Home Health Certification and Plan of Care

Order ID: 1150/18926

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
73120417	05/23/2026	From: 05/23/2026 To: 07/21/2026	26095	217058

6. Patient's Name and Address

Barbara Brown
815 TIPTON RD,
MIDDLE RIVER, MD 21220
443-224-8505

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 03/05/1947 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
C50.912	Malignant neoplasm of unspecified site of left female breast	05/23/26

13. ICD	Other Pertinent Diagnoses	Date
C78.00	Secondary malignant neoplasm of unspecified lung	05/23/26
G62.0	Drug-induced polyneuropathy	05/23/26
D63.0	Anemia in neoplastic disease	05/23/26
D64.81	Anemia due to antineoplastic chemotherapy	05/23/26
D84.81	Immunodeficiency due to conditions classified elsewhere	05/23/26
D72.818	Other decreased white blood cell count	05/23/26
D69.59	Other secondary thrombocytopenia	05/23/26
J18.8	Other pneumonia unspecified organism	05/23/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	05/23/26
I50.30	Unspecified diastolic (congestive) heart failure	05/23/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	05/23/26
N18.30	Chronic kidney disease stage 3 unspecified	05/23/26
E43.	Unspecified severe protein-calorie malnutrition	05/23/26
I65.29	Occlusion and stenosis of unspecified carotid artery	05/23/26
I27.20	Pulmonary hypertension unspecified	05/23/26
I07.1	Rheumatic tricuspid insufficiency	05/23/26
Z17.31	Human epidermal growth fa	05/23/26

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

Furosemide - Furosemide 40 mg 1 tablet by mouth twice a day
Atenolol - Atenolol 100 mg 1 tablet by mouth once a day
Loperamide Hydrochloride - Loperamide Hydrochloride 2 mg 1 capsule by mouth as necessary 1 capsule every 4 hours as needed
Magnesium Oxide - Simethicone 400 Milligram by mouth three times a day
Ondansetron - Ondansetron 8 mg 1 tablet by mouth as necessary 1 8 milligram tablet every 8 hours as needed
Prochlorperazine - Prochlorperazine eq 10 mg base 1 tablet by mouth as necessary 1 tablet every 6 hours as needed
Humulin R - Insulin Recombinant Human 100 units/ml Sliding scale subcutaneous before meal Sliding scale 70-150 =0u
151- 200=2u
201- 250=4u
251- 300=6u
301-350=8u
351- 400=10u
>400= 12u and notify physician informed immediately

14. DME and Supplies:

cane

15. Safety Measures:

medication safety, bathroom safety, cardiac precautions, diabetic precautions, fall precautions, transfer with assist, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

low cholesterol, low sodium, diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Cane, 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: 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

patient 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 79-year-old female with a significant past medical history of metastatic cancer currently undergoing chemotherapy, congestive heart failure (CHF), diabetes mellitus managed with insulin therapy, chronic kidney disease (CKD), hypertension, hyperlipidemia, and other cardiac-related conditions. The patient was recently hospitalized following an adverse reaction to an oral chemotherapy medication, which resulted in altered mental status and dehydration. She has since returned home and was admitted to home health services for skilled nursing, physical therapy, and occupational therapy to address ongoing medical management, functional decline, and safety concerns. The patient provided informed consent for services and is considered homebound due to metastatic cancer requiring continued chemotherapy treatments, generalized weakness, decreased endurance, and the need for a cane, supervision, and assistance with mobility to prevent falls. Leaving the home requires considerable effort and assistance. The patient resides with supportive family members who assist with care and activities of daily living as needed. She reports having a healthcare power of attorney, living will, and advance directives in place. At the time of assessment, the patient was alert and able to participate appropriately in the visit. She wears corrective eyeglasses for vision support and ambulates with a cane. She reported no recent falls, pain, urinary discomfort, abnormal bleeding, or respiratory distress. Lung sounds were clear on auscultation, and no wounds or skin integrity concerns were observed. The patient reported dry lips but otherwise denied acute complaints. Weight was recorded at 101 pounds. Due to her diagnosis of CHF, she follows a fluid restriction of 50 ounces daily and was instructed to continue daily weight monitoring and documentation. The patient recently completed a three-day course of antibiotics and reported no residual urinary symptoms. Bowel assessment revealed a small bowel movement on the day of the visit after no significant bowel movement for approximately two days. Education was provided regarding bowel management strategies, including the use of stool softeners and increased fluid intake within prescribed restrictions, as well as the use of apple juice to promote regular bowel function. Diabetes management was reviewed in detail. The patient performs blood glucose monitoring before meals and utilizes a sliding-scale insulin regimen with Humulin R, administering no more than 2 units per dose when indicated. Fasting blood glucose on the day of assessment was 84 mg/dL, and no insulin administration was required. Medication reconciliation and review were completed, and the patient demonstrated good knowledge of her medications, including their names, actions, dosages, and frequencies. Skilled nursing education focused on medication management, infection prevention and control, home safety, fall prevention, monitoring for signs and symptoms of complications, and adherence to treatment recommendations. The patient successfully demonstrated proper use of her incentive spirometer and verbalized understanding of the education provided. The patient has several upcoming medical appointments, including a blood pressure evaluation on 06/01, a cardiology follow-up appointment on 06/03, and resumption of chemotherapy treatments on 06/05. Skilled nursing services were established for ongoing assessment, disease management, medication education, monitoring of cardiopulmonary status, diabetes management, nutritional support, and reinforcement of

