Home Health Certification and Plan of Care

Order ID: 1150/19008

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6NG2H28KQ06	03/21/2026	From: 05/20/2026 To: 07/18/2026	23537	217058

6. Patient's Name and Address
Maria Chrisman
5984 Grand Banks Rd,
COLUMBIA, MD 21044-
410718-8828

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 11/25/1958 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M62.58	Muscle wasting and atrophy NEC oth site	03/21/26

13. ICD	Other Pertinent Diagnoses	Date
E11.9	Type 2 diabetes mellitus without complications	03/21/26
J45.909	Unspecified asthma uncomplicated	03/21/26
N32.81	Overactive bladder	03/21/26
K21.9	Gastro-esophageal reflux disease without esophagitis	03/21/26
E03.9	Hypothyroidism unspecified	03/21/26
E53.9	Vitamin B deficiency unspecified	03/21/26
F32.9	Major depressive disorder single episode unspecified	03/21/26
Z79.4	Long term (current) use of insulin	03/21/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	03/21/26
Z79.01	Long term (current) use of anticoagulants	03/21/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	03/21/26
Z89.412	Acquired absence of left great toe	03/21/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	03/21/26
Z86.16	Personal history of COVID-19	03/21/26
Z91.81	History of falling	03/21/26

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

ELIQUIS 5 mg / 1 Tablet by mouth two times a day for DVT prophylaxis
GABAPENTIN 300 mg / 1 Capsule by mouth at bedtime for neuropathic pain
METHIMAZOLE 5 mg / 1 Tablet by mouth one time a day for Hyperthyroidism
MIDODRINE HYDROCHLORIDE 5 mg / 1 Tablet by mouth two times a day for hypotension hold if systolic blood pressure> 130 mm/hg
Pantoprazole Sodium - Pantoprazole Sodium 20 mg / 1 Tablet by mouth once a day for GERD
SENNOSIDES 8.6 mg / 1 Tablet by mouth two times a day Give 2 tablet for bowel regimen
Atorvastatin Calcium - Atorvastatin Calcium 80 mg / 1 Tablet by mouth at bedtime for hyperlipidemia
Vitamin B Complex - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 Tablet by mouth once a day for vitamin b deficiency
Dapagliflozin Propanediol 10 mg / 1 Tablet by mouth once a day for Diabetic type 2 management
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) mg / 1 Tablet by mouth once a day for iron deficiency , with breakfast
Metformin Hcl - Metformin Hydrochloride 500mg= 1 Tablet by mouth after meal for DM type 2 management
Clopidogrel - Clopidogrel 75 mg 75mg by mouth once a day 1 tab daily for PVD
Methimazole - Methimazole 5 mg 5mg by mouth once a day 1 tab dailyfor thyroid
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 mcg (1 tab daily) by mouth once a day Vitamin D3 tab 25mcg (1,000UN)
Breo Ellipta - Fluticasone Furoate: Vilanterol Trifenatate 200mcg/25mcg inhalant once a day Inhale once daily for COPD
Glucagon Emergency Kit (Glucagon (rDNA)) 1 MG / Inject 1 unit intramuscular as necessary for Hypoglycemia Per protocol if patient is unconscious or
unable to swallow.

14. DME and Supplies:
rolling walker, walker

15. Safety Measures:
ambulates with assistance, activity supervision

16. Nutrition:
regular

17. Allergies:
Amoxcicillin Trihydrate, Amoxicillin Pot Clavulanate, Augmentin Postassium clav

18.A. Functional Limitations
Dyspnea With Minimal Exertion, Ambulation

18.B. Activities Permitted
Walker, Up As Tolerated, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 2. Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance)., ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: WFL, HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment
another facility/provider will be responsible for managing treatment

Homebound status: Due to diagnosis of Muscle wasting and atrophy, not elsewhere classified, other site, 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 67-year-old female residing in an assisted living facility in Columbia, MD, with a past medical history significant for type 2 diabetes mellitus, asthma, history of transient ischemic attack, overactive bladder, GERD, absence of the left great toe, major depressive disorder, hypothyroidism, vitamin B deficiency, history of COVID-19, and recent falls with possible cerebrovascular event. She was referred to home health services following hospitalization and subacute rehabilitation due to recurrent falls and decline in functional mobility. The patient ambulates with a rollator and requires assistance, demonstrating mild bilateral lower extremity weakness, impaired balance, decreased endurance, and altered gait mechanics, placing her at high risk for falls, further compounded by anxiety and fear of falling. She also exhibits bilateral upper extremity weakness (4-/5 strength), poor grip strength, and difficulty with fine motor tasks such as opening food packages. Functionally, she requires supervision to minimal assistance for transfers, ambulation, and activities of daily living, including assistance with lower body dressing and bathing. She resides in a multi-level townhome setting within the facility, utilizing a stair lift to access her bedroom and bathroom on the second floor. Skin assessment revealed no breakdown, and medications are managed by the facility; she is a full code with documented allergies to amoxicillin and related medications. The patient is considered homebound due to diabetic peripheral neuropathy causing impaired sensation, proprioception deficits, and unsteady gait, making leaving the home a considerable and taxing effort. Skilled physical and occupational therapy services are medically necessary to address strength, balance, gait, transfer safety, and fall prevention to improve functional independence and safety within the assisted living environment.
 Date of Order 05/18/2026 Orders Physician Face-to-Face Date: 02/23/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat, OT eval and treat due to Muscle wasting and atrophy, not elsewhere classified, other site 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: The patient continues to require cueing and physical assistance for safe mobility due to fluctuating balance deficits and

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
Tavershima Asom
7341 Arsonne Drive
Marriottsville, MD 21102
PHONE: 4105528885 FAX: 14108263835 NPI: 1881923720

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 : 02/23/2026

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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impaired coordination related to neuropathy and prior falls. Continued skilled home health PT remains medically necessary to progress strength, balance, gait safety, stair negotiation, and functional endurance while reducing risk for falls, injury, hospitalization, and further functional decline.
 Physician Asom, Tavershima

SN Careplans

SN Goals

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)

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: WFL

HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) 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; 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1033 - Exhaustion, muscle weakness, limited strength (MS), weak hand grips, balance deficit (NR)

PT Goals

PATIENT-STATED GOAL: I dont want to fall again. Help me Get stronger

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

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

Sit to Stand - 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

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

Toilet Transfer - 05. Setup or clean-up assistance

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

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/18/2026

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PROCEDURES: HEP: Patient instructed on proper technique, pacing, and safe frequency throughout the day. Patient verbalized understanding and demonstrated good carryover. , Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , B LE strengthening: 1, home exercise program: clinician will describe HEP at visit, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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 - 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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/18/2026