Home Health Certification and Plan of Care

Order ID: 1150/18958

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
45247775	03/24/2026	From: 05/23/2026 To: 07/21/2026	23956	217058

6. Patient's Name and Address

Wanda Rogers
1008 Phillip Drive,
GLEN BURNIE, MD 21061-
443-324-7408

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 01/07/1949 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E87.6	Hypokalemia	03/24/26

13. ICD	Other Pertinent Diagnoses	Date
R60.0	Localized edema	03/24/26
I70.0	Atherosclerosis of aorta	03/24/26
M50.30	Other cervical disc degeneration unsp cervical region	03/24/26
I10.	Essential (primary) hypertension	03/24/26
E78.5	Hyperlipidemia unspecified	03/24/26
M17.0	Bilateral primary osteoarthritis of knee	03/24/26
M81.0	Age-related osteoporosis w/o current pathological fracture	03/24/26
F41.9	Anxiety disorder unspecified	03/24/26
F32.A	Depression unspecified	03/24/26
K21.9	Gastro-esophageal reflux disease without esophagitis	03/24/26
K59.09	Other constipation	03/24/26
D64.9	Anemia unspecified	03/24/26
Z85.3	Personal history of malignant neoplasm of breast	03/24/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	03/24/26
Z87.19	Personal history of other diseases of the digestive system	03/24/26
Z87.11	Personal history of peptic ulcer disease	03/24/26

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

Escitalopram Oxalate - Escitalopram Oxalate 10 mg 10 mg / 1 Tablet by mouth at bedtime for depression
Atorvastatin Calcium - Atorvastatin Calcium 20 mg / 1 Tablet by mouth at bedtime for HLD
Thiamine Mononitrate Oral Tablet 100 mg / 1 Tablet by mouth once a day for supplement
Folic Acid - Folic Acid 1 mg 1 mg / 1 Tablet by mouth once a day for supplement
Multiple Vitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 Tablet by mouth once a day for supplement
Acetaminophen: Oxycodone Hydrochloride 5 mg by mouth every 4 hours
Tamoxifen Citrate - Tamoxifen Citrate eq 20 mg base 1 tablet by mouth once a day
Trazadone - Trazodone Hydrochloride 1 tablet by mouth at bedtime 25 mg
Colace - Docusate Sodium 1 tablet by mouth as necessary

14. DME and Supplies:

wheelchair, rolling walker, bath bench, cane

15. Safety Measures:

standard precautions, fall precautions, avoid temperature extremes, ambulates with device, smoke detectors , walker precautions, bathroom safety

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

Sulfa Antibiotics

18.A. Functional Limitations

None of the above

18.B. Activities Permitted

Exercises Prescribed, Up As Tolerated, Cane, Walker, Wheelchair, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: WFLs, HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

22.B.Discharge Plans

PT:family/caregiver will be responsible for managing treatment
OT:patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypokalemia, 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 an adult female with a complex medical history significant for metastatic breast cancer status post mastectomy with adjuvant chemotherapy, hyperlipidemia, hypertension, anxiety, depression, atherosclerosis of the aorta, cervical disc degeneration, prior cerebrovascular accident, and bilateral knee osteoarthritis with associated unsteady gait. She was recently admitted for inpatient care related to her underlying conditions and has since returned home with ongoing needs for skilled services. The patient resides with family who provide assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) as needed. Skilled nursing services have been initiated with a planned frequency, and physical and occupational therapy evaluations have been ordered to further assess and address functional deficits. On assessment, the patient is alert and oriented, denies current pain, and reports shortness of breath with moderate exertion. Respiratory examination reveals diminished lung sounds throughout, though no acute distress is noted at rest. The patient reports a fair appetite and had a bowel movement today. She utilizes a wheelchair for functional mobility, indicating decreased endurance and mobility limitations likely related to her oncologic condition and comorbidities. Skilled nursing interventions included a comprehensive review of all current medications, including dosages and frequencies, with plans to complete full medication reconciliation during upcoming visits as additional prescriptions are pending fulfillment. Education was provided regarding nutritional support, including the recommendation for small, frequent meals to optimize intake given her fair appetite and overall condition. The patient demonstrated understanding of the teaching provided. Given the patient's medical complexity, decreased functional mobility, and ongoing symptoms, she remains appropriate for continued skilled nursing care, as well as pending physical and occupational therapy services to address strength, endurance, safety, and functional independence. The plan of care focuses on medication management, monitoring of respiratory status and overall condition, nutritional support, and coordination of multidisciplinary services to promote optimal health outcomes and maintain safety within the home environment.
 Date of Order 05/18/2026 Orders Physician Face-to-Face Date: 03/12/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN due to Hypokalemia Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: Patient continues to present with the following deficits, decreased strength in bilateral LEs, decreased functional mobility, difficulty with negotiating steps, unsteady gait, difficulty with transfers, decreased balance, h/o falls, decreased safety awareness, increased risk for falls. Patient will benefit from continued home PT services to improve strength, functional mobility, transfers, safety with ambulation, steps, balance, and safety awareness to restore independent function at home. Without skilled PT, patient is at a risk for falls, further functional decline, and loss of independence. Tinetti gait and balance assessment now 18/28 indicates high risk for falls. Previously patient was unable to participate safely in a Timed up and go gait assessment, on 5/11/26 her score was 24 seconds, today her score is 20 seconds and indicates decreased functional mobility. Patient remains unsteady on her feet with a h/o falls. Plan will be to continue with home PT 1w9, in the next episode which will start 0n 5/23/26, this is approved by patient's insurance.
 Physician Villar, Kenneth

SN Careplans

SN Goals

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

Kenneth Villar
7670 Quarterfield Road
Glen Burnie, MD 21061
PHONE: FAX: NPI: 1235314436

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 : 03/12/2026

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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PT Careplans

PT 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) ,WK8: 1 (07/05/26-07/11/26) ,WK9: 1 (07/12/26-07/18/26) ,WK10: 1 (07/19/26-07/21/26)

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: Please see OT assessment

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, 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170J1 - Walk 50 ft with 2 Turns, GG0170E1 - Chair to Bed to Chair, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, muscle weakness, balance deficit, loss of appetite, skin breakdown r/t incontinence

PROCEDURES: home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., dynamic standing balance exercises:

PT Goals

PATIENT-STATED GOAL: I want to be able to walk outside

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

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

Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

Picking Up Object - 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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Signature of Physician:

Date

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

Date
05/18/2026

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Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., gait training on uneven surfaces: NA, 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, 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, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

OT Careplans

OT WK2: 1 (05/24/26-05/30/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, 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: cough/deep breathing exercises, incentive spirometer, home exercise program, equipment training, work simplification/energy conservation

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 - 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 Goals

PATIENT-STATED GOAL: To be able to get around

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 - 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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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