

Home Health Certification and Plan of Care				Order ID: 1150/19028	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
1X36QM8JV58		05/21/2026		From: 05/21/2026 To: 07/19/2026	
				4. Medical Record No.	
				25358	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Jean Grier				HomeCentris Healthcare LLC	
3814 Sequoia Avenue,				10 Crossroads Drive, Suite 102	
BALTIMORE, MD 21215-				Owings Mills, MD 21117-8284	
646-750-6061				410-321-8448	
				1487113239	
8. DOB				9. Sex	
01/15/1946				Female	
11. ICD		Principal Diagnosis		Date	
E11.65		Type 2 diabetes mellitus with hyperglycemia		05/21/26	
13. ICD		Other Pertinent Diagnoses		Date	
I10.		Essential (primary) hypertension		05/21/26	
E11.319		Type 2 diabetes w unsp diabetic rtnop w/o macular edema		05/21/26	
I25.10		AthscI heart disease of native coronary artery w/o ang pctrs		05/21/26	
E78.5		Hyperlipidemia unspecified		05/21/26	
E55.9		Vitamin D deficiency unspecified		05/21/26	
R91.1		Solitary pulmonary nodule		05/21/26	
Z86.73		PrsnI hx of TIA (TIA) and cereb infrc w/o resid deficits		05/21/26	
Z87.440		Personal history of urinary (tract) infections		05/21/26	
Z79.02		Long term (current) use of antithrombotics/antiplatelets		05/21/26	
Z79.82		Long term (current) use of aspirin		05/21/26	
Z79.4		Long term (current) use of insulin		05/21/26	
Z95.5		Presence of coronary angioplasty implant and graft		05/21/26	
14. DME and Supplies:				15. Safety Measures:	
walker, diabetic supplies				standard precautions, walker precautions, diabetic precautions, ambulates with device	
16. Nutrition:				17. Allergies:	
diabetic				empagliflozin fluoride lisinopril morphine lantus lipitor latex	
18.A. Functional Limitations				18.B. Activities Permitted	
Ambulation				Walker	
19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: fair					
22. A Rehabilitation Potential:				22.B.Discharge Plans	
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.				patient will be responsible for managing treatment	
Homebound status: Due to diagnosis of Type 2 diabetes mellitus with hyperglycemia, 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: <p class="MsoNoSpacing">Patient is alert and oriented to person and partially to place/time (A O x1-2) with noted confusion. Past medical history includes diabetes mellitus, hypertension, cerebrovascular accident (CVA), coronary artery disease (CAD), and generalized weakness. Skin is dry and intact. Patient ambulates with the assistance of a device for mobility and safety. Medication box was filled and organized by the patient's daughter. Blood glucose level was 186 this morning. Patient denies pain or discomfort, and no signs or symptoms of shortness of breath were noted. Bowel sounds are present in all four quadrants. Overall condition remains stable at this time.</p><p class="MsoNoSpacing"><nbsp></p><p class="MsoNoSpacing">Date of Order</p><p class="MsoNoSpacing">05/21/2026 Order</p><p class="MsoNoSpacing">Physician Face-to-Face Date: 04/25/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval treat ot-eval treat hha-adl's dx: Type 2 diabetes mellitus with hyperglycemia Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</p><p class="MsoNoSpacing"> 1 - SOC - SN Notes: </p><p class="MsoNoSpacing">Physician:Chia, Patience</p>					
SN Careplans				SN Goals	
SN WK1: 1 (05/21/26-05/23/26) ,WK2: 1 (05/24/26-05/30/26) ,WK3: 1 (05/31/26-06/06/26) ,WK5: 1 (06/14/26-06/20/26) ,WK7: 1 (06/28/26-07/04/26) ,WK8: 1 (07/05/26-07/11/26) ,WK9: 1 (07/12/26-07/18/26)				PATIENT-STATED GOAL: To do something enjoyable outside of the home	
PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, 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	
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance				patient/caregiver recalls	
HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 7. Currently taking 5 or more medications				* strategies to increase socialization	
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.				* recalls related medication(s) purpose, schedule	
				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 keep home safe for patient with vision loss including eliminating hazards	
				* enhancing lighting	
				* using mechanical aids	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 05/21/2026					
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.	
Patience Chia				F2F date : 04/25/2026	
3310 Eastern Avenue					
Baltimore, MD 21244					
PHONE: 2407440001 FAX: 18882060912 NPI: 1427664200					
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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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:Yes PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, D0700 - Social Isolation, meal preparation, M1400 - Dyspnea, tarry/bloody stools, muscle weakness, B0200 - Hearing Deficit, Pain Interference with Therapy activities, Pain Interference with ADLs, B1000 - Vision Deficit PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired, coordinate/arrange long-term socialization activities, coordinate/arrange home modifications for hearing impaired, i.e. alarms 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, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, 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, * strategies to increase socialization, related medication(s) purpose, schedule, meal preparation is available to patient for all meals			patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule meal preparation is available to patient for all meals 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 * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms * 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	05/21/2026