

Home Health Certification and Plan of Care				Order ID: 1150/19054	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
30754063430		05/28/2026		From: 05/28/2026 To: 07/26/2026	
4. Medical Record No.			5. Provider No.		
26191			217058		
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Sarah Chestnut 2409 Gainsborough Court Apt A, Parkville, MD 21234- 301-549-2283			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
12/05/1943			Female		
11. ICD		Principal Diagnosis		Date	
S22.41XD		Multiple fx of ribs right side subs for fx w routn heal		05/28/26	
13. ICD		Other Pertinent Diagnoses		Date	
I13.0		Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny		05/28/26	
I50.22		Chronic systolic (congestive) heart failure		05/28/26	
N18.4		Chronic kidney disease stage 4 (severe)		05/28/26	
I48.0		Paroxysmal atrial fibrillation		05/28/26	
I49.5		Sick sinus syndrome		05/28/26	
I25.10		Athscl heart disease of native coronary artery w/o ang pctrs		05/28/26	
J44.9		Chronic obstructive pulmonary disease unspecified		05/28/26	
E03.9		Hypothyroidism unspecified		05/28/26	
I71.40		Abdominal aortic aneurysm without rupture unspecified		05/28/26	
I35.0		Nonrheumatic aortic (valve) stenosis		05/28/26	
R91.1		Solitary pulmonary nodule		05/28/26	
Z79.01		Long term (current) use of anticoagulants		05/28/26	
Z79.84		Long term (current) use of oral hypoglycemic drugs		05/28/26	
Z79.890		Hormone replacement therapy		05/28/26	
Z79.891		Long term (current) use of opiate analgesic		05/28/26	
Z87.891		Personal history of nicotine dependence		05/28/26	
Z95.0		Presence of cardiac pacemaker		05/28/26	
Z91.81		History of falling		05/28/26	
14. DME and Supplies:			15. Medications: Dose/Frequency/Route (N)ew (C)hanged		
rolling walker, 4 wheeled walker			ipratropium-albuterol (DUO-NEB) nebulizer solution 3 mL Nebu Every 6 hours TYLENOL 975 mg Oral Every 6 hours CAUTION - Maximum acetaminophen dose not to exceed 4000 mg/24 hours from ALL sources ** PACERONE 200 mg Oral Daily NORVASC 10 mg Oral Daily ELIQUIS 2.5 mg Oral 2 times daily Indication: Secondary VTE prevention LIPITOR 40 mg Oral Nightly BUMEX 2 mg Oral Daily JARDIANCE 10 mg Oral Daily PEPCID 20 mg Oral Daily SYNTHROID 88 mcg Oral Daily TOPROL-XL 100 mg Oral Daily Admin Instructions: Do not crush or chew. ENTRESTO 51 MG tablet Oral 2 times daily SENOKOT 8.6 MG tablet Oral Nightly PRN Constipation		
16. Nutrition:			17. Safety Measures:		
regular			transfer with assist, walker precautions, standard precautions, fall precautions, ambulates with device, ambulates with assistance, activity supervision		
18.A. Functional Limitations			17. Allergies:		
Ambulation, Endurance, , Dyspnea With Minimal Exertion			codeine penicillin		
18.B. Activities Permitted			18.A. Functional Limitations		
Walker, Transfer bed/Chair, Exercises Prescribed, Up As Tolerated			Ambulation, Endurance, , Dyspnea With Minimal Exertion		
19. Mental & Pyschosocial Status:			19. Allergies:		
COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required, HISTORY OF DEPRESSION: No			codeine penicillin		
20. Prognosis:			20. Medications:		
good			ipratropium-albuterol (DUO-NEB) nebulizer solution 3 mL Nebu Every 6 hours TYLENOL 975 mg Oral Every 6 hours CAUTION - Maximum acetaminophen dose not to exceed 4000 mg/24 hours from ALL sources ** PACERONE 200 mg Oral Daily NORVASC 10 mg Oral Daily ELIQUIS 2.5 mg Oral 2 times daily Indication: Secondary VTE prevention LIPITOR 40 mg Oral Nightly BUMEX 2 mg Oral Daily JARDIANCE 10 mg Oral Daily PEPCID 20 mg Oral Daily SYNTHROID 88 mcg Oral Daily TOPROL-XL 100 mg Oral Daily Admin Instructions: Do not crush or chew. ENTRESTO 51 MG tablet Oral 2 times daily SENOKOT 8.6 MG tablet Oral Nightly PRN Constipation		
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: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.			family/caregiver will be responsible for managing treatment		
Homebound status:			22. Medications:		
Due to diagnosis of Multiple fracture of ribs right side subsequent for fracture with routine healing, 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.			ipratropium-albuterol (DUO-NEB) nebulizer solution 3 mL Nebu Every 6 hours TYLENOL 975 mg Oral Every 6 hours CAUTION - Maximum acetaminophen dose not to exceed 4000 mg/24 hours from ALL sources ** PACERONE 200 mg Oral Daily NORVASC 10 mg Oral Daily ELIQUIS 2.5 mg Oral 2 times daily Indication: Secondary VTE prevention LIPITOR 40 mg Oral Nightly BUMEX 2 mg Oral Daily JARDIANCE 10 mg Oral Daily PEPCID 20 mg Oral Daily SYNTHROID 88 mcg Oral Daily TOPROL-XL 100 mg Oral Daily Admin Instructions: Do not crush or chew. ENTRESTO 51 MG tablet Oral 2 times daily SENOKOT 8.6 MG tablet Oral Nightly PRN Constipation		
Clinical Condition			22. B. Discharge Plans		
Requiring Homecare:fall that resulted in right-sided rib fractures involving ribs 5 and 6. The patient received acute medical treatment and stabilization prior to discharge home. Her significant past medical history includes chronic obstructive pulmonary disease (COPD), chronic heart failure (CHF), stage IV chronic kidney disease (CKD), and abdominal aortic aneurysm (AAA). The patient resides with her daughter in an apartment and, prior to the recent hospitalization, was modified independent with bed mobility, transfers, and household ambulation utilizing a rollator walker. Upon evaluation, the patient demonstrates a notable decline in functional mobility and safety compared to her prior level of function. Assessment findings reveal significant balance impairment and increased fall risk, evidenced by a Tinetti Balance and Gait Assessment score of 13/28 and a Timed Up and Go (TUG) test result of 126 seconds. The patient requires assistance with transfers and demonstrates gait dysfunction characterized by impaired stability, reduced mobility, and decreased safety awareness during ambulation. She also experiences difficulty negotiating steps, further limiting her ability to safely access and navigate her home environment. Residual pain and reduced mobility associated with her recent rib fractures may additionally contribute to decreased activity tolerance and functional performance. Skilled physical therapy is medically necessary to address deficits in strength, balance, gait, transfer ability, endurance, and overall functional mobility. Interventions will focus on therapeutic exercises, balance retraining, gait training, transfer training, fall prevention strategies, and patient/caregiver education to maximize safety and independence within the home. Home safety recommendations were reviewed, including installation of grab bars in the bathroom to reduce fall risk and improve safety during activities of daily living. The patient demonstrates good rehabilitation potential and is expected to benefit from ongoing skilled physical therapy services aimed at restoring functional independence, preventing further falls, and reducing the risk of hospitalization.			family/caregiver will be responsible for managing treatment		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles RN on 05/28/2026			25. Date HHA Received Signed POT		
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.		
Nan Ni 200 E 33Rd St Baltimore, MD 21218 PHONE: 410-261-8019 FAX: 14102618021 NPI: 1518926500			F2F date : 05/18/2026		
27. Attending Physician's Signature and Date Signed			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.		
Date of physician last face-to-face			PAGE 1 of 3		

