Home Health Certification and Plan of Care

Order ID: 1150/18390

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
41306326800	04/26/2026	From: 04/26/2026 To: 06/24/2026	22849	217058

6. Patient's Name and Address

Violet Galloway
426 Bostonian Way,
HAVRE DE GRACE, MD 21078-
443-804-6287

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 02/20/1942 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	04/26/26

13. ICD	Other Pertinent Diagnoses	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	04/26/26
I50.32	Chronic diastolic (congestive) heart failure	04/26/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	04/26/26
N18.32	Chronic kidney disease stage 3b	04/26/26
E78.5	Hyperlipidemia unspecified	04/26/26
I34.2	Nonrheumatic mitral (valve) stenosis	04/26/26
G30.9	Alzheimer's disease unspecified	04/26/26
F02.83	Dem in other dis classd elswhr unsp sev with mood distrb	04/26/26
F32.A	Depression unspecified	04/26/26
I35.0	Nonrheumatic aortic (valve) stenosis	04/26/26
H40.9	Unspecified glaucoma	04/26/26
G89.29	Other chronic pain	04/26/26
E55.9	Vitamin D deficiency unspecified	04/26/26
F01.50	Vascular dementia unsp severity without beh/psych/mood/anx	04/26/26
F51.02	Adjustment insomnia	04/26/26
K59.01	Slow transit constipation	04/26/26
Z99.3	Dependence on wheelchair	04/26/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	04/26/26
Z95.0	Presence of cardiac pacemaker	04/26/26
Z86.16	Personal history of COVID-19	04/26/26

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

Latanoprost - Latanoprost 0.005 both eyes at bedtime Instill 1 drop in both eyes at bedtime for Glaucoma
Bimatoprost - Bimatoprost 0.03% 1 drop both eyes both eyes at bedtime 1 drop both eyes for glaucoma
Acetaminophen - Acetaminophen 325 MG/1 tablet by mouth every 8 hours Give 2 tablet by mouth every 8 hours as needed for Pain Do not exceed Acetaminophen more than 3 GM/day from all sources
Glycolax - Polyethylene Glycol 3350 17gm/packet by mouth once a day for Bowel Regimen Dissolve in 4-7 oz. of Fluids
Jardiance - Empagliflozin 10 mg/tablet by mouth once a day for DM
Metformin Hcl - Metformin Hydrochloride 500 mg/1 tablet by mouth once a day for DM
Norvasc - Amlodipine Besylate eq 5 mg base 1 tablet by mouth once a day related to HYPERTENSIVE URGENCY (I16.0)
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 MCG (1000 UT) / 1 Tablet by mouth once a day Give 1 tablet by mouth one time a day for Osteopenia
LISINIPRIL 10 mg/1 tablet by mouth once a day for HTN Hold for SBP <105
Glucagon - Glucagon Hydrochloride 1 mg/vial 1 intramuscular as necessary for S/S of Hypoglycemia give glucagon 1mg IM x1 dose and notify MD- may repeat glucagon 1mg IM in 5-10 minutes if repeat blood sugar remains below 70
Fleet Enema Rectal Enema (Sodium Phosphate)s 1 rectal as necessary Insert 1 application rectally as needed for bowel regimen at bedtime if no BM in the evening

14. DME and Supplies:

wheelchair, rolling walker, hand held shower, diabetic supplies, bath bench, walker, grab bars, commode, hospital bed, 4 wheeled walker

15. Safety Measures:

wheelchair precautions, standard precautions, hand rails, fall precautions, diabetic precautions, ambulates with device, walker precautions, smoke detectors , medication safety, emergency phone # clearly displayed, ambulates with assistance, transfer with assist, supervision at all times, cardiac precautions, bathroom safety, activity supervision

16. Nutrition:

diabetic

17. Allergies:

shrimp, milk derivatives

18.A. Functional Limitations

Endurance, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted

Exercises Prescribed, Wheelchair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time., ANXIETY: 4. Constantly, SOCIAL ISOLATION: 8. Patient unable to respond, 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!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Encounter for surgical aftercare following surgery on the circulatory system, 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: <p class="MsoNoSpacing">The patient is an 84-year-old female with a medical history significant for diabetes mellitus, hypertension, Alzheimer's disease, vascular dementia, valvular heart disease, congestive heart failure, hyperlipidemia, non-rheumatic mitral valve stenosis, bradycardia, anxiety, and mood disturbance who was hospitalized for chest pain and severe bradycardia with sinus pauses requiring transcutaneous pacing, dopamine support, and subsequent pacemaker placement on 03/18/2026. Her hospitalization was complicated by acute delirium superimposed on baseline dementia, acute kidney injury, and metabolic encephalopathy secondary to hypoperfusion, all of which improved following stabilization. She was transferred for continued rehabilitation, monitoring, and assistance with activities of daily living. The patient currently resides with her daughter and family, with additional caregiver support twice weekly, and remains largely bedbound due to caregiver concerns regarding transfers pending PT/OT education. Functional assessment reveals significant generalized weakness, poor balance, severe mobility impairment, dependence with most ADLs and IADLs, bowel and bladder incontinence, wheelchair dependence, and limited command following secondary to cognitive impairment. She requires maximal assistance for bed mobility, transfers, dressing, bathing, and self-care tasks, with fair rehabilitation potential noted for skilled PT and OT services focused on strengthening, balance, mobility, caregiver education, safety, and energy conservation. A

