26
E55.9	Vitamin D deficiency unspecified	05/12/26
K59.00	Constipation unspecified	05/12/26
R33.9	Retention of urine unspecified	05/12/26
Z87.440	Personal history of urinary (tract) infections	05/12/26
Z96.0	Presence of urogenital implants	05/12/26

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

Vitamin D-3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 MCG (1000 UT) / 1 Capsule by mouth once a day for Vit D supplement
Vitamin D - Ergocalciferol 1.25 MG (50000 UT) / 1 Capsule by mouth one time a day every Wed for Supplement. for 8 Weeks
Ondansetron Hydrochloride - Ondansetron Hydrochloride 4 mg / 1 Tablet by mouth every 6 hours as needed for Nausea and Vomiting
METHOCARBAMOL 500 mg / 1 Tablet by mouth two times a day for muscle spasms
GABAPENTIN 100 mg / 1 Capsule by mouth three times a day for neuropathy pain
ACETAMINOPHEN 500 mg/tablet / Give 2 tablet by mouth three times a day for Pain

14. DME and Supplies:
None of the above

15. Safety Measures:
standard precautions, medication safety, bathroom safety

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Contracture

18.B. Activities Permitted
No Restrictions

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
patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Displaced comminuted fracture of shaft of radius, right arm, subsequent encounter for closed fracture with routine healing, 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 an 82-year-old female referred to home health services following a recent hospitalization and subsequent subacute rehabilitation stay after involvement in a motor vehicle accident resulting in right radial and ulnar fractures. The patient underwent open reduction and internal fixation (ORIF) for surgical repair of the fractures and continues to require ongoing skilled therapy services to address functional decline and impaired mobility. Her past medical history is significant for chronic kidney disease, hypertensive heart disease, hypotension, dysphagia, vitamin D deficiency, urinary tract infection, and polyneuropathy. The patient currently resides at an assisted living facility and expresses a goal of returning to her normal level of functioning and eventually returning home independently. The patient is alert and oriented x4. Vital signs were within normal limits during assessment, and respirations were even and unlabored. Surgical wounds to the right upper extremity/hand are fully healed with no signs or symptoms of infection noted. The patient denies pain, headache, nausea, or vomiting at the time of assessment. Dependent edema was observed in the bilateral lower extremities. The patient reported that she was previously prescribed Lisinopril 10 mg daily; however, the medication was discontinued during her rehabilitation stay. Since discontinuation, she reports fluctuating blood pressure readings. The plan is to notify the patient's primary care provider regarding medication clarification and blood pressure concerns. Functionally, the patient ambulates slowly without an assistive device but relies on furniture for support during mobility, indicating impaired balance and increased fall risk. Physical therapy evaluation revealed mild unsteadiness with ambulation, lower extremity weakness, impaired balance, and minor difficulty with transfers. Objective balance assessments demonstrated a Tinetti score of 15/28 and a Timed Up and Go (TUG) score of 12.9 seconds, consistent with elevated fall risk and decreased functional mobility. The patient demonstrates good rehabilitation potential and is expected to benefit from skilled physical therapy interventions focused on balance training, strengthening, gait training, transfer safety, endurance improvement, and fall prevention to maximize independence and reduce risk of further decline. Communication was initiated with Dr. Pensys' office, and a message was left with Melissa requesting clarification regarding right upper extremity weight-bearing status and clearance for therapeutic exercises involving the right upper extremity. Prior to hospitalization, the patient lived alone in a single-family home and was independent with basic self-care activities, functional transfers, and ambulation. Currently, the patient demonstrates decreased standing balance, reduced standing tolerance, diminished bilateral upper extremity strength, and decreased overall activity tolerance, all of which negatively impact her ability to safely and independently perform activities of daily living, functional transfers, and mobility tasks. Skilled occupational therapy services are medically necessary to address these deficits, improve upper extremity function and coordination, increase safety and independence with daily activities, and facilitate return to prior level of function. Education was provided regarding safety awareness, fall precautions, energy conservation techniques, and the importance of adhering to therapy recommendations and follow-up medical care. Continued skilled nursing and therapy services remain indicated for ongoing assessment, rehabilitation, medication monitoring, and functional recovery.
 Date of Order 05/12/2026 Orders Physician Face-to-Face Date: 04/21/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Displaced comminuted fracture of shaft of radius, right arm, subsequent encounter for closed fracture with routine healing Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <span style="font-size:

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
Kortni sorbello
998 Hospitality Way Ste 102
Aberdeen, MD 21001
PHONE: 410-297-9500 FAX: 14102979016 NPI: 1467892323

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 : 04/21/2026

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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14px;">
 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician sorbello, Kortni

SN Careplans

SN WK1: 1 (05/12/26-05/16/26) ,WK2: 1 (05/17/26-05/23/26) ,WK3: 1 (05/24/26-05/30/26) ,WK5: 1 (06/07/26-06/13/26) ,WK7: 1 (06/21/26-06/27/26) ,WK9: 1 (07/05/26-07/10/26)

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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, abnormal blood pressure, M1033 - Exhaustion, M1400 - Dyspnea, poor muscle tone, balance deficit, weak hand grips

PROCEDURES: cough/deep breathing exercises, incentive spirometer

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

SN Goals

PATIENT-STATED GOAL: For her hand to heal very well, so that she can drive 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

patient self-administers medications as prescribed
* 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

PT Careplans

PT WK1: 1 (05/12/26-05/16/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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 : Review medication with pt and caregiver, cough/deep breathing exercises, home exercise program: Laq, standing heelraises, hip abduction, extension, flexion, hamstring curls, dynamic standing balance exercises: Focus dynamic balance training to improve hip, ankle, step strategies and reaction time to reduce fall risk, gait training on uneven surfaces, gait training/stair training, transfers training

PT Goals

PATIENT-STATED GOAL: To be steadier on my feet return home and use my right arm again

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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
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, 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

* 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) ,WK3: 1 (05/24/26-05/30/26) ,WK5: 1 (06/07/26-06/13/26) ,WK6: 1 (06/14/26-06/20/26) ,WK7: 1 (06/21/26-06/27/26) ,WK9: 1 (07/05/26-07/10/26)

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 with all medications in the facility, home exercise program: AROM right UE in all planes w/o weight per MD request, equipment training, work simplification/energy conservation, transfers training: Shower transfer 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 - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Get out of the shower

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 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

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 - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date

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

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