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/23/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Rita Mathur
4920 Campbell Blvd
White Marsh, MD 21236
PHONE: 410-933-7793 FAX: 14109337666 NPI: 1619076338

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 : 05/18/2026

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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safety measures. Occupational therapy evaluation revealed a decline from the patient's prior level of function. Prior to hospitalization, the patient was independent with basic self-care activities, functional transfers, and household ambulation. Currently, she presents with decreased standing balance, reduced standing tolerance, diminished bilateral upper extremity strength, decreased activity tolerance, and impaired functional mobility, resulting in reduced independence with self-care tasks, transfers, and ambulation. Skilled occupational therapy services are medically necessary to address these deficits through therapeutic exercise, balance training, activity tolerance enhancement, functional mobility retraining, and activities of daily living training to facilitate a safe return to her prior level of function and maximize independence within the home environment. The patient demonstrates good rehabilitation potential with continued interdisciplinary home health services. The plan of care includes ongoing skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> for disease and medication management, monitoring of CHF, diabetes, CKD, and cancer-related symptoms, as well as physical and occupational therapy interventions focused on strengthening, balance, endurance, functional mobility, fall prevention, and restoration of independence while minimizing the risk of rehospitalization.
 Date of Order 05/23/2026 Orders Physician Face-to-Face Date: 05/18/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat 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 - SN Notes: soc OT Eval Notes:
 Physician Mathur, Rita

SN Careplans

SN WK1: 1 (05/23/26-05/23/26) ,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)

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, blood sugar < 60 > 300

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, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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 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.

No open wounds noted
Advance Directive:POA Advance directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2102c - Med Admin, meal preparation, M2102f - Patient Supervision, M2020 - Oral Med Management, abn cholesterol > 200 mg/dL, M1400 - Dyspnea, M1033 - Exhaustion, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, limited strength, muscle weakness, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, B1000 - Vision Deficit, balance deficit, loss of appetite

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired: Corrective lens

SN Goals

PATIENT-STATED GOAL: To increase appetite and maintain weight

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

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/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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient is adequately supervised

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/23/2026

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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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, 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

OT Careplans

OT 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)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170P1 - Picking Up Object, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, 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, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand

PROCEDURES: Medication Review : Medication reviewed with patient with all medications in the home, cough/deep breathing exercises, incentive spirometer, home exercise program: Bilateral UE strengthening of deltoid, biceps and pectoral muscles, equipment training, work simplification/energy conservation, transfers training: Skilled OT, assist with bathing: Skilled OT, assist with transferring: Skilled OT, assist with lower body dressing: Skilled OT, assist with upper body dressing: Skilled OT

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, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Car Transfer - 05. Setup or clean-up assistance, 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, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Walk better

GOALS
Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

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

Sit to Stand - 05. Setup or clean-up assistance

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

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Car Transfer - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/23/2026