

Home Health Certification and Plan of Care				Order ID: 1150/18458	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
36283115		05/04/2026		From: 05/04/2026 To: 07/02/2026	
				4. Medical Record No.	
				25341	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Barbara Gainer				HomeCentris Healthcare LLC	
4803 Tamarind Road Apt 101,				10 Crossroads Drive, Suite 102	
Baltimore, MD 21209-				Owings Mills, MD 21117-8284	
410-542-2227				410-321-8448	
				1487113239	
8. DOB 06/28/1938 9.Sex Female				10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
11. ICD		Principal Diagnosis		ELIQUIS 5 mg / 1 Tablet by mouth twice a day Dvt	
I26.99		Other pulmonary embolism without acute cor pulmonale		LOSARTAN POTASSIUM 100 mg 100 mg / 1 Tablet by mouth Every day Blood pressure	
13. ICD		Other Pertinent Diagnoses		PANTOPRAZOLE 40 mg Enteric Coated 40 mg / 1 Tablet by mouth Every day Gerd	
R13.10		Dysphagia unspecified		AMLODIPINE 2.5 mg / 1 Tablet by mouth Every morning Blood pressure	
I82.409		Acute embolism and thombos unsp deep vn unsp lower extremity		vibegron (Gemtesa) 75 mg / 1 Tablet by mouth once a day Bladder	
I10.		Essential (primary) hypertension		ATORVASTATIN 40 mg / 1 Tablet by mouth At night at bedtime Cholesterol	
G47.30		Sleep apnea unspecified		Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin:	
J45.909		Unspecified asthma uncomplicated		Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide:	
E78.00		Pure hypercholesterolemia unspecified		Pyridox 1 Tablet, 5000 iu by mouth Every day Supplement	
K21.9		Gastro-esophageal reflux disease without esophagitis		Tylenol Es - Acetaminophen 500 mg/tablet / Take 2 tablets by mouth Every 6 hours as needed for pain	
G40.909		Epilepsy unsp not intractable without status epilepticus		SENNA 8.6 mg/tablet / Take 2 tablets by mouth Every day as needed for for constipation	
M85.80		Oth disrd of bone density and structure unspecified site		Timolol Maleate - Timolol Maleate Ophthalmic Solution 0.25 % / 1 drop each eye Every morning Glaucoma	
E55.9		Vitamin D deficiency unspecified		LATANOPROST Ophthalmic Solution 0.005 % / 1 drop each eye Every evening Glaucoma	
Z85.3		Personal history of malignant neoplasm of breast			
Z79.01		Long term (current) use of anticoagulants			
Z86.0100		Personal history of colonic polyps			
Z98.1		Arthrodesis status			
14. DME and Supplies:				15. Safety Measures:	
rolling walker, grab bars, cane				standard precautions, remove environmental barriers, medication safety, fall precautions, emergency phone number prominently displayed, electrical safety measures, bathroom safety, anticoagulant precautions, ambulates with device, ambulates with assistance, activity supervision	
16. Nutrition:				17. Allergies:	
soft				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
Endurance, Ambulation				Exercises Prescribed, Up As Tolerated	
19. Mental & COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Pyschosocial Status: Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: good					
22. A Rehabilitation Potential:				22.B.Discharge Plans	
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.				patient will be responsible for managing treatment	
Homebound status: Due to diagnosis of Other pulmonary embolism without acute cor pulmonale, 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: Start of care (SOC) physical therapy assessment was completed for an 87-year-old female with a past medical history significant for chronic deep vein thrombosis/pulmonary embolism (DVT/PE), hypertension, asthma, hyperlipidemia, esophageal web, and breast cancer. The patient was recently hospitalized for complaints of difficulty breathing, which was ultimately determined to be likely secondary to an esophageal web rather than a primary pulmonary etiology. Prior to hospitalization, the patient was living alone in a senior apartment and was independent with activities of daily living (ADLs), homemaking tasks, and mobility using a single-point cane indoors and a walker outdoors; however, mobility was limited by bilateral knee pain and shortness of breath. Upon assessment, the patient demonstrated decreased lower extremity strength, with manual muscle testing revealing 3/5 strength bilaterally in the lower extremities. The patient currently requires contact guard assistance (CGA) for transfers and short-distance ambulation using a rolling walker due to generalized weakness, decreased endurance, impaired balance, and reduced safety awareness with mobility. Skilled physical therapy services are medically necessary to address deficits in strength, balance, endurance, gait, and functional mobility in order to maximize safety and independence and facilitate return to prior level of function (PLOF). Occupational therapy evaluation was also completed. The patient currently presents with deficits in ADL performance, upper body function, functional activity tolerance, mobility, and overall safety with daily tasks. Compared to baseline level of independence, the patient demonstrates a decline in ability to safely complete self-care and household activities secondary to weakness and decreased endurance following recent hospitalization. The patient would benefit from skilled occupational therapy services every other week to provide ADL retraining, therapeutic exercises, home exercise program (HEP) instruction, functional mobility training, homemaking task training, and safety education to improve independence and reduce risk of falls or further functional decline. Date of Order 05/04/2026 Orders Physician Face-to-Face Date: 04/20/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and treat due to Other pulmonary embolism without acute cor pulmonale 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 - PT Notes: soc OT Eval Notes: Physician Reddy, Anuradha					
SN Careplans				SN Goals	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 05/04/2026					
24. Physician's Name and Address				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.	
Anuradha Reddy				F2F date : 04/20/2026	
821 N Eutaw St					
Baltimore, MD 21201					
PHONE: 4102258153 FAX: 14104625079 NPI: 1760559009					
27. Attending Physician's Signature and Date Signed 05/12/2026 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 Goals		
PT WK1: 2 (05/04/26-05/09/26) ,WK2: 1 (05/10/26-05/16/26) ,WK3: 1 (05/17/26-05/23/26) ,WK4: 1 (05/24/26-05/30/26)		PATIENT-STATED GOAL: To be able to walk without help		
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		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		
CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance		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		
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion		patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule		
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.		Toilet Transfer - 05. Setup or clean-up assistance Walk 150 Feet - 04. Supervision or touching assistance 1 - Step (curb) - 04. Supervision or touching assistance Car Transfer - 05. Setup or clean-up assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance Toileting Hygiene - 05. Setup or clean-up 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 Sit to Stand - 05. Setup or clean-up assistance Chair to Bed to Chair - 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 Picking Up Object - 04. Supervision or touching assistance Oral Hygiene - 05. Setup or clean-up assistance Shower/Bathe Self - 03. Partial/moderate assistance		
; 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: GG0170L1 - Walk 10 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, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170I1 - Walk 10 Feet, M2020 - Oral Med Management, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, M1033 - Exhaustion, M1610 - Urinary Incontinence, frequent urination, limited strength, limited endurance, balance deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep				
PROCEDURES: cough/deep breathing exercises, home exercise program: Review HEP: seated knee ext, hip flex, hip abd, quad sets, gluteal squeezes, ankle pumps at least				
Signature of Physician:		Date		
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Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by Messick, Charles RN		05/04/2026		

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1x10. 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, 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, * 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, patient self-administers medications as prescribed, 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 - 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, 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 - 03. Partial/moderate 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				
OT Careplans OT WK1: 1 (05/04/26-05/09/26) ,WK3: 1 (05/17/26-05/23/26) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, 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: cough/deep breathing exercises, home exercise program: 16 oz water bottle: bilateral shoulder flex, chest presses, horizontal abd/add, bicep curls 2x10 reps, 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 - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent		OT Goals PATIENT-STATED GOAL: To do things faster 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 - 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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