Home Health Certification and Plan of Care

Order ID: 1150/19078

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4HG7QH6WU49	03/30/2026	From: 05/29/2026 To: 07/27/2026	23461	217058

6. Patient's Name and Address

Faye Trippe
11 Slade Avenue Apt 909,
Baltimore, MD 21208-
410-484-7822

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 12/23/1928 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M15.0	Primary generalized (osteo)arthritis	03/30/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	03/30/26
I48.0	Paroxysmal atrial fibrillation	03/30/26
E78.2	Mixed hyperlipidemia	03/30/26
M47.817	Spondyls w/o myelopathy or radiculopathy lumbosacr region	03/30/26
G89.29	Other chronic pain	03/30/26
F41.2	Other mixed anxiety disorders	03/30/26
K21.9	Gastro-esophageal reflux disease without esophagitis	03/30/26
F51.09	Oth insomnia not due to a substance or known physiol cond	03/30/26
Z85.118	Personal history of malignant neoplasm of bronchus and lung	03/30/26
Z86.018	Personal history of other benign neoplasm	03/30/26
Z95.0	Presence of cardiac pacemaker	03/30/26
Z79.01	Long term (current) use of anticoagulants	03/30/26
Z87.891	Personal history of nicotine dependence	03/30/26

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

Amlodipine - Amlodipine Besylate 1 tablet 10 mg by mouth once a day Blood pressure
Ativan - Lorazepam 0.5 mg 1 tablet by mouth once a day As needed for anxiety
Baclofen - Baclofen 10 mg 1 tablet by mouth once a day As needed for muscle spasm
Carafate - Sucralfate 1gm 1 tablet by mouth before meal And at bedtime as needed for heart burn
Citalopram - Auranofin 1 tablet by mouth twice a day 20 mg in morning, 10 mg in evening for depression
Eliquis - Apixaban 1 tablet 2.5 mg by mouth twice a day Blood thinner
Famotidine - Famotidine 40 mg 1 tablet by mouth once a day Heart burn
Furosemide - Furosemide 40 mg 1 tablet by mouth in the morning Edema
Hydrocodone - Acetaminophen: Hydrocodone Bitartrate 1 tablet 5 mg by mouth once a day As needed for pain
Metoprolol - Hydrochlorothiazide: Metoprolol Succinate 1 tablet 50 mg by mouth twice a day For heart rate
Ondansetron - Ondansetron 4 mg 1 tablet by mouth three times a day As needed for nausea
Promethazine - Promethazine Hydrochloride 1 tablet 12.5 mg by mouth once a day As needed for nausea
Rosuvastatin Zinc - Rosuvastatin Zinc 1 tablet 5 mg by mouth once a day Cholesterol
Zolpidem - Zolpidem Tartrate 10 mg 1-2 tablet by mouth at bedtime As needed for sleep
Lisinipril - Hydrochlorothiazide: Lisinopril 1 tablet 20 mg by mouth twice a day Blood pressure
Lotrisone - Betamethasone Dipropionate: Clotrimazole eq 0.05 perc base;1 perc 1 application topical twice a day As needed for fungal infection
Lidoderm Patch - Lidocaine 1 patch transdermal twice a day For back pain as needed

14. DME and Supplies:
commode, , , grab bars, cane, rolling walker,

15. Safety Measures:
fall precautions, standard precautions

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, , Endurance

18.B. Activities Permitted
No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: 2 independent, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:

20. Prognosis: fair

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

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

Homebound status: Due to diagnosis of Primary generalized (osteo)arthritis, 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 97-year-old female with a history of osteoarthritis, chronic back pain, and a left elbow fracture in 2025, resulting in decreased functional independence and increased fall risk due to impaired balance. She requires assistance with ADLs and IADLs, utilizes a cane or walker for functional ambulation, and requires human assistance to safely leave the home. The patient presents with limited range of motion in the left upper extremity, particularly with elbow flexion, which significantly impacts her ability to perform grooming and upper body dressing tasks, including combing and washing her hair, washing her face, and dressing. She also demonstrates bilateral upper extremity weakness and requires setup assistance for sit-to-stand transfers. The patient ambulates with a cane under standby assistance and supervision from an aide. Continued skilled occupational therapy services are recommended to address strength, range of motion, balance, and functional deficits in order to maximize safety and independence with daily activities.<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: 03/22/2026
 Clinical Condition Requiring Home Care per Certifying Physician: PT eval & treat OT eval & treat due to Primary generalized (osteo)arthritis
 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>
 4 - Recertification OT Notes: to address limited rom of the left upper extremity which affects patients ability to perform groom and upper body dressing task<o:p></o:p> Physician: Gaber, Jeffrey

SN Careplans

SN Goals

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
Jeffrey Gaber
1838 Greene Tree Rd
Pikesville, MD 21208
PHONE: 4106538840 FAX: 14106538847 NPI: 1386611853

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 : 03/22/2026

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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OT Careplans

OT 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 (06/28/26-07/04/26)

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:

HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 7. Currently taking 5 or more medications, 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: abnormal BS < 70/140 > mg/dL, muscle spasms, limited range of motion

PROCEDURES: Patient/caregiver recalls related purpose and schedule of medications: Medication review, therapeutic exercises: Therapy ADL's and IADL's, transfers training: Therapy

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 - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance,

OT Goals

PATIENT-STATED GOAL: Patient want to be wash face and put on earrings

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 will demostrated improved left elbow flexion from 90 degs to 70 degs to improve groom tasking

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 05. Setup or clean-up assistance

Oral Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Eating - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
05/28/2026

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Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Patient will demostrated improved left elbow flexion from 90 degs to 70 degs to improve groom tasking

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