Home Health Certification and Plan of Care

Order ID: 1150/18754

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
63273378	05/15/2026	From: 05/15/2026 To: 07/13/2026	25795	217058

6. Patient's Name and Address

Catherine May
1700 Holaview Road Apt A 4,
DUNDALK, MD 21222-
443-254-7898

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 10/06/1944 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M19.011	Primary osteoarthritis right shoulder	05/15/26

13. ICD	Other Pertinent Diagnoses	Date
M19.012	Primary osteoarthritis left shoulder	05/15/26
M48.061	Spinal stenosis lumbar region without neurogenic claud	05/15/26
M43.10	Spondylolisthesis site unspecified	05/15/26
I70.0	Atherosclerosis of aorta	05/15/26
M79.7	Fibromyalgia	05/15/26
K22.70	Barrett's esophagus without dysplasia	05/15/26
K58.9	Irritable bowel syndrome without diarrhea	05/15/26
M85.80	Oth disrd of bone density and structure unspecified site	05/15/26
K21.9	Gastro-esophageal reflux disease without esophagitis	05/15/26
M50.30	Other cervical disc degeneration unsp cervical region	05/15/26
F41.9	Anxiety disorder unspecified	05/15/26
F33.9	Major depressive disorder recurrent unspecified	05/15/26
E55.9	Vitamin D deficiency unspecified	05/15/26
G25.0	Essential tremor	05/15/26
H40.1130	Primary open-angle glaucoma bilateral stage unspecified	05/15/26
E66.01	Morbid (severe) obesity due to excess calories	05/15/26
Z68.41	Body mass index [BMI] 40.0-44.9 adult	05/15/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	05/15/26
Z96.1	Presence of intraocular lens	05/15/26
Z86.0100	Personal history of colonic polyps	05/15/26

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

XALATAN 0.005 % Opht Drop / Instill 1 drop both eyes once a day at bedtime
COSOPT 22.3 6.8 mg/mL Opht Drop / Instill 1 Drop both eyes twice a day
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 125 mcg (5,000 unit) / 1 Tablet by mouth daily
Vit B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1,000 mcg / 1 Tablet by mouth once a day
REMERON 7.5 mg / 1 Tablet by mouth daily at bedtime
PROTONIX Delayed Release 40 mg / 1 Tablet by mouth daily
OYST-CAL 500 mg calcium (1,250 mg) / Take 500 mg by mouth 2 times a day with meals
LYRICA 100 mg / 1 Capsule by mouth twice a day
Iron - Ferrous Sulfate: Folic Acid 325 mg (65 mg iron) / 1 Tablet by mouth daily
CYMBALTA Delayed Release 60 mg / 1 Capsule by mouth 2 times a day for depression
Tylenol #3 - Acetaminophen: Codeine Phosphate 2 tablets by mouth every 12 hours

14. DME and Supplies:

wheelchair, walker, hospital bed, commode,

15. Safety Measures:

wheelchair precautions, walker precautions, standard precautions, medication safety, fall precautions, bathroom safety, ambulates with device

16. Nutrition:

regular

17. Allergies:

cephalexin erythymcin pcn

18.A. Functional Limitations

Ambulation

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: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:

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.

22.B.Discharge Plans

SN and OT: patient will be responsible for managing treatment PT: family/careg

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:

