Home Health Certification and Plan of Care

Order ID: 1150/19408

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
61306601	06/05/2026	From: 06/05/2026 To: 08/03/2026	2849	217058

6. Patient's Name and Address

Janice Russell
104 Pleasant Ridge Dr Apt 218,
OWINGS MILLS, MD 21117-
540-556-2706

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 05/25/1949 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S93.401D	Sprain of unspecified ligament of right ankle subs encntr	06/05/26

13. ICD	Other Pertinent Diagnoses	Date
E11.69	Type 2 diabetes mellitus with other specified complication	06/05/26
R80.9	Proteinuria unspecified	06/05/26
N25.81	Secondary hyperparathyroidism of renal origin	06/05/26
Z91.81	History of falling	06/05/26

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

fluorometholone (fluor-op/fml) 0.1% opt susp drops insulin 1 drop both eyes twice a day
Apresoline - Hydralazine Hydrochloride 100mg,1 tablet by mouth three times a day
Proventil - Albuterol 90mcg/actuation inhl hfaa, 2 puffs by mouth every 4 hours Inhale 2 puffs by mouth every 4 hours as needed (rescue inhaler)
Protonix - Pantoprazole Sodium 40mg, 1 tablet by mouth as necessary Take 1 tablet by mouth daily 30 to 60 minutes prior to a meal
Lasix - Furosemide 40mg, take 1 tablet by mouth once a day As needed for lower leg swelling
Vesicare - Solifenacin Succinate 5mg, 1 tablet by mouth once a day
Imitrex - Sumatriptan Succinate 50mg take 1 tablet by mouth once a day take 1 tablet by mouth one time at onset of migraine headache dose can be repeated 1 time after 2 hours
Coreg - Carvedilol 25mg, 1 tablet by mouth twice a day
Colcrys - Colchicine 0.6mg, tablet by mouth as necessary At onset of gout flare (day 1 take 2 tablets (1.2mg) by mouth for 1 dose then 1 tablet (0.6mg)1 hour later starting day 2 take 1 tablet (0.6mg)2 times a day for 3 days or until flare resolves then 1 tablet daily.
Dextromethorphen -guaifenesin (mucusdm) 30-600 mg sr tablet , 1 tablet by mouth every 12 hours As needed
fexofenadine-pseudophedrine (allegra-d 12 hours) 60-120 mg 12 hr sr tablet , 1 tablet by mouth once a day
Ecotrin - Aspirin 81mg TBEC DR Tab take 1 tablet by mouth once a day
krill oil oral take 500 mg by mouth twice a day
magnesium (mag-200) 200mg, 2 tablets by mouth twice a day
Claritin - Loratadine 10mg, tablet by mouth once a day takes over the counter daily
meclizine (travel-ease meclizine) 25mg, 1 tablet by mouth three times a day take 1 tablet by mouth 3 times a day as needed (vertigo)
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5 mg by mouth every 4 hours PRN
Flonase Sensimist Allergy Relief - Fluticasone Furoate 50mcg/actuation nasal spsn, use1 spray Nasal once a day
Kenalog - Triamcinolone Acetonide 0.1% top cream topical as necessary Apply to the affected area twice daily for two weeks then twice per week as needed

14. DME and Supplies:

cane

15. Safety Measures:

standard precautions, fall precautions, ambulates with device, medication safety, ambulates with assistance, transfer with assist, hand rails, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

Amlodipine Besylate, Cortisporin [Hydrocortisone + Neomycin Sulfate + Polymy›

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Exercises Prescribed, Cane, 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: 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 Sprain of unspecified ligament of right ankle subsequent encounter, 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: Patient is a 76-year-old female referred for skilled home health physical therapy evaluation and treatment following a recent right ankle sprain resulting in ongoing functional limitations. Her past medical history is significant for type 2 diabetes mellitus with proteinuria, secondary hyperparathyroidism, and obesity. The patient is approximately three weeks post-injury and reports that pain and swelling in the right ankle have improved since the initial injury; however, she continues to experience residual functional impairments that affect her overall mobility and safety. The patient resides alone in an independent living facility and was previously active and independent with mobility and exercise activities, including regular use of the facility fitness center. Despite improvement in acute symptoms, she reports persistent fear of reinjury, gait apprehension, decreased confidence with balance activities, and reduced activity tolerance. These concerns have resulted in limitations with safe ambulation, transfers, and community mobility, and have prevented her from returning to her prior exercise routine, including use of the treadmill and stationary bicycle. The patient remains at increased risk for falls due to residual lower extremity weakness, altered gait mechanics, decreased balance confidence, and fear of movement. Physical therapy evaluation identified deficits in functional mobility, balance, gait quality, endurance, and overall confidence with mobility-related activities. These impairments negatively impact the patient's ability to safely navigate her living environment, access community amenities, and independently perform higher-level functional tasks. Given that the patient lives alone, these limitations

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 06/05/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Naeha Quasba
7141 Security Blvd
Baltimore, MD 21244
PHONE: 410-230-7827 FAX: 1-410-230-7827 NPI: 1609119049

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 : 05/22/2026

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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further increase her risk for falls, recurrent injury, and loss of independence. Education was provided regarding fall prevention strategies, home and environmental safety, proper pacing of activities, energy conservation techniques, and the importance of gradually resuming activity while avoiding movements that may increase the risk of reinjury. The patient was instructed on the benefits of therapeutic exercise, strengthening, balance training, and progressive mobility activities to improve functional performance and confidence. Emphasis was placed on maintaining safety during ambulation and recognizing signs or symptoms that should be reported to her healthcare provider. Skilled home health physical therapy services are medically necessary to assess