Home Health Certification and Plan of Care

Order ID: 1150/18899

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
47356514	05/08/2026	From: 05/08/2026 To: 07/06/2026	25624	217058

6. Patient's Name and Address
Amanda Steber
3027 Westfield Avenue,
Baltimore, MD 21214-
410-736-1066

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 03/05/1986 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S72.351D	Displ commnt fx shaft of r femr 7thD	05/08/26

13. ICD	Other Pertinent Diagnoses	Date
S22.41XD	Multiple fx of ribs right side subs for fx w routn heal	05/08/26
S32.811D	Mult fx of pelv w unstbl disrupt of pelv ring 7thD	05/08/26
S01.01XD	Laceration without foreign body of scalp subs encntr	05/08/26
J45.909	Unspecified asthma uncomplicated	05/08/26
G40.909	Epilepsy unsp not intractable without status epilepticus	05/08/26
K76.0	Fatty (change of) liver not elsewhere classified	05/08/26
N28.0	Ischemia and infarction of kidney	05/08/26
D72.829	Elevated white blood cell count unspecified	05/08/26
F10.10	Alcohol abuse uncomplicated	05/08/26
I95.9	Hypotension unspecified	05/08/26
Z72.0	Tobacco use	05/08/26
Z91.81	History of falling	05/08/26

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

ACETAMINOPHEN 500 mg/tablet / Take 2 tablets by mouth every 6 (six) hours for 10 days. Commonly known as: TYLENOL
Cholecalciferol 25 MCG (1000 UT) / 1 Tablet by mouth once a day Commonly known as: VITAMIN D3
Calcium Carbonate 200 mg calcium (500 mg) chewable / Take 2 tablets (1000 mg total) by mouth twice a day with meals. Commonly known as: TUMS
GABAPENTIN 300 mg / 1 Capsule by mouth every 8 (eight) hours Commonly known as: NEURONTIN
HYDROMORPHONE HYDROCHLORIDE 4 mg / 1 Tablet by mouth every 4 (four) hours as needed For diagnoses: Trauma, Multiple closed fractures of pelvis with unstable disruption of pelvic ring, initial encounter, Closed displaced comminuted fracture of shaft of right femur, initial encounter. Commonly know as: DILAUDID
METHOCARBAMOL 500 mg / 1 Tablet by mouth every 8 (eight) hours for 10 days. Commonly known as: ROBAXIN
Motrin - Ibuprofen 200mg (3) by mouth as necessary

14. DME and Supplies:
cane, walker

15. Safety Measures:
bathroom safety, supervision at all times, standard precautions, wheelchair precautions, fall precautions, activity supervision, ambulates with assistance, ambulates with device

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Wheelchair

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: good

22. A Rehabilitation Potential:
SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans
patient will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status:
Due to diagnosis of Displaced comminuted fracture of shaft of right femur, subsequent encounter for closed fracture with routine healing, 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:
SOC completed and consents signed by patient. Patient is a 40-year-old male s/p pedestrian versus truck accident on 4/24/26 resulting in right femur fracture, multiple rib fractures, sacral fracture, and multiple pelvic fractures. Patient underwent ORIF of the right femur on 4/25/26 and pelvic surgery on 4/27/26. PMH significant for alcohol abuse with history of withdrawal seizures. Patient is alert and oriented x3-4 and reports pain to the pelvis, ribs, and right leg rated at 8/10. Patient remains non-weight-bearing for 10 weeks and is currently non-ambulatory, requiring one-person assistance with ADLs, transfers, and mobility, making it a taxing effort to leave the home. Patient lives with mother in a home with 8 steps to enter; however, bed and commode are set up on the first floor. Family, including mother and twin sister, assist with toileting and transfers. Bed mobility is independent, and patient performs bed-to-commode transfers with supervision. Patient requires a transfer board for wheelchair transfers and needs wheelchair elevating leg rests and cushion due to NWB status. Wound vac remains in place to the right thigh following femur fracture repair and is set to continuous suction, with possible removal at surgical follow-up appointment on 5/20/26. No wound complications, abnormal bleeding, urinary discomfort, abnormal lung sounds, or falls reported. Patient reports bowel movement today, though small due to abdominal pressure. Patient tolerated therapeutic exercises including supine hip flexion, straight leg raises, hip abduction, sidelying hip abduction, prone knee flexion, hip extension, and upper body weight-bearing activities. Patient is homebound as evidenced by significant effort required to leave home and Tinetti score of 1/28. Skilled nursing frequency ordered 1w5, and home PT services are medically necessary to improve strength, transfers, functional mobility, pain management, and overall independence until weight-bearing status advances and ambulation can resume.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 05/08/2026
Order<o:p></o:p> Physician Face-to-Face Date: 05/05/2026
Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat dx: Displaced comminuted fracture of shaft of right femur, subsequent encounter for closed fracture with routine healing
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: Shrestha, Rosina