The patient is an 81-year-old female with a significant past medical history including fibromyalgia, lumbar spinal stenosis, IBS, vertigo, osteoarthritis of both shoulders, spondylolisthesis, bilateral total knee replacements, left hip surgery, left tibia fracture, anxiety, depression, and left quadriceps tendon rupture with repair. She was referred for home health PT and OT services following hospitalization, subacute rehabilitation, and recent bilateral shoulder steroid injections for osteoarthritis. The patient has experienced multiple recent falls, reporting seven falls within the past three weeks, associated with lower extremity weakness, episodes of her legs "giving way," lightheadedness, impaired balance, freezing during ambulation, poor standing tolerance, and a strong fear of falling. She resides with her daughter in an apartment equipped with portable ramps, a hospital bed in the living room, and a bedside commode near her recliner. The patient is alert and oriented x4, obese, and denies pain, shortness of breath, dizziness, or lightheadedness during assessment. She is able to perform pivot transfers with a walker for short distances within the home but primarily uses a wheelchair for community mobility and requires assistance with bathing, ADLs, transfers, and functional mobility. Medication reconciliation was completed with the patient and her daughter, and skin assessment revealed intact skin. Current assessment findings include decreased standing balance, reduced bilateral upper and lower extremity strength, impaired activity tolerance, limited ambulation, and decreased independence with self-care and functional mobility. Skilled PT and OT services are recommended to address these deficits, improve safety and mobility, reduce fall risk, and maximize functional independence within the home environment.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 05/15/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 03/10/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's 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>
 1 - SOC - SN Notes:
 PT Eval Notes:
 OT Eval Notes: <o:p></o:p> Physician: Mathew, Alyssa

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/15/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Alyssa Mathew
4920 Campbell Blvd
Baltimore, MD 21236
PHONE: FAX: NPI: 1144640269

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 : 03/10/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/18754

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
63273378	05/15/2026	From: 05/15/2026 To: 07/13/2026	25795	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Catherine May 1700 Holaview Road Apt A 4, DUNDALK, MD 21222- 443-254-7898	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

SN WK1: 1 (05/15/26-05/16/26) ,WK2: 1 (05/17/26-05/23/26) ,WK4: 1 (05/31/26-06/06/26) ,WK5: 1 (06/07/26-06/13/26)

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: D0160 - Depression, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, balance deficit

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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

PATIENT-STATED GOAL: To be able to walk again

GOALS
patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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
* 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

PT Careplans

PT WK2: 2 (05/17/26-05/23/26) ,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) ,WK9: 1 (07/05/26-07/11/26) ,WK10: 1 (07/12/26-07/13/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170L1 - Walk 10 ft on Uneven Surface

PROCEDURES: cough/deep breathing exercises, home exercise program: Laq, hip flexion, heel toe raises, hip abduction, hamstring stretching and gastroc stretch 3x each le 20 second holds, 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

PT Goals

PATIENT-STATED GOAL: To be confident walking and not fall. Be able to get around the apt easier

GOALS
Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 05. Setup or clean-up assistance

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/15/2026

Home Health Certification and Plan of Care

Order ID: 1150/18754

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
63273378	05/15/2026	From: 05/15/2026 To: 07/13/2026	25795	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Catherine May 1700 Holaview Road Apt A 4, DUNDALK, MD 21222- 443-254-7898	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 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

OT Careplans

OT 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: 2 (06/14/26-06/20/26) ,WK7: 2 (06/21/26-06/27/26)

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, home exercise program: Bilateral UE strengthening of deltoid, biceps, triceps, and pectoral muscles, equipment training, work simplification/energy conservation, transfers training: Skilled OT 1x4wks;22wks, assist with toilet transferring: Skilled OT 1x4wks;22wks, assist with toileting hygiene: Skilled OT 1x4wks;22wks, assist with transferring: Skilled OT 1x4wks;22wks, assist with lower body dressing: Skilled OT 1x4wks;22wks, assist with upper body dressing: Skilled OT 1x4wks;22wks

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

OT Goals

PATIENT-STATED GOAL: I want to walk

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/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

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Upper Body Dressing - 06. Independent

HHA Careplans

HHA WK3: 1 (05/24/26-05/30/26) ,WK4: 2 (05/31/26-06/06/26) ,WK5: 2 (06/07/26-06/13/26) ,WK6: 2 (06/14/26-06/20/26)

PROCEDURES: assist with bathing: Max A, assist with transferring: Max A, assist with mobility: Max A, assist with O2 safety, assist with grooming: Max A, assist with lower body dressing: Max A, assist with upper body dressing: Mod A

HHA Goals

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/15/2026