

Home Health Certification and Plan of Care				Order ID: 1150/17442	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
10026287		03/22/2026		From: 03/22/2026 To: 05/20/2026	
4. Medical Record No.		5. Provider No.			
23665		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Nancy Harvey 7225 Harford Road Apt A, PARKVILLE, MD 21234- 410-476-1635			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB 02/12/1936			9.Sex Female		
10. Medications: Dose/Frequency/Route (N)ew (C)hanged					
11. ICD J90.			CARVEDILOL 12.5 mg / 1 Tablet by mouth twice a day for hypertension HOLD FOR SYSTOLIC BLOOD PRESSURE LESS THAN 110 OR HR LESS THAN 60.		
13. ICD			BUMETANIDE 1 mg / 1 Tablet by mouth once a day for fluid retention		
I13.0			Ondansetron Hydrochloride - Ondansetron Hydrochloride eq 4 mg base / 1		
I50.32			Tablet by mouth every 6 hours as needed for Nausea		
N18.4			Aspirin - Aspirin Chewable 81 mg / 1 Tablet by mouth once a day for cva ppx		
D63.1			Atorvastatin Calcium - Atorvastatin Calcium 80 mg / 1 Tablet by mouth at		
I25.10			bedtime for hld/cad		
U07.1			Chlorhexidine Gluconate - Chlorhexidine Gluconate 0.12 perc / Give 15 ml		
E87.1			by mouth every 6 hours for antiseptic mouth rinse swish/gargle 15mL. in the		
K59.09			mouth for 30 seconds, then spit out		
Z79.82			Empagliflozin Oral Tablet 10 mg / 1 Tablet by mouth once a day for CHF		
Z95.5			Epoetin Alfa Solution 10000 UNIT/ML / Inject 10000 unit subcutaneous once		
Z85.820			a day every Thu for anemia HOLD for Hematocrit greater than 30		
Z87.891			Flonase Allergy Relief - Fluticasone Propionate Nasal Suspension 50		
Z87.440			MCG/ACT / 1 spray in both nostrils nasal once a day every 24 hours as		
			needed for allergies		
			Hydralazine Hydrochloride - Hydralazine Hydrochloride 100 mg / 1 Tablet by		
			mouth every 8 hours for htn hold for sbp less than 110.		
			Albuterol Sulfate: Ipratropium Bromide - Albuterol Sulfate: Ipratropium		
			Bromide Inhalation Solution 0.5-2.5(3) MG/3ML / 3 milliliter inhale by mouth		
			every 4 hours as needed for SOB and wheezing		
			Isosorbide Mononitrate - Isosorbide Mononitrate 60 mg / 1 Tablet by mouth		
			once a day for hypertension hold for sbp less than 110		
			Loratadine - Loratadine 10 mg / 1 Tablet by mouth once a day every 24		
			hours as needed for allergies		
			Tylenol - Acetaminophen 325 mg / 1 Tablet by mouth every 8 hours Give 2		
			tablet as needed for Pain		
			Vitamin B12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin:		
			Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide:		
			Pyridox 1000 mcg / 1 Tablet by mouth once a day for supplement		
			Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin:		
			Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide:		
			Pyridox 25 MCG (1000 UT) / 1 Tablet by mouth once a day for supplement		
14. DME and Supplies:			15. Safety Measures:		
wheelchair, walker, grab bars			walker precautions, , , emergency phone # clearly displayed, cardiac		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			dust smoke		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Bowel/Bladder Incontinence			Cane, Walker, , 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:			22.B.Discharge Plans		
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.			patient will be responsible for managing treatment		
			family/caregiver will be responsible for managing treatment		
Homebound status:			Due to diagnosis of Pleural Effusion Not Elsewhere Classified, 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:			<div>The patient is a 90-year-old female with a significant past medical history including congestive heart failure (CHF), pleural effusion, chronic kidney disease stage IV (CKD stage 4), pulmonary embolism (PE), urinary tract infection (UTI), and skin cancer/melanoma, who was referred to home health services following a recent hospitalization and subsequent rehabilitation stay due to complications related to cardiac and pulmonary conditions. The patient resides alone in a single-level, first-floor apartment and receives assistance from family members with activities of daily living (ADLs), instrumental activities of daily living (IADLs), meal preparation, shopping, and errands. She is currently alert and oriented, with intact skin and no noted wounds. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient presents with generalized weakness, decreased endurance, and an unsteady gait, contributing to an increased risk for falls. She fatigues easily and requires assistance for safe transfers and ambulation. Functional limitations include decreased standing balance, reduced standing tolerance, diminished bilateral upper extremity strength, and overall decreased activity tolerance, which negatively impact her ability to perform self-care tasks, functional transfers, and ambulation independently. During therapy, the patient was able to perform lower extremity therapeutic exercises, including straight leg raises, hip abduction/adduction, long arc quadriceps, marching, and heel raises, completing 10 repetitions for one set each. Skilled nursing services have been initiated with a frequency of twice weekly for one week followed by once weekly for three weeks (2w1, 1w3), with the next visit scheduled for Wednesday. Physical and occupational therapy evaluations have been ordered and initiated to address deficits in strength, mobility, balance, and functional independence. The patient has been educated on fall prevention strategies and energy		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles RN on 03/22/2026					
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.		
