# Home Health Certification and Plan of Care

**Order ID: 1150/19151**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 5UJ8T31CC37 | 05/22/2026 | From: 05/22/2026 To: 07/20/2026 | 25898 | 217058 |

**6. Patient's Name and Address**
Marie McCain Jenkins
1506 Penrose Avenue,
Baltimore, MD 21223-
443-453-6572

**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** 03/15/1947 | **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| I11.0 | Hypertensive heart disease with heart failure | 05/22/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| I50.31 | Acute diastolic (congestive) heart failure | 05/22/26 |
| E11.51 | Type 2 diabetes w diabetic peripheral angiopath w/o gangrene | 05/22/26 |
| E11.40 | Type 2 diabetes mellitus with diabetic neuropathy unsp | 05/22/26 |
| I89.0 | Lymphedema not elsewhere classified | 05/22/26 |
| M16.11 | Unilateral primary osteoarthritis right hip | 05/22/26 |
| G47.33 | Obstructive sleep apnea (adult) (pediatric) | 05/22/26 |
| D64.89 | Other specified anemias | 05/22/26 |
| M10.9 | Gout unspecified | 05/22/26 |
| Z87.01 | Personal history of pneumonia (recurrent) | 05/22/26 |
| Z85.3 | Personal history of malignant neoplasm of breast | 05/22/26 |
| Z85.42 | Personal history of malignant neoplasm of oth prt uterus | 05/22/26 |

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

Allopurinal - Allopurinol 300 mg / 1 Tablet by mouth once a day for gout
AMLODIPINE 5 mg/tablet / Give 2 Tablet by mouth once a day for htn
Atorvastatin Calcium - Atorvastatin Calcium 40 mg / 1 Tablet by mouth once a day for HLD
CARVEDILOL 25 mg / 1 Tablet by mouth twice daily for htn hold for SBP less than 110 and HR less than 60
LASIX 40 mg / 1 Tablet by mouth twice a day for CHF
LISINOPRIL 10 mg / 1 Tablet by mouth once a day for htn
Pregabalin - Pregabalin 100 mg / 1 Capsule by mouth twice a day for neuropathy pain
SPIRONOLACTONE 25 mg / 1 Tablet by mouth once a day for CHF
TYLENOL 325 mg/tablet / Give 2 tablet by mouth every 6 hours as needed for pain
Proventil-Hfa - Albuterol Sulfate 108 (90 Base) MCG/ACT / 2 puff inhale orally inhalant every 6 hours as needed for wheezing

**14. DME and Supplies:**
walker, commode

**15. Safety Measures:**
standard precautions, wheelchair precautions, fall precautions, bathroom safety, ambulates with device

**16. Nutrition:**
fluid restriction

**17. Allergies:**
no known allergies

**18.A. Functional Limitations**
Ambulation

**18.B. Activities Permitted**
Walker

**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: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

**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 Hypertensive heart disease with heart failure, 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 79-year-old female currently receiving home health services following recent hospitalization for CHF exacerbation with shortness of breath and increased lower-extremity swelling, as well as a prior hospitalization approximately three months ago after she was suddenly unable to walk, followed by discharge home from a skilled nursing facility with continued need for considerable assistance with ADLs and mobility. Past medical history is significant for hypertension, congestive heart failure, type 2 diabetes mellitus, chronic/severe lymphedema, sleep apnea with CPAP use at night, breast cancer, and uterine cancer. The patient is homebound due to HTN, CHF, chronic lymphedema, DM2, unsteady gait, significant effort required to leave the home, and increased fall risk, with a Tinetti score of 8/28 supporting high fall risk and impaired functional mobility. She ambulates with an assistive device and/or wheelchair and requires human assistance when leaving the home. The patient resides in a townhouse with seven steps to enter with a rail; bedroom and bathroom are located on the second floor. Home safety concerns include a loose stair rail that has come out of the wall, limited space, hallway clutter that prevents the rolling walker from fitting through the hallway, and the patient previously holding onto walls to access the bathroom. At the time of assessment, the patient is alert and oriented x3, with skin noted to be dry, warm, and intact. She reports bilateral knee pain rated 4/10 and demonstrates no signs or symptoms of shortness of breath during the visit. Functional assessment reveals bed mobility requiring moderate assistance, sit-to-stand transfers requiring minimal assistance, and ambulation of approximately 8 feet with a rolling walker and contact guard assistance, with decreased bilateral step length noted. The patient is currently staying upstairs in her bedroom and using a bedside commode with assistance from her granddaughter and friend. She reportedly fell onto the bedside commode on Saturday while attempting the transfer; a friend assisted her up, the patient denied injury, and the physician was notified. The patient has severe lymphedema and has not used her lymphedema pump since returning home; education was provided regarding use of the lymphedema pump before getting out of bed in the morning, followed by donning compression stockings. Additional education was provided regarding safety, fall prevention, environmental hazards, and the importance of assistance with mobility and transfers. A concern was also noted at the onset of one visit when the patient's friend was yelling, screaming, and cursing; the therapist educated the patient that if the home environment is threatening or if Homecentris employees feel unsafe, services may not be able to continue in that environment. No specific <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-5 CE-FMS-medication%20list">medication list</mh>, medication changes, or vital sign values were provided in the assessment notes. The patient presents with deficits in activities of daily living, functional activity tolerance, strength, functional mobility, transfers, ambulation, balance, and safety awareness. The plan of care includes continued skilled home therapy to improve strength, ADL performance, functional mobility, transfer safety, caregiver training, home exercise program carryover, lymphedema management compliance, and overall safety, with occupational therapy recommended every other week for ADL training, therapeutic exercise, HEP instruction, functional mobility training, caregiver training, and safety training, and home therapy services indicated to increase strength and improve functional mobility while reducing fall risk and promoting safe participation in daily activities. <br> Date of Order 05/22/2026 Orders Physician Face-to-Face Date: 05/13/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Hypertensive heart disease with heart failure Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes: <br> Physician Rich, Jonathan

