Home Health Certification and Plan of Care

Order ID: 1150/19158

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
21287847	06/01/2026	From: 06/01/2026 To: 07/30/2026	26382	217058

6. Patient's Name and Address
Lilah Cook
5956 Daywalt Avenue Apt B,
Baltimore, MD 21206-
667-334-5225

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 06/11/1991 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
G35.A	Multiple sclerosis relapsing	06/01/26

13. ICD	Other Pertinent Diagnoses	Date
M79.7	Fibromyalgia	06/01/26
G89.4	Chronic pain syndrome	06/01/26
D72.829	Elevated white blood cell count unspecified	06/01/26
D75.839	Thrombocytosis unspecified	06/01/26
R32.	Unspecified urinary incontinence	06/01/26
R26.89	Other abnormalities of gait and mobility	06/01/26
R15.9	Full incontinence of feces	06/01/26
Z91.81	History of falling	06/01/26

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

Allegra - Fexofenadine Hydrochloride 180 mg 180mg=1tablet by mouth once a day
Budesonide-Formoterol (BREYNA) 80-4.5 mcq/actuation Inhl HFAA 2 puffs Inhalation 2 times a day
ALBUTEROL 1 puff Inhalation every 6 hours as needed (Patient has albuterol)
NEURONTIN 100 MG capsules Oral 2 times a day
KLONOPIN 0.5 MG tablet Oral daily before sleep by the lab
PROVIGIL 100 MG tablet Oral every morning
DESYREL 50 MG to 2 tablets Oral daily at bedtime
CYMBALTA 60 MG capsule Oral 2 times a day
LIPITOR 10 MG tablet Oral daily for cholesterol and heart protection
IRON 65 mg Oral daily
VITAMIN Oral by mouth
TEMOVATE 0.05 % Topical Apply twice a day to red/itchy/inflamed areas up to 2 weeks, 1 week on, one week needed. Avoid face,

14. DME and Supplies:
walker, wheelchair, bath bench, hand held shower

15. Safety Measures:
walker precautions, smoke detectors , emergency phone # clearly displayed, bathroom safety, ambulates with device, ambulates with assistance, medication safety, wheelchair precautions, standard precautions, fall precautions, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
amoxicillin docycycline neomycin ocrevus clindamycin erthromycin penicillin re

18.A. Functional Limitations
Ambulation, Bowel/Bladder Incontinence

18.B. Activities Permitted
Wheelchair, Walker, Transfer bed/Chair, Exercises Prescribed, 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: No

20. Prognosis: good

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

Homebound status: Due to diagnosis of Multiple sclerosis relapsing, 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 34-year-old female admitted to home health services following a recent urgent care visit related to a fall. Her past medical history is significant for multiple sclerosis (MS), urinary incontinence, postural instability of gait, chronic pain, fibromyalgia, thrombocytosis, recurrent falls, bilateral ankle surgeries, and high fall risk. The patient resides with her significant other, who serves as the primary caregiver and provides assistance with daily care needs as required. At the time of assessment, the patient was alert and oriented 4, with vital signs within normal limits. Medication reconciliation was completed, and both the patient and caregiver received education regarding medication management, including medication purpose, dosage, frequency, potential side effects, and the importance of adherence to the prescribed regimen. Additional education was provided on disease process management related to multiple sclerosis, urinary incontinence management, skin integrity maintenance, pressure injury prevention, hydration, infection prevention strategies, fall prevention measures, and indications for notifying the physician regarding changes in condition. The patient and caregiver verbalized understanding of all education provided. Prior to her recent decline, the patient resided in an apartment and was independent with basic self-care activities, functional transfers, and household ambulation. Currently, the patient demonstrates functional limitations associated with progressive neurological deficits and decreased mobility. She ambulates approximately 30 feet on indoor surfaces using a Lofstrand crutch; however, she frequently reaches for surrounding objects to assist with balance, indicating impaired postural stability and increased fall risk. Bed mobility is performed independently. Transfers to and from the bed and toilet require supervision for safety. The patient is able to negotiate four steps using a handrail and cane with supervision. Assessment of outdoor mobility and car transfer abilities was not completed during this visit. Physical assessment findings indicate decreased standing balance, impaired gait stability, reduced standing tolerance, diminished bilateral upper extremity strength, generalized weakness, chronic pain, and decreased activity tolerance. These impairments significantly affect the patient's ability to safely perform self-care activities, functional transfers, and mobility-related tasks within the home environment. Due to the effects of multiple sclerosis and history of recurrent falls, the patient remains at elevated risk for injury and further functional decline. A comprehensive home safety assessment was completed. Education was provided regarding fall prevention strategies, including proper use of assistive devices, removal of environmental hazards and clutter, maintenance of adequate lighting throughout the home, energy conservation techniques, and the importance of requesting assistance during higher-risk activities. The patient and caregiver demonstrated understanding of these recommendations. Skilled nursing services are medically necessary for ongoing assessment and monitoring of the patient's condition, disease process management, medication education and monitoring, urinary incontinence management, skin integrity surveillance, fall prevention education, safety monitoring, and caregiver support. Skilled physical therapy services are recommended to address deficits in strength, balance, gait mechanics, endurance, transfer safety, and overall functional mobility to reduce fall risk and maximize independence. Skilled occupational therapy services are also indicated to address impairments in upper extremity strength, activity tolerance, standing balance, self-care performance, and functional task completion, with the goal of facilitating a safe return to the patient's prior level of function and maximizing independence within the home environment.
 Date of Order 06/01/2026 Orders Physician Face-to-Face Date: 05/26/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat, hha-adl's due to Multiple sclerosis relapsing Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Hix, Kenetra

