Home Health Certification and Plan of Care

Order ID: 1150/19066

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2JE2XR3XC92	05/28/2026	From: 05/28/2026 To: 07/26/2026	25239	217058

6. Patient's Name and Address

Patricia Marruffo
9630 Dietz Place Apt 309,
Perry Hall, MD 21128-
410-608-5463

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 08/22/1943 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I95.1	Orthostatic hypotension	05/28/26

13. ICD	Other Pertinent Diagnoses	Date
S31.109A	Unsp opn wnd abd wall unsp q w/o penet perit cav init	05/28/26
J45.909	Unspecified asthma uncomplicated	05/28/26
E78.2	Mixed hyperlipidemia	05/28/26
E03.9	Hypothyroidism unspecified	05/28/26
D64.9	Anemia unspecified	05/28/26
K21.9	Gastro-esophageal reflux disease without esophagitis	05/28/26
N20.0	Calculus of kidney	05/28/26
M48.02	Spinal stenosis cervical region	05/28/26
M54.16	Radiculopathy lumbar region	05/28/26
F41.9	Anxiety disorder unspecified	05/28/26
F32.A	Depression unspecified	05/28/26
E55.9	Vitamin D deficiency unspecified	05/28/26
Z79.82	Long term (current) use of aspirin	05/28/26
Z87.440	Personal history of urinary (tract) infections	05/28/26

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

Sertraline Hcl - Sertraline Hydrochloride 100 mg tablet by mouth once a day for Anxiety
Levothyroxine Sodium - Levothyroxine Sodium 137 mcg / 1 Tablet by mouth in the morning for Hypothyroidism
Montelukast Sodium - Montelukast Sodium 10 mg / 1 Tablet by mouth at bedtime for Allergy
Vitamin D2 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50,000 Units / 1 Capsule by mouth once a day every Fri for Vitamin D Deficiency
Simvastatin - Simvastatin 80 mg tablet by mouth at bedtime for HLD
Lyrica - Pregabalin 75 mg / 1 Capsule by mouth every 12 hours for Nerve pain
Aspirin - Aspirin 0 Chewable 81 mg / 1 Tablet by mouth once a day for CVA PPX
Symbicort - Budesonide: Formoterol Fumarate Dihydrate nhalation Aerosol 160-4.5 MCG/ACT / 2 puff inhale by mouth twice a day for Asthma Rinse mouth with water after each use AND 2 puff inhale orally every 4 hours as needed for asthma
Senna S - Senna 8.6 mg/tablet / Give 2 tablet by mouth every 12 hours as needed for Bowel Regimen
Miralax - Polyethylene Glycol 3350 0 Powder 17 GM/SCOOP / Give 17 gram by mouth as necessary every 24 hours as needed for Bowel Regimen Mix with 4-8 oz of fluid
Midodrine Hydrochloride - Midodrine Hydrochloride 5 mg tablet by mouth three times a day for Hypotension Hold for SBP >130
Metoprolol Succinate - Metoprolol Succinate 75mg, take 1 tablet by mouth once a day HTN
Flexeril - Cyclobenzaprine Hydrochloride 10 mg Take 1 tablet by mouth every 8 hours As needed for muscle spasm
Voltaren - Diclofenac Sodium 0 Arthritis Pain External Gel 1 % / Apply to Left ankle topical every 8 hours for Pain for 90 Days Apply 4 grams
Lidocaine Patch - Lidocaine 4% / Apply to lower back topical once a day for pain and remove per schedule

14. DME and Supplies:

wheelchair, rolling walker, hand held shower, bath bench, walker, grab bars, hospital bed

15. Safety Measures:

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

16. Nutrition:

low sodium, high fiber

17. Allergies:

Mepiridine

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: 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.

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Orthostatic hypotension, 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 an 82-year-old female with a past medical history significant for lumbar radiculopathy, ESBL E. coli and VRE urinary tract infections, hypertension, hypothyroidism, and acute uncomplicated diverticulitis. She was recently hospitalized for ESBL urosepsis, treated with IV antibiotics, and subsequently transferred to a rehabilitation facility. The patient is alert and oriented 4 and resides in a senior living facility with daily assistance from a private aide for ADLs and meal preparation. Prior to hospitalization, she was independent with functional transfers and ambulation using a rolling walker. Currently, she presents with decreased standing balance, standing tolerance, bilateral upper extremity strength, and overall activity tolerance, resulting in reduced independence with self-care, functional transfers, and mobility. She is considered a high fall risk due to orthostatic hypotension and is prescribed midodrine. The patient uses a walker for transfers and a wheelchair for mobility, frequently resting in a recliner with her feet elevated. Skin remains intact, and she denies pain, shortness of breath, headache, or lightheadedness. Vital signs are within normal limits, and no respiratory distress was observed. Skilled occupational therapy services are recommended at this time to address current deficits and support return to prior level of function.<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: 04/15/2026
 Clinical Condition Requiring Home Care per Certifying Physician:

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

Marion Kowalewski
7672 Belair Rd
Baltimore, MD 21236
PHONE: (410) 663-8100 FAX: 14106638119 NPI: 1538126461

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 : 04/15/2026

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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sn-disease management pt-eval & treat ot-eval & treat hha-adl's msw dx: Orthostatic hypotension
 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> OT Eval Notes:<o:p></o:p> Physician: Kowalewski, Marion

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) ,WK7: 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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, meal preparation, abnormal blood pressure, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, 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 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, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: To walk comfortably and safely

GOALS
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
* 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
* 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

meal preparation is available to patient for all meals

OT Careplans

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

05/28/2026

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OT WK2: 1 (05/31/26-06/06/26) ,WK4: 1 (06/14/26-06/20/26) ,WK6: 1 (06/28/26-07/04/26) ,WK8: 1 (07/12/26-07/18/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Effect on Sleep, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, 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, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand

PROCEDURES: home exercise program: Bilateral UE strengthening of deltoid, biceps, triceps and pectoral muscles, therapeutic exercises: Skilled OT, equipment training, work simplification/energy conservation, transfers training, transfers training: Skilled OT, assist with bathing: Skilled OT, assist with toilet transferring: Skilled OT, assist with toileting hygiene: Skilled OT, assist with transferring: Skilled OT

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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, 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, 12 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 - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

PATIENT-STATED GOAL: Get in the shower

GOALS
Chair to Bed to Chair - 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
* 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

Sit to Stand - 06. Independent

Toilet Transfer - 05. Setup or clean-up assistance

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

12 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 - 04. Supervision or touching assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

HHA Careplans

HHA 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)

PROCEDURES: assist with bathing: Mod A, assist with toilet transferring: Cga, assist with toileting hygiene: Min A, assist with grooming: Min A, assist with lower body dressing: Skilled OT, assist with lower body dressing: Mod A, assist with upper body dressing: Min

HHA Goals

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