**23. Signature and Date of Verbal SOC Where Applicable:**
Electronically Signed by Messick, Charles RN on 05/22/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
Jonathan Rich
301 Saint Paul Place
Baltimore, MD 21202
PHONE: 4103329680 FAX: 14103329669 NPI: 1871590844

**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 : 05/13/2026

**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 Careplans

SN WK1: 1 (05/22/26-05/23/26) ,WK2: 1 (05/24/26-05/30/26) ,WK3: 1 (05/31/26-06/06/26) ,WK4: 1 (06/07/26-06/13/26) ,WK5: 1 (06/14/26-06/20/26)

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

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:None

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, D0700 - Social Isolation, Home Safety, M1400 - Dyspnea, muscle weakness, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, B1000 - Vision Deficit, obesity

PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange resources for vision-impaired, coordinate/arrange long-term socialization activities

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, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered

## SN Goals

PATIENT-STATED GOAL: Want to walk, drive , and cook and just be Independent again

GOALS
patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

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
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

## PT Careplans

PT WK2: 1 (05/24/26-05/30/26) ,WK3: 1 (05/31/26-06/06/26) ,WK5: 1 (06/14/26-06/20/26) ,WK6: 1 (06/21/26-06/27/26) ,WK7: 1 (06/28/26-07/04/26) ,WK8: 1 (07/05/26-07/11/26) ,WK9: 1 (07/12/26-07/18/26)

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, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170L1 - Walk 10 ft on Uneven Surface

PROCEDURES: Bed mobility training : Supine to sit and sit to supine, wheelchair training,

## PT Goals

PATIENT-STATED GOAL: To be able to get around the house by myself

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 - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Signature of Physician:

Date



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

Date
05/22/2026

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home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Sitting knee extension, ankle pumps. Standing hip abduction, plantarflexion, squats, 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, Wheel 50 ft w 2 Turns - 06. Independent, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 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

Wheel 50 ft w 2 Turns - 06. Independent

Car Transfer - 05. Setup or clean-up assistance

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

## OT Careplans

OT WK2: 1 (05/24/26-05/30/26) ,WK6: 1 (06/21/26-06/27/26) ,WK8: 1 (07/05/26-07/11/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating

PROCEDURES: cough/deep breathing exercises, home exercise program: 16 oz water bottle: bilateral shoulder flex, chest presses, horizontal abd/abb, bicep curls 2x10 reps, equipment training, work simplification/energy conservation, transfers training

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 - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up 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, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting 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 - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent

## OT Goals

PATIENT-STATED GOAL: to get stronger

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/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 - 05. Setup or clean-up assistance

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

Toilet Transfer - 05. Setup or clean-up 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

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Car Transfer - 05. Setup or clean-up assistance

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

Oral Hygiene - 05. Setup or clean-up assistance

Toileting 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 - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 06. Independent

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 05/22/2026 |