Home Health Certification and Plan of Care

Order ID: 1150/19041

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
63243913	05/28/2026	From: 05/28/2026 To: 07/26/2026	26259	217058

6. Patient's Name and Address

Marlene Cardwell
612 YORKSHIRE DR B COURT,
EDGEWOOD, MD 21040
443-866-1169

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 06/30/1958 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J18.9	Pneumonia unspecified organism	05/28/26

13. ICD	Other Pertinent Diagnoses	Date
I65.23	Occlusion and stenosis of bilateral carotid arteries	05/28/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	05/28/26
I50.9	Heart failure unspecified	05/28/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	05/28/26
N18.30	Chronic kidney disease stage 3 unspecified	05/28/26
D63.1	Anemia in chronic kidney disease	05/28/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	05/28/26
J45.909	Unspecified asthma uncomplicated	05/28/26
D86.0	Sarcoidosis of lung	05/28/26
I42.9	Cardiomyopathy unspecified	05/28/26
F41.9	Anxiety disorder unspecified	05/28/26
F32.9	Major depressive disorder single episode unspecified	05/28/26
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	05/28/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	05/28/26
E78.2	Mixed hyperlipidemia	05/28/26
M19.90	Unspecified osteoarthritis unspecified site	05/28/26
K21.9	Gastro-esophageal reflux disease without esophagitis	05/28/26
M85.80	Oth disrd of bone density and structure unspecified site	05/28/26
Z85.01	Personal history of malignant neoplasm of esophagus	05/28/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	05/28/26
Z91.81	History of falling	05/28/26
Z86.0100	Personal history of colonic polyps	05/28/26
Z87.891	Personal history of nicotine dependence	05/28/26

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

ZOLOFT 100 mg by mouth twice a day
ZOCOR 40 mg by mouth nightly
TOPAMAX 50 mg by mouth 2 times daily
TRAZODONE 50 mg by mouth nightly
REMERON 30 mg by mouth nightly
PROTONIX 40 mg by mouth 2 times daily
NORVASC 2.5 mg by mouth 1 time daily
COZAAR 50 mg by mouth 1 time daily
CARAFATE 1 g by mouth 4 times daily - before meals & nightly
Aspirin 81Mg - Aspirin 81mg, take 1 tablet by mouth once a day
Levofloxacin - Levofloxacin: Sodium Chloride 500 mg Take 1 tablet by mouth every other day Every 48 hours X 6 days
Vit D - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 2 tablets by mouth once a day 2000 units
ALBUTEROL 108 (90 BASE) mcg/act IN aerosol solution / 2 puffs inhalant every 4 hours PRN
FLONASE 50 MCG/ACT nasal spray / 2 sprays Nasal 1 time daily PRN
ATROVENT 0.03 % nasal spray / 2 sprays Nasal nightly
Zofran Odt - Ondansetron 4 mg Oral every 8 hours PRN Nausea
COREG 6.25 mg Oral 2 times daily

14. DME and Supplies:

walker, bath bench

15. Safety Measures:

walker precautions, standard precautions, medication safety, , fall precautions, diabetic precautions, bathroom safety, ambulates with device, ambulates with assistance

16. Nutrition:

diabetic

17. Allergies:

atorvastatin sulfa antibiotics sulfamethoxazole

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:

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.

22.B.Discharge Plans

SN and OT: patient will be responsible for managing treatment PT: family/careg

Homebound status:

Due to diagnosis of Pneumonia unspecified organism, 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/28/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Stephanie Davis
3400 Box Hill Corporate Center Dr
Abingdon, MD 21009
PHONE: 1-800-777-7904 FAX: kaiser NPI: 1013976091

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 : 05/24/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/19041

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
63243913	05/28/2026	From: 05/28/2026 To: 07/26/2026	26259	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Marlene Cardwell 612 YORKSHIRE DR B COURT, EDGEWOOD, MD 21040 443-866-1169	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