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/08/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Rosina Shrestha
4920 Campbell Blvd
Baltimore, MD 21236
PHONE: FAX: NPI: 1760895346

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 : 05/05/2026

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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SN WK1: 1 (05/08/26-05/09/26) ,WK2: 1 (05/10/26-05/16/26) ,WK3: 1 (05/17/26-05/23/26) ,WK5: 1 (05/31/26-06/06/26) ,WK7: 1 (06/14/26-06/20/26) ,WK9: 1 (06/28/26-07/04/26)

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: 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; 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/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.

No orders
Advance Directive:No Advance Directive on File

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102f - Patient Supervision, meal preparation, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, heartburn/indigestion, limited strength, limited range of motion, pain radiating to arms/legs, balance deficit, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, red/tender pressure points, #1 - Non-Observable Surgical Wound - Anterior Right Thigh - Femur fracture with wound vac

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Right Thigh - Femur fracture with wound vac: No orders, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care, wound vacuum: Intact, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals

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, * 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, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PATIENT-STATED GOAL: Pain control and regain independence with mobility

GOALS
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/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

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

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK2: 1 (05/10/26-05/16/26) ,WK3: 1 (05/17/26-05/23/26) ,WK4: 1 (05/24/26-05/30/26) ,WK5: 1 (05/31/26-06/06/26) ,WK6: 1 (06/07/26-06/13/26) ,WK7: 1 (06/14/26-06/20/26) ,WK8: 1 (06/21/26-06/27/26) ,WK9: 1 (06/28/26-07/04/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, 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, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170I1 - Walk 10 Feet, GG0170P1 - Picking Up Object, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170M1 - 1 - Step (curb), GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170F1 - Toilet Transfer,

PT Goals

PATIENT-STATED GOAL: I want to walk again and get rid of my sciatic pain

GOALS
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 - 05. Setup or clean-up assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/08/2026

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10 Crossroads Drive, Suite 102
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GG0170D1 - Sit to Stand

PROCEDURES: wheelchair training, home exercise program: Supine hip flexion, straight leg raise, hip abduction. Sidelying hip abduction, prone knee flexion, hip extension, up on elbows, up on hands. Sitting knee extension, ankle pumps, equipment training, transfers training

TEACH PATIENT/CAREGIVER: * 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, 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, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, 1 - Step (curb) - 02. Substantial/maximal assistance, 12 Steps - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Car Transfer - 05. Setup or clean-up assistance, Picking Up Object - 02. Substantial/maximal 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 - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 02. Substantial/maximal assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

1 - Step (curb) - 02. Substantial/maximal assistance

12 Steps - 02. Substantial/maximal assistance

4 Steps - 02. Substantial/maximal assistance

Car Transfer - 05. Setup or clean-up assistance

Picking Up Object - 02. Substantial/maximal 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 - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Shower/Bathe Self - 02. Substantial/maximal assistance

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

Toilet Transfer - 05. Setup or clean-up assistance

Lower Body Dressing - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

05/08/2026