

Home Health Certification and Plan of Care				Order ID: 1150/18734	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
56268656		05/14/2026		From: 05/14/2026 To: 07/12/2026	
4. Medical Record No.		5. Provider No.			
25863		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Brandi Diaz 877 Turf Valley Drive, PASADENA, MD 21122- 410-946-7471			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB 08/20/1972			9. Sex Female		
11. ICD Principal Diagnosis			Date		
M19.011 Primary osteoarthritis right shoulder			05/14/26		
13. ICD Other Pertinent Diagnoses			Date		
M75.101 Unsp rotatr-cuff tear/ruptr of right shoulder not trauma			05/14/26		
Z79.891 Long term (current) use of opiate analgesic			05/14/26		
14. DME and Supplies:			15. Safety Measures:		
rolling walker, wheelchair, grab bars, cane			transfer with assist, hand rails, fall precautions, avoid temperature extremes, ambulates with device, wheelchair precautions, standard precautions, emergency phone number prominently displayed, ambulates with assistance, walker precautions, smoke detectors , restricted ROM, medication safety, activity supervision		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation			Up As Tolerated, Cane, Walker, Exercises Prescribed, Wheelchair, Transfer bed/Chair		
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: good					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., 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		
Homebound status: Due to diagnosis of Primary osteoarthritis right shoulder, 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 SOC/admission was completed, and consents were obtained for this 53-year-old right-hand dominant female with a history of traumatic brain injury, short-term memory loss, right hemiparesis, chronic right shoulder pain, and recurrent falls following a motor vehicle accident in 1988 that resulted in multiple right-sided injuries and long-term disability. The patient was evaluated by Dr. Sharon Chung on 5/11/26 for worsening right shoulder pain, decreased range of motion, and a sensation of instability, despite previous orthopedic treatment with shoulder injections for rotator cuff-related disease, which reportedly provide temporary relief for approximately 12 weeks. The patient reports difficulty lifting the right arm, discomfort when lying on the right side, tingling in the upper extremity upon waking, fear of falling, unsteady gait, and difficulty descending stairs. She resides in a single-family home with her spouse and three adult children who provide continuous supervision and assistance as needed. The home has four steps to enter and a flight of stairs to the basement, which the patient is currently unable to access safely. She ambulates independently indoors without an assistive device but uses a walker or cane outdoors and has experienced two falls within the last two months and four to five falls within the past year. Assessment findings include right shoulder pain, decreased bilateral lower extremity strength, impaired balance, unsteady gait, difficulty with transfers and stair negotiation, decreased functional mobility, reduced safety awareness, and increased fall risk. The patient uses adaptive equipment including a wheelchair, rollator, canes, bath bench, and shoulder sling, and remains modified independent with basic ADLs. Skilled PT and OT services are recommended to address strengthening, gait and transfer training, balance, safety awareness, pain management, upper extremity function, ADL/IADL participation, and fall prevention in order to maximize independence and prevent further functional decline. Patient education was provided regarding home safety, fall prevention, safe transfers, ambulation with a walker, daily walking program, use of ice for shoulder pain, and medication safety, with the patient verbalizing understanding. Homebound status is supported by the patient's history of falls, impaired mobility, need for assistive devices, and requirement for human assistance to safely leave the home.</o:p></o:p></p> <p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">05/14/2026 Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 05/11/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat dx: Primary osteoarthritis right shoulder 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"> 1 - SOC - PT Notes: OT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician:Chung, Sharon</p>					
SN Careplans			SN Goals		
PT Careplans			PT Goals		
PT WK1: 1 (05/14/26-05/16/26) ,WK2: 2 (05/17/26-05/23/26) ,WK6: 1 (06/14/26-06/20/26) ,WK7: 1 (06/21/26-06/27/26) ,WK8: 1 (06/28/26-07/04/26) ,WK9: 1 (07/05/26-07/11/26)			PATIENT-STATED GOAL: To get my shoulder better and to get my balance better		
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: 1. Non-agency caregiver(s) currently provide assistance			Chair to Bed to Chair - 06. Independent		
HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in			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		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 05/14/2026					
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.		
Sharon Chung 7670 Quarterfield Rd Glen Bernie, MD 21061 PHONE: 410-508-7650 FAX: 1-410-508-7701 NPI: 1295026045			F2F date : 05/11/2026		
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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the past 12 months), 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months 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:No Advance Directive PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, muscle weakness, limited range of motion, pain radiating to arms/legs, Pain Interference with ADLs, balance deficit PROCEDURES: train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., therapeutic modalities: Apply ice to R shoulder x 20 minutes with necessary barrier and skin assessments q 5 minutes., dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., gait training on uneven surfaces, gait training/stair training, transfers training, assist with fall prevention 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 06. Independent, Chair to Bed to Chair - 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, 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				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 self-administers medications as prescribed * recalls related medication(s) purpose, schedule caregiver performs medical/rehabilitation treatments with adequate competence 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 Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Shower/Bathe Self - 06. Independent Eating - 06. Independent Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Upper Body Dressing - 06. Independent		
OT Careplans				OT Goals		
Signature of Physician:				Date		
				PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:				Date		
Electronically Signed by Messick, Charles RN				05/14/2026		

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OT WK1: 4 (05/14/26-05/16/26) ,WK2: 1 (05/17/26-05/23/26) ,WK3: 1 (05/24/26-05/30/26) ,WK4: 1 (05/31/26-06/06/26)			PATIENT-STATED GOAL: Improve strengthen in R hand		
PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing			GOALS		
PROCEDURES: Therapeutic exercise : exes during the visit, Medication review : change in meds, Improve ROM R shoulder : Increase ROM R sh, cough/deep breathing exercises, incentive spirometer, home exercise program, equipment training, work simplification/energy conservation			Shower/Bathe Self - 05. Setup or clean-up assistance		
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 Dressing - 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		
			Oral Hygiene - 06. Independent		
			Toileting Hygiene - 06. Independent		
			Eating - 06. Independent		
			Lower Body Dressing - 06. Independent		
			Don/Doff Footwear - 06. Independent		
			Upper Body Dressing - 06. Independent		

Signature of Physician:	Date
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