The patient is a 67-year-old female referred to home health services following recent hospitalization after experiencing two falls at home associated with lightheadedness and generalized weakness, resulting in admission for pneumonia and hypertensive heart disease. Her past medical history is significant for peripheral vascular disease (PVD), bilateral carotid stenosis, hypertension, pulmonary sarcoidosis, type 2 diabetes mellitus, chronic kidney disease stage 3, recurrent urinary tract infections, esophageal cancer with stricture, heart failure, cardiomyopathy, anxiety, and depression. The patient reports chronic right lower back pain rated 7/10 and is currently under pain management. She is prescribed oral Levofloxacin 500 mg every 48 hours for six days for pneumonia treatment. On assessment, the patient was alert and oriented x4, with vital signs within normal limits, warm and intact skin, diminished lung sounds, occasional dizziness, and generalized weakness, while denying shortness of breath, nausea, or vomiting. She ambulates with a walker and resides with her daughter, who serves as her primary caregiver, in a two-story townhouse with three steps to enter and a second-floor bedroom. Prior to hospitalization, the patient was independent with self-care, functional mobility, and IADLs. Current physical therapy assessment revealed lower extremity weakness, decreased flexibility, impaired balance with a Tinetti score of 13/28, rigid stance, decreased bilateral step length, and difficulty negotiating stairs and ambulating safely without an assistive device, indicating good potential to benefit from skilled physical therapy services. Occupational therapy evaluation found the patient functioning independently with basic self-care, transfers, and household mobility, with no further OT services warranted at this time. Medication review was completed, and education was provided regarding medication compliance, fall prevention, and adherence to prescribed home exercise programs, with reinforcement to call for assistance to prevent future falls.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 05/28/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 05/24/2026
 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat HHA DX: Pneumonia unspecified organism
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
 1 - SOC - SN Notes:<o:p></o:p> PT Eval Notes:<o:p></o:p> OT Eval Notes:<o:p></o:p> Physician: Davis, Stephanie

SN Careplans

SN WK1: 1 (05/28/26-05/30/26) ,WK2: 1 (05/31/26-06/06/26) ,WK3: 1 (06/07/26-06/13/26) ,WK4: 1 (06/14/26-06/20/26) ,WK5: 1 (06/21/26-06/27/26)

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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:Received

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, dizziness/syncope, abnormal blood pressure, M1033 - Exhaustion, M1400 - Dyspnea, limited strength, daytime fatigue, balance deficit, Pain Interference with ADLs

PROCEDURES: cough/deep breathing exercises, incentive spirometer

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, * depression-prevention strategies including

SN Goals

PATIENT-STATED GOAL: To get stronger and walk normally.

GOALS
patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/28/2026

Home Health Certification and Plan of Care

Order ID: 1150/19041

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
63243913	05/28/2026	From: 05/28/2026 To: 07/26/2026	26259	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Marlene Cardwell 612 YORKSHIRE DR B COURT, EDGEWOOD, MD 21040 443-866-1169	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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

PT Careplans

PT WK2: 2 (05/31/26-06/06/26) ,WK3: 1 (06/07/26-06/13/26) ,WK4: 1 (06/14/26-06/20/26) ,WK5: 1 (06/21/26-06/27/26) ,WK6: 1 (06/28/26-07/04/26) ,WK7: 1 (07/05/26-07/11/26) ,WK8: 1 (07/12/26-07/18/26) ,WK9: 1 (07/19/26-07/25/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair

PROCEDURES: Medication management : Review medication with pt and caregiver, home exercise program: Laq, hip flexion, standing heelraises, hamstring curls, hip abduction, toe raises, hip flexion, hip extension, dynamic standing balance exercises: Focus on improving hip ankle step strategies, improving stability reaching outside bos, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: 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 - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Car Transfer - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: To improve Leg strength, balance and walking better

GOALS
Toilet Transfer - 06. Independent

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

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

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Car Transfer - 05. Setup or clean-up assistance

OT Careplans

OT WK1: 3 (05/27/26-05/30/26) ,WK2: 3 (05/31/26-06/06/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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

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, 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: Evaluation only

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

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
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/28/2026