Home Health Certification and Plan of Care

Order ID: 1150/18781

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8NM8TC3TT52	05/18/2026	From: 05/18/2026 To: 07/16/2026	25867	217058

6. Patient's Name and Address

Evelyn Goldman
9401 Owings Heights Circle Apt 104,
Owings Mills, MD 21117-
443-768-6818

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 12/07/1931 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M79.89	Other specified soft tissue disorders	05/18/26

13. ICD	Other Pertinent Diagnoses	Date
M25.512	Pain in left shoulder	05/18/26
I10.	Essential (primary) hypertension	05/18/26
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	05/18/26
M81.0	Age-related osteoporosis w/o current pathological fracture	05/18/26
E78.00	Pure hypercholesterolemia unspecified	05/18/26
N32.81	Overactive bladder	05/18/26
G47.00	Insomnia unspecified	05/18/26
E55.9	Vitamin D deficiency unspecified	05/18/26
F41.8	Other specified anxiety disorders	05/18/26
Z79.82	Long term (current) use of aspirin	05/18/26
Z87.891	Personal history of nicotine dependence	05/18/26

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

LEVOTHYROXINE 125 mcg / 1 Tablet by mouth EVERY MORNING Thyroid
SENOKOT 8.6 MG, Take 1 tablet by mouth in the morning Constipation
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 2000 iu by mouth daily Supplement
Magnesium - Simethicone 144 mg 1 tablet by mouth in the morning Supplement
multivitamin 1 tablet by mouth in the morning Supplement
Mirabegron ER Extended Release 24 Hour 25 mg / 1 Tablet by mouth in the evening for frequent urination
ATORVASTATIN 10 mg / 1 Tablet by mouth in the evening Cholesterol
QUETIAPINE FUMARATE 25 mg 25 mg / 1 Tablet by mouth at bedtime
---AFTER ONE WEEK MAY INCREASE TO 2 TABS AT AT BEDTIME. For agitation
IBUPROFEN 600 mg 600 mg / 1 Tablet oral 3 times a day as needed for painful shoulder.

14. DME and Supplies:

hand held shower, rolling walker, bath bench, 4 wheeled walker, Elevated toilet seat

15. Safety Measures:

standard precautions, remove environmental barriers, medication safety, , fall precautions, emergency phone number prominently displayed, electrical safety measures, bathroom safety, activity supervision, ambulates with assistance, ambulates with device,

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Bowel/Bladder Incontinence

18.B. Activities Permitted

Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: Yes

20. Prognosis: good

22. A Rehabilitation Potential:

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.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Other specified soft tissue disorders, 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: Physical therapy Start of Care assessment was completed for a 94-year-old female with a past medical history significant for hypertension, hyperlipidemia, depression, anxiety, mild dementia, and thoracic compression fracture. The patient was referred for skilled home health physical therapy services due to persistent left upper extremity pain and decline in functional mobility. The patient resides in a first-floor apartment and receives 24-hour caregiver support for assistance and supervision. Per caregiver report, the patient has been ambulating with a rollator walker for several years and currently requires physical assistance with sit-to-stand transfers due to weakness, impaired balance, and decreased functional mobility. The caregiver also reported onset of left upper extremity pain several months ago. Diagnostic imaging has reportedly been completed with no significant findings identified; however, the patient continues to experience pain and functional limitations involving the left upper extremity. During the evaluation, the patient demonstrated deficits in strength, balance, transfer ability, gait safety, and overall mobility, placing her at increased risk for falls and further functional decline. Skilled physical therapy instruction was provided to both the patient and caregiver regarding an initial home exercise program consisting of seated bilateral lower extremity therapeutic exercises to improve strength, circulation, endurance, and mobility. In addition, active range-of-motion exercises for the left upper extremity were initiated with caregiver assistance as needed and performed only within pain-free range to avoid exacerbation of symptoms. Education was also provided regarding fall prevention, safe use of the rollator walker, transfer safety, proper body mechanics, and monitoring for worsening pain or changes in functional status. Due to mild cognitive impairment, caregiver participation and reinforcement of education remain essential to ensure patient safety and compliance with the prescribed plan of care. Skilled home health physical therapy services are medically necessary to address lower extremity weakness, impaired balance, decreased transfer safety, gait instability, and functional mobility limitations in order to maximize safety, improve independence with mobility, reduce fall risk, and assist the patient in returning to her prior level of functioning to the greatest extent possible.
 Date of Order 05/18/2026 Orders Physician Face-to-Face Date: 05/07/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to Other specified soft tissue disorders 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 - PT Notes: soc
 Physician Gitter, Jonathan

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/18/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Jonathan Gitter
1838 Greene Tree Rd
Baltimore, MD 21208
PHONE: 4109864400 FAX: 14109864411 NPI: 1811082902

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 : 05/07/2026

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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PT Careplans

PT WK1: 1 (05/18/26-05/23/26) ,WK2: 1 (05/24/26-05/30/26) ,WK3: 1 (05/31/26-06/06/26) ,WK4: 1 (06/07/26-06/13/26) ,WK5: 1 (06/14/26-06/20/26) ,WK6: 1 (06/21/26-06/27/26) ,WK7: 1 (06/28/26-07/04/26) ,WK8: 1 (07/05/26-07/11/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications

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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170J1 - Walk 50 ft with 2 Turns, GG0170M1 - 1 - Step (curb), GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170G1 - Car Transfer, GG0170P1 - Picking Up Object, GG0170I1 - Walk 10 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170F1 - Toilet Transfer, GG0170E1 - Chair to Bed to Chair, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0170D1 - Sit to Stand, M1745 - Behavioral Issues, D0160 - Depression, M1700 - Cognition, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2020 - Oral Med Management, M1400 - Dyspnea, constipation, M1610 - Urinary Incontinence, frequent urination, limited range of motion, limited strength, B0200 - Hearing Deficit, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform

PT Goals

PATIENT-STATED GOAL: To be able to reach without pain

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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 04. Supervision or touching assistance

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Walk 150 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate assistance

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

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

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

Eating - 05. Setup or clean-up assistance

Signature of Physician:

Date

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

Date
05/18/2026

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medical/rehabilitation treatments, home exercise program: Review HEP: seated knee ext, hip flex, hip abd, quad sets, gluteal squeezes, ankle pumps at least 1x10. Once tolerated, upgrade to standing heel/ toe raises, knee flex, hip flex, hip abd at least 1x10 with UE support as needed. Upgrade as tolerated, gait training/stair training: With rollator, transfers training, teach/coordinate/arrange medication packaging and/or administration

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, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/18/2026