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14px;"> </div><div>1 - SOC - PT Notes: soc</div><div> </div><div>Physician</div><div>Ni, Nan</div>				
SN Careplans		SN Goals		
PT Careplans		PT Goals		
PT 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) ,WK6: 1 (06/28/26-06/30/26) 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 > 6 CAREGIVER: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance 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, 9. Other risk(s) not listed in 1- 8 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:No Advance Directive on File PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170J1 - Walk 50 ft with 2 Turns, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene,		PATIENT-STATED GOAL: To Improve my strength, balance and walking to not fall GOALS 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 patient/caregiver recalls * prevention exacerbation of anxiety condition including coping patterns * improved concentration * strategies to reduce anxiety * identification of anxiety precipitants, conflicts, and threats * recalls related medication(s) purpose, schedule patient/caregiver recalls * management of mental health condition including joining a peer group * maintaining regular contact with mental health professional * avoiding known stressors * controlling impulses * 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 patient's enviroment has adequate stairs railings caregiver administers and/or packages medications appropriately Sit to Stand - 06. Independent Car Transfer - 06. Independent 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 4 Steps - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent		
Signature of Physician:		Date		
		PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by Messick, Charles RN		05/28/2026		

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301-549-2283			410-321-8448		
			1487113239		
GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170K1 - Walk 150 Feet, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M1745 - Behavioral Issues, M1720 - Anxiety, M2102c - Med Admin, Home Safety, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, limited strength, limited endurance, muscle weakness, balance deficit			Lower Body Dressing - 06. Independent		
PROCEDURES: Medication management : Meds reviewed with pt and caregiver, cough/deep breathing exercises, monitor intake & output, home exercise program: Heelraises, toe raises, hip abduction, laq, hip flexion, hamstring curls, equipment training, work simplification/energy conservation, gait training/stair training, transfers training			Don/Doff Footwear - 06. Independent		
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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, 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, patient's enviroment has adequate stairs railings, caregiver administers and/or packages medications appropriately, Chair to Bed to Chair - 06. Independent, Sit to Stand - 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, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 02. Substantial/maximal assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent			Eating - 06. Independent		
			Upper Body Dressing - 06. Independent		
			Walk 10 Feet - 04. Supervision or touching assistance		
			Shower/Bathe Self - 02. Substantial/maximal assistance		

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