Ashraf Mostafa			F2F date : 03/09/2026		
7505 Olser Dr					
Baltimore, MD 21204					
PHONE: 4105984103 FAX: 14103219831 NPI: 1033279625					
27. Attending Physician's Signature and Date Signed 04/23/2026 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: 1150/17442	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
10026287		03/22/2026		From: 03/22/2026 To: 05/20/2026	
				4. Medical Record No.	
				23665	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Nancy Harvey 7225 Harford Road Apt A, PARKVILLE, MD 21234- 410-476-1635			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
conservation techniques to promote safety and reduce fatigue during daily activities. Occupational therapy services are recommended to focus on improving ADL performance, upper extremity strength, functional mobility, and activity tolerance, with the goal of returning the patient to her prior level of function. The interdisciplinary plan of care emphasizes safety, fall prevention, strength and endurance training, and maximizing independence while supporting the patient's ability to remain in her home environment.					
Date of Order03/22/2026OrdersPhysician Face-to-Face Date: 03/09/2026Clinical Condition Requiring Home Care per Certifying Physician: PT/OT/SN due to Pleural Effusion Not Elsewhere ClassifiedHomebound 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: socPT Eval NotesOT Eval NotesPhysicianMostafa, Ashraf					
SN Careplans			SN Goals		
SN WK1: 2 (03/22/26-03/28/26) ,WK2: 1 (03/29/26-04/04/26) ,WK3: 1 (04/05/26-04/11/26) ,WK4: 1 (04/12/26-04/18/26) ,WK5: 1 (04/19/26-04/25/26)			PATIENT-STATED GOAL: I want to be able to go for a walk a couple times a week		
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			patient/caregiver recalls		
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications			* lifestyle modifications to manage respiratory condition including		
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; 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 ; 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.			* diet changes and regular exercise		
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.			* strategies to control shortness of breath		
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			* home remedies to keep lungs healthy		
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.			* recalls related medication(s) purpose, schedule		
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.			patient/caregiver recalls		
Provide education content at patient's level of health literacy.			* urinary incontinence management including bladder training		
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.			* Kegel exercises		
Assess: Musculoskeletal status.			* skin care		
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			* recalls related medication(s) purpose, schedule		
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.			patient self-administers medications as prescribed		
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques			* recalls related medication(s) purpose, schedule		
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.					
NA					
Advance Directive:Living Will					
PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1400 - Dyspnea, M1610 - Urinary Incontinence, muscle weakness, limited endurance, limited strength					
PROCEDURES: cough/deep breathing exercises, bladder 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, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule					
PT Careplans			PT Goals		
PT WK1: 1 (03/22/26-03/28/26) ,WK2: 2 (03/29/26-04/04/26) ,WK3: 2 (04/05/26-04/11/26) ,WK4: 1 (04/12/26-04/18/26)			PATIENT-STATED GOAL: The patient wants to get well and walk better		
PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, 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			GOALS		
PROCEDURES: cough/deep breathing exercises, incentive spirometer, gait training/stair			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		
Signature of Physician:			Date		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			03/22/2026		

Home Health Certification and Plan of Care				Order ID: 1150/17442
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
10026287	03/22/2026	From: 03/22/2026 To: 05/20/2026	23665	217058
6. Patient's Name and Address Nancy Harvey 7225 Harford Road Apt A, PARKVILLE, MD 21234- 410-476-1635		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		
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, 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, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance		* strategies to control shortness of breath * home remedies to keep lungs healthy * recalls related medication(s) purpose, schedule Sit to Stand - 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 4 Steps - 04. Supervision or touching assistance 12 Steps - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance		
OT Careplans OT WK1: 1 (03/22/26-03/28/26) ,WK2: 1 (03/29/26-04/04/26) ,WK3: 1 (04/05/26-04/11/26) ,WK4: 1 (04/12/26-04/18/26) ,WK5: 1 (04/19/26-04/25/26) ,WK6: 1 (04/26/26-04/30/26) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating PROCEDURES: Medication Review : Medication reviewed with patient with all medications in the home , therapeutic exercises, work simplification/energy conservation, transfers training, assist with bathing 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 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, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, 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		OT Goals PATIENT-STATED GOAL: Get in the shower GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent 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 Sit to Stand - 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 4 Steps - 04. Supervision or touching assistance 12 Steps - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent Upper Body Dressing - 06. Independent		
Signature of Physician:		Date PAGE 3 of 3		
Optional Name/Signature of Nurse/Therapist: Electronically Signed by Messick, Charles RN		Date 03/22/2026		