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/26/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Stephanie Cokley
1117 Oakwood Ln
Bel Air, MD 21015
PHONE: 4432992011 FAX: 18882060912 NPI: 1366235376

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 : 03/25/2026

27. Attending Physician's Signature and Date Signed **05/07/2026**: 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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small heel pressure injury is present, and caregiver education was provided regarding pressure relief, repositioning every two hours, and protection of bony prominences. Current care plans include skilled nursing monitoring of mental status and pacemaker function, fall precautions, blood pressure and glucose management, nutritional and hydration support, skin integrity prevention, supportive dementia care, and outpatient cardiology follow-up. All medications are available in the home, the patient is full code, and allergies include shrimp and milk derivatives.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 04/26/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 03/25/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Encounter for surgical aftercare following surgery on the circulatory system
 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:
 PT Eval Notes:
 OT Eval Notes:

SN Careplans

SN WK1: 1 (04/26/26-05/02/26)

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: 3. Multiple hospitalizations (2 or more) in the past 6 months, 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

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: M1745 - Behavioral Issues, D0160 - Depression, M1700 - Cognition, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2102f - Patient Supervision, M2020 - Oral Med Management, dependent edema, M1400 - Dyspnea, muscle weakness, limited range of motion, limited strength, limited endurance, lethargy, B1000 - Vision Deficit, B0200 - Hearing Deficit, weak hand grips, withdrawal from conversations, daytime fatigue, difficulty sleeping, balance deficit, loss of appetite, #1 - Other - Other - Pressure Injury Left Heel - Pressure injury on left heel to monitor for any progression., rough/scaly/cracked skin

PROCEDURES: physician-ordered wound care: #1 - Other - Other - Pressure Injury Left Heel - Pressure injury on left heel to monitor for any progression.: Skin assessment on left heel every visit to monitor pressure injury for progression. Educate CG to offload and use truvue boots., cough/deep breathing exercises, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange resources for vision-impaired, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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 keep home safe for patient with dementia coping strategies for the caregiver*, 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,

SN Goals

PATIENT-STATED GOAL: CG states she wants to be able to get her mother out of bed safely to get her to the bathroom for a shower and to use the toilet.

GOALS
patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* 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
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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
* 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
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

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

caregiver administers and/or packages medications appropriately

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/26/2026

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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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, 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, caregiver administers and/or packages medications appropriately

PT Careplans

PT WK1: 1 (04/26/26-05/02/26) ,WK2: 1 (05/03/26-05/09/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400 - Dyspnea, Pain Interference with Therapy activities, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, 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, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand

PROCEDURES: Bed mobility : Pt focus on improving rolling and side<> sit transfers, Medication management : Review medication with daughter, cough/deep breathing exercises, wheelchair training, home exercise program: Supine heelslides, aps, abduction and abduction, saq, seated laq, hip flexion, heelraises, DF progress as tolerated, equipment training: Ed safe mgmt of sts lift, wc and rw, gait training/stair training, 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, 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, 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, Bed mobility

PT Goals

PATIENT-STATED GOAL: Pt unable to state dtr would like to improve pts strength ability to assist with walking, bed mobility and transfers.

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

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

Bed mobility

OT Careplans

OT WK2: 1 (05/03/26-05/09/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: Medication Review : Medication reviewed with patient and caregiver with all medications in the home, home exercise program: Bilateral UE strengthening of anterior deltoid, biceps, triceps and pectoral muscles, therapeutic exercises: Skilled OT 1x5, equipment training, work simplification/energy conservation, transfers training: Skilled OT 1x5, assist with bathing: Skilled OT 1x5, assist with transferring: Skilled OT 1x5, assist with lower body dressing: Skilled OT 1x5, assist with upper body dressing: Skilled OT 1x5

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 - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance

OT Goals

PATIENT-STATED GOAL: Walk better

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

Oral Hygiene - 03. Partial/moderate assistance

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

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