Home Health Certification and Plan of Care

Order ID: 1150/18765

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
06036375640	05/18/2026	From: 05/18/2026 To: 07/16/2026	25872	217058

6. Patient's Name and Address

Hope Berryman
3809 Clarks Ln Apt 104,
Baltimore, MD 21215
443-991-2994

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 03/28/1964 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M48.061	Spinal stenosis lumbar region without neurogenic claud	05/18/26

13. ICD	Other Pertinent Diagnoses	Date
M54.17	Radiculopathy lumbosacral region	05/18/26
G89.29	Other chronic pain	05/18/26
I10.	Essential (primary) hypertension	05/18/26
E78.2	Mixed hyperlipidemia	05/18/26
K21.9	Gastro-esophageal reflux disease without esophagitis	05/18/26
M10.9	Gout unspecified	05/18/26
E53.8	Deficiency of other specified B group vitamins	05/18/26
F32.A	Depression unspecified	05/18/26
F17.200	Nicotine dependence unspecified uncomplicated	05/18/26
E66.812	Obesity class 2 (E66.812	05/18/26
Z68.35	Body mass index [BMI] 35.0-35.9 adult	05/18/26
Z91.81	History of falling	05/18/26

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

ATORVASTATIN 20 mg / 1 Tablet by mouth EVERY DAY Cholesterol
AMLODIPINE 10 mg / 1 Tablet by mouth EVERY DAY Blood pressure
HYDRALAZINE 100 mg / 1 Tablet by mouth twice a day Blood pressure
FUROSEMIDE 40 mg 40 mg / 1 Tablet by mouth EVERY DAY Edema
ALLOPURINOL 100 mg 100 mg / 1 Tablet by mouth EVERY DAY Gout
Enalapril Maleate - Enalapril Maleate 20 mg/tablet / Take 2 tablets by mouth EVERY DAY Blood pressure
OMEPRAZOLE 40 mg Delayed Release 40 mg / 1 Capsule by mouth EVERY DAY Gerd
Ibuprofen - Ibuprofen 800 mg / 1 Tablet by mouth as necessary every 8 hours with food or milk for pain
Acetaminophen - Acetaminophen 500 MG, Take 2 tablets by mouth three times a day As needed for pain
LIDOCAINE 4 % Top Patch Apply 1 Patch Externally as necessary Keep on for 12 hours for pain
Nasonex - Mometasone Furoate Monohydrate 50 MG/ACT Suspension / 2 sprays in each nostril Nasal twice a day Allergies
LEXAPRO 20 mg / 1 Tablet Orally once a day Depression
BACLOFEN 10 mg 10 mg / 1 Tablet Orally as needed Twice a day for spasms
GABAPENTIN 600 mg 600 mg / 1 Tablet Orally twice a day Nerve pain
BUSPIRONE HCL 10 mg / 1 Tablet Orally once a day Anxiety
Vitamin D - Ergocalciferol 25 MCG (1000 UT) / 1 Tablet orally once a day Supplement

14. DME and Supplies:

rolling walker, cane

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

16. Nutrition:

1800cal ADA!low cholesterol!low sodium

17. Allergies:

penicillin aspirin

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Up As Tolerated, Exercises Prescribed

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: good

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 Spinal stenosis, lumbar region without neurogenic claudication, 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 a 62-year-old female referred for home health physical therapy services due to functional decline associated with spinal stenosis and recurrent falls. Her past medical history is significant for diverticulitis, gastroesophageal reflux disease (GERD), hypertension, gout, and prior spinal surgery approximately 10 years ago, which the patient reports was initially successful but complicated during recovery. The patient stated that she has recently been advised that additional spinal surgery may be necessary; however, she expresses anxiety regarding potential surgical risks due to her age and previous surgical experience. She plans to follow up with her surgeon to further discuss the risks and benefits of surgery and is also scheduled to consult with a pain management specialist for ongoing symptom management. At the time of the Start of Care physical therapy assessment, the patient demonstrated generalized bilateral lower extremity weakness with muscle strength assessed at 3/5 MMT. She requires contact guard assistance for transfers and short-distance ambulation secondary to impaired balance, decreased strength, and reduced functional mobility. The patient reports experiencing five falls since August of last year, with the most recent fall occurring in March, indicating significant fall risk. She ambulates without use of a single-point cane inside the home despite mild balance deficits but acknowledged the recommendation to use the assistive device more consistently for safety. The patient also reports chronic pain rated at 6/10 radiating from the right hip downward. Blood pressure during assessment was 116/60. Physical therapy initiated a home exercise program focused on bilateral lower extremity therapeutic exercises in the supine position to improve range of motion, strength, and mobility while minimizing fall risk. Skilled physical therapy services are medically necessary to address lower extremity weakness, impaired balance, gait instability, pain management, transfer safety, fall prevention, and overall functional mobility in order to maximize independence and facilitate return to prior level of function. Occupational therapy evaluation was also completed. The patient resides alone in a first-floor apartment and remains independent with basic self-care tasks and homemaking activities despite ongoing balance deficits related to spinal stenosis. Due to her history of recurrent falls and safety concerns, occupational therapy provided education regarding fall prevention strategies and safe techniques for tub transfers, as the patient reports frequently soaking in the bathtub for pain relief. Recommendation was made for installation of a grab bar in the tub area through apartment management to improve bathroom safety and reduce fall risk. The patient demonstrated understanding of the education provided. All occupational therapy needs were addressed during the evaluation visit, and no further skilled occupational therapy services are indicated at this time. Continued skilled physical therapy remains warranted to improve strength, balance, safety awareness, mobility, and overall functional independence while reducing risk of additional falls and potential hospitalization.
 Date of Order 05/18/2026 Orders Physician Face-to-Face Date: 05/12/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to Spinal stenosis, lumbar region without neurogenic claudication Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave

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

Bina Taibi
6821 Reisterstown Rd
Baltimore, MD 21215
PHONE: 4103586450 FAX: 18777511761 NPI: 1306012588

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 : 05/12/2026

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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home
 1 - SOC - PT Notes: soc OT Eval Notes:
 Physician Taibi, Bina

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (05/18/2026 - 05/23/2026), WK2: 1 (05/24/2026 - 05/30/2026), WK3: 1 (05/31/2026 - 06/06/2026), WK4: 1 (06/07/2026 - 06/13/2026), WK5: 1 (06/14/2026 - 06/20/2026), WK6: 1 (06/21/2026 - 06/27/2026)

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: 4. Assistance needed, but no non-agency caregiver(s) available

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 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: GG0170D1 - Sit to Stand, GG0170L1 - Walk 10

PT Goals

PATIENT-STATED GOAL: To be able to walk 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

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 - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching 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 - 06. Independent

patient self-administers medications as prescribed
* recalls 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

Car Transfer - 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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ft on Uneven Surface, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170F1 - Toilet Transfer, D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2020 - Oral Med Management, M1400 - Dyspnea, limited strength, limited endurance, pain radiating to arms/legs, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, balance deficit

PROCEDURES: cough/deep breathing exercises, home exercise program: Review HEP: supine SLR, bridging, knee to chest, sidelying hip abd, prone hip ext 10-15. 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, equipment training, work simplification/energy conservation, gait training/stair training, 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, patient self-administers medications as prescribed, 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, 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, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching 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 - 06. Independent

OT Careplans

OT WK1: 1 (05/18/26-05/23/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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: transfers training: tub

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 - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: To not have 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

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 - 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:	Date
Electronically Signed by Messick, Charles RN	05/18/2026