Home Health Certification and Plan of Care

Order ID: 1150/18906

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
12205011	03/27/2026	From: 03/27/2026 To: 05/25/2026	24156	217058

6. Patient's Name and Address
Elva Santos Escobar
245 B Farragut Court Apt 105,
ANNAPOLIS, MD 21403-
443-510-1883

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 01/14/1987 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
C50.912	Malignant neoplasm of unspecified site of left female breast	03/27/26

13. ICD	Other Pertinent Diagnoses	Date
C79.31	Secondary malignant neoplasm of brain	03/27/26
C79.51	Secondary malignant neoplasm of bone	03/27/26
C78.01	Secondary malignant neoplasm of right lung	03/27/26
C78.02	Secondary malignant neoplasm of left lung	03/27/26
C78.7	Secondary malig neoplasm of liver and intrahepatic bile duct	03/27/26
C79.70	Secondary malignant neoplasm of unspecified adrenal gland	03/27/26
C79.61	Secondary malignant neoplasm of right ovary	03/27/26
E83.52	Hypercalcemia	03/27/26
G89.3	Neoplasm related pain (acute) (chronic)	03/27/26
D63.0	Anemia in neoplastic disease	03/27/26
M48.04	Spinal stenosis thoracic region	03/27/26
K59.00	Constipation unspecified	03/27/26
Z90.11	Acquired absence of right breast and nipple	03/27/26
Z87.01	Personal history of pneumonia (recurrent)	03/27/26

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

PANTOPRAZOLE 40 mg by mouth twice a day
COLACE 100 mg by mouth as necessary Apply as directed.
Oxycontin - Oxycodone Hydrochloride 15 mg by mouth twice a day
Metoprolol Succinate - Metoprolol Succinate eq 25 mg tartrate by mouth once a day
Hydromorphone Hydrochloride - Hydromorphone Hydrochloride 2 mg by mouth every 6 hours or PRN
Ondansetron - Ondansetron 8 mg by mouth twice a day

14. DME and Supplies:
wheelchair, walker, hospital bed

15. Safety Measures:
fall precautions, standard precautions, walker precautions, bathroom safety

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance

18.B. Activities Permitted
Wheelchair, Independent at Home, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

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
family/caregiver will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Malignant neoplasm of unspecified site of left female breast, 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 39-year-old female with a significant past medical history of widely metastatic triple-negative right breast cancer, invasive ductal carcinoma with metastases to the brain, spine, and lungs. Her oncologic treatment history includes chemotherapy, immunotherapy, right mastectomy, and radiation therapy. She is currently enrolled in and being followed through a chemotherapy clinical trial at Johns Hopkins Hospital. The patient recently experienced symptoms of nausea, vomiting, diaphoresis, and shaking, which she initially attributed to a newly prescribed oral dose of Hydromorphone (Dilaudid). She presented to the Acute Care Unit for evaluation and was found to be tachycardic with heart rates in the 120s and laboratory abnormalities including hypomagnesemia (magnesium 1.4), an elevated anion gap of 17, anemia with hemoglobin of 7.8 g/dL, and thrombocytopenia with platelets of 62. The patient was subsequently admitted to the medical oncology unit at Johns Hopkins Hospital from March 12, 2026 through March 19, 2026 for management of pneumonia, anemia, electrolyte imbalance, and progressive metastatic disease involving the brain and spine. The patient resides at home with her husband and two children. She is a homemaker and currently receives daytime assistance from her sister and brother, while her husband provides caregiving support overnight. On assessment, the patient is awake, alert, and responding appropriately. Due to her medical condition and generalized weakness associated with metastatic disease and recent hospitalization, she demonstrates significant functional limitations. The patient requires moderate assistance with functional ambulation, transfers, and basic activities of daily living. She is currently dependent for bathing and instrumental activities of daily living. For mobility, the patient utilizes a wheelchair for community or outdoor ambulation and requires assistance or uses a rollator walker for short-distance indoor ambulation. Given her advanced disease process, recent hospitalization, and current functional deficits, the patient is at increased risk for falls, generalized weakness, and further physical deconditioning. She is also required to attend weekly radiation therapy sessions as part of her ongoing oncologic treatment plan. Skilled occupational therapy services are recommended to address deficits in strength, endurance, mobility, and functional performance with activities of daily living. Interventions will focus on improving safety with transfers and ambulation, enhancing activity tolerance, and supporting the patient in maintaining the highest possible level of independence within the home environment while reducing fall risk and preventing further functional decline. Education will be provided to the patient and caregivers regarding energy conservation, safe mobility strategies, and assistance techniques to support daily care needs and ongoing medical treatment.
 Date of Order 03/27/2026 Orders Physician Face-to-Face Date: 03/24/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT, OT due to Malignant neoplasm of unspecified site of left female breast 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 - OT Notes: soc - OT PT Eval Notes:
 Physician Olaeye, Charles

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 03/27/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Charles Olaleye
1221 Mercantile Lane
Largo, MD 20774
PHONE: 8007777904 FAX: NPI: 1407261704

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 : 03/24/2026

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 WK3: 1 (04/05/26-04/11/26) ,WK5: 1 (04/19/26-04/25/26) ,WK6: 1 (04/26/26-05/02/26) ,WK7: 1 (05/03/26-05/09/26) ,WK8: 1 (05/10/26-05/16/26) ,WK9: 1 (05/17/26-05/23/26)

PROCEDURES: gait training on uneven surfaces, gait training/stair 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 - 06. Independent, Chair to Bed to Chair - 06. Independent

PT Goals

Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

OT Careplans

OT WK1: 1 (03/27/26-03/28/26) ,WK3: 1 (04/05/26-04/11/26)

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 7. Currently taking 5 or more medications, 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/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:Full Code

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130F1 - Upper Body Dressing, M2020 - Oral Med Management, M1400 - Dyspnea, constipation, heartburn/indigestion, Pain Effect on Sleep, Pain

OT Goals

PATIENT-STATED GOAL: to get better

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

Signature of Physician:

Date

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

Date
03/27/2026

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Interference with ADLs, hair loss

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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/27/2026