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 06/01/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Kenetra Hix
3510 Brenbrook Dr
Randallstown, 0 21133
PHONE: 4107375000 FAX: 899290091 NPI: 1972917979

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 : 05/26/2026

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 WK1: 1 (06/01/26-06/06/26) ,WK2: 1 (06/07/26-06/13/26) ,WK3: 1 (06/14/26-06/20/26) ,WK4: 1 (06/21/26-06/27/26) ,WK5: 1 (06/28/26-07/04/26) ,WK6: 1 (07/05/26-07/11/26) ,WK7: 1 (07/12/26-07/18/26) ,WK8: 1 (07/19/26-07/25/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 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

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

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2102c - Med Admin, meal preparation, M2102f - Patient Supervision, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, M1400 - Dyspnea, M1610 - Urinary Incontinence, limited range of motion, limited strength, limited endurance, muscle weakness, Pain Interference with ADLs, Pain Effect on Sleep, balance deficit, loss of appetite, obesity

PROCEDURES: bladder training, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange preparation of missing meals

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, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PATIENT-STATED GOAL: Patient stated she wants to get back to herself as much as possible

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
* urinary incontinence management including bladder training
* Kegel exercises
* skin 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (06/01/26-06/06/26) ,WK2: 1 (06/07/26-06/13/26) ,WK3: 1 (06/14/26-06/20/26) ,WK4: 1 (06/21/26-06/27/26) ,WK5: 1 (06/28/26-07/04/26) ,WK6: 1 (07/05/26-07/11/26) ,WK7: 1 (07/12/26-07/18/26) ,WK8: 1 (07/19/26-07/25/26) ,WK9: 1 (07/26/26-07/30/26)

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, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170L1 - Walk 10 ft on Uneven Surface

PT Goals

PATIENT-STATED GOAL: To be able to walk further and not be so tired

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

Signature of Physician:

Date

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

Date
06/01/2026

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PROCEDURES: home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, 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 - 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, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

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

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

OT Careplans

OT WK2: 1 (06/07/26-06/13/26) ,WK5: 1 (06/28/26-07/04/26) ,WK8: 1 (07/19/26-07/25/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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

PROCEDURES: Medication Review : Medication reviewed with patient with all medications in the home, incentive spirometer, home exercise program: Bilateral UE strengthening of deltoid, biceps, triceps and pectoral muscles, equipment training, work simplification/energy conservation, strengthening exercises: Skilled OT, transfers training: Skilled OT, assist with bathing: Skilled OT, assist with toilet transferring: Skilled OT, assist with lower body dressing: Skilled OT, assist with upper body dressing: 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, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Get in the shower

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

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

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

HHA Careplans

HHA WK2: 2 (06/07/26-06/13/26) ,WK3: 2 (06/14/26-06/20/26) ,WK4: 2 (06/21/26-06/27/26) ,WK5: 2 (06/28/26-07/04/26) ,WK6: 2 (07/05/26-07/11/26) ,WK7: 2 (07/12/26-07/18/26)

PROCEDURES: assist with bathing: Mod A, assist with toilet transferring: Min A, assist with toileting hygiene: Min A, assist with transferring: CGA, assist with mobility: Cga, assist with feeding/eating: Min A, assist with fall prevention, assist with grooming: Min A, assist with lower body dressing: Min A, assist with upper body dressing: Min a

HHA Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

06/01/2026