Home Health Certification and Plan of Care

Order ID: 1150/18290

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4F77UX1JA46	04/24/2026	From: 04/24/2026 To: 06/22/2026	25040	217058

6. Patient's Name and Address

Christine Voglesong
604 Fox Bow Dr,
BEL AIR, MD 21014
443-299-8521

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 04/07/1951 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	04/24/26

13. ICD	Other Pertinent Diagnoses	Date
S22.080D	Wedge comprsn fx T11-T12 vertebra subs for fx w routn heal	04/24/26
E11.9	Type 2 diabetes mellitus without complications	04/24/26
I10.	Essential (primary) hypertension	04/24/26
F32.9	Major depressive disorder single episode unspecified	04/24/26
B37.2	Candidiasis of skin and nail	04/24/26
E03.9	Hypothyroidism unspecified	04/24/26
E78.5	Hyperlipidemia unspecified	04/24/26
K21.9	Gastro-esophageal reflux disease without esophagitis	04/24/26
M47.815	Spondyls w/o myelopathy or radiculopathy thoracolum region	04/24/26
Z79.51	Long term (current) use of inhaled steroids	04/24/26
Z79.890	Hormone replacement therapy	04/24/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	04/24/26
Z79.891	Long term (current) use of opiate analgesic	04/24/26
Z98.1	Arthrodesis status	04/24/26
Z91.81	History of falling	04/24/26

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

ACETAMINOPHEN 325 mg/tablet / Give 2 tablet by mouth four times a day for PAIN TO EQUAL 650 MG - NOT TO EXCEED 3 GMS PER 24 HOURS
Calcium Carbonate 600 mg / 1 Tablet by mouth in the morning for CALCIUM DEFICIENCY
Lamictal - Lamotrigine 100 mg/tablet / Give 2 tablet by mouth two times a day for MAJOR DEPRESSIVE DISORDER
Metformin Er - Metformin Hydrochloride 1000 mg / 1 Tablet by mouth in the morning for DMII TAKE WITH FOOD TO AVOID GI UPSET
MIRALAX 17gm/scoopful 0 Powder / Give 17 gram by mouth every 24 hours as needed for CONSTIPATION MIX WITH 4 TO 8OZ OF FLUID - BOWEL PROTOCOL
OMEPRAZOLE Delayed Release 20 mg / 1 Capsule by mouth one time a day for GERD BEFORE BREAKFAST
OSTEO BI-FLEX 1 tablet by mouth in the morning for JOINT HEALTH
Propranolol Hydrochloride - Propranolol Hydrochloride ER 160 mg / 1 Capsule by mouth in the morning for HYPERTENSION
Synthroid - Levothyroxine Sodium 175 mcg / 1 Tablet by mouth one time a day for HYPOTHYROIDISM BEFORE BREAKFAST
Tramadol Hcl - Tramadol Hydrochloride 50 mg/tablet / Give 0.5 tablet by mouth every 12 hours for Pain
TRINTELLIX 10 mg/tablet / Give 1.5 tablet by mouth in the morning for MAJOR DEPRESSIVE DISORDER Take 1.5 tabs to equal 15mg
VALSARTAN 80 mg / 1 Tablet by mouth in the morning for HYPERTENSION
Vitamin D - Ergocalciferol 1000 UNIT / 1 Tablet by mouth in the morning for VITAMIN D DEFICIENCY
Womens 50+ Multi Vitamin Oral Tablet (Multiple Vitamins w/ Minerals) 1 Tablet by mouth in the morning for NUTRITIONAL DEFICIENCY
Atorvastatin Calcium - Atorvastatin Calcium 40 mg / 1 Tablet by mouth at bedtime for HLD
Ipratropium Bromide - Ipratropium Bromide Solution 0.03 % / 1 spray in both nostrils every 8 hours as needed for ASTHMA
Spiriva Respimat - Tiotropium Bromide 0 Aerosol Solution 2.5 MCG/ACT / 2 puff inhale orally in the morning for COPD HOB ELEVATED AT 45% TO AVOID SHORTNESS OF BREATH FOR COPD.
SYMBICORT Aerosol 160-4.5 MCG/ACT / 2 puff inhale orally two times a day for COPD RINSE MOUTH WITH WATER AFTER USE HOB ELEVATED AT 45% TO AVOID SHORTNESS OF BREATH FOR COPD.
Xopenex Hfa - Levalbuterol Tartrate 0 Aerosol 45 MCG/ACT / 2 puff inhale orally every 6 hours as needed for SOB

14. DME and Supplies:

walker, bath bench

15. Safety Measures:

walker precautions, standard precautions, no bending, medication safety, fall precautions, diabetic precautions, bathroom safety, ambulates with device

16. Nutrition:

diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

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: Yes

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

Homebound status:

Due to diagnosis of Chronic obstructive pulmonary disease with (acute) exacerbation, 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/24/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Dulce Cruz Oliver
5505 Hopkins Bayview Circle
Baltimore, MD 21224
PHONE: 4105500925 FAX: 14105500182 NPI: 1447453691

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 : 04/14/2026

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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Clinical Condition Requiring Homecare:

A 75-year-old female was admitted to home health services following a fall down a flight of stairs resulting in a T12 compression fracture, status post T11-L1 spinal fusion. Her past medical history is significant for Diabetes Mellitus, Chronic Obstructive Pulmonary Disease, Hypertension, Depression, Hyperlipidemia, Gastroesophageal Reflux Disease, spondylosis, and history of arthrodesis. The patient is alert and currently residing at home with temporary assistance from her sister, though she typically lives alone and plans to relocate out of state within four weeks. Assessment revealed warm, dry skin, clear lung sounds, and impaired mobility with use of a walker. The surgical incision is healing appropriately with Steri-Strips in place and no signs of complication. The patient reports back pain, demonstrates gait dysfunction, impaired balance (Tinetti score 14/28, Timed Up and Go 38 seconds), and difficulty with transfers, bed mobility, and stair negotiation, indicating a high fall risk. She also reports not routinely monitoring blood glucose levels despite her diabetic history and was educated on bowel management due to recent constipation. Prior to injury, the patient was independent with activities of daily living and driving. Skilled home health and physical therapy services are indicated to address functional deficits, improve safety and mobility, and maximize independence prior to her planned relocation.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 04/24/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 04/14/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Chronic obstructive pulmonary disease with (acute) exacerbation
 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: <o:p></o:p> PT Eval Notes:<o:p></o:p> Physician: Cruz Oliver, Dulce

SN Careplans

SN WK1: 1 (04/24/26-04/25/26) ,WK2: 1 (04/26/26-05/02/26) ,WK3: 1 (05/03/26-05/09/26) ,WK4: 1 (05/10/26-05/16/26)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, meal preparation, abnormal blood pressure, M1400 - Dyspnea, limited strength, balance deficit, Pain Interference with ADLs, swell/redness surround. skin, #1 - Observable Surgical Wound - Posterior Midline - Steri strips in place

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Posterior Midline - Steri strips in place: Leave steri strips in place to fall off on their own., 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, * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure

SN Goals

PATIENT-STATED GOAL: To be independent 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
* 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/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

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

meal preparation is available to patient for all meals

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/24/2026

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preventive care, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

PT Careplans

PT WK2: 2 (04/26/26-05/02/26) ,WK3: 2 (05/03/26-05/09/26) ,WK4: 1 (05/10/26-05/16/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, Pain Effect on Sleep, GG0130F1 - Upper Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, 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, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand

PROCEDURES: Medication management : Review medication with patient, cough/deep breathing exercises, home exercise program: Heel raises, laq, standing hip flexion, hip abduction, hip extension hamstring curls, equipment training, work simplification/energy conservation, gait training on uneven surfaces, 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 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 - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent

PT Goals

PATIENT-STATED GOAL: To improve my balance walking and get stronger so I am independent when I move to north Carolina

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

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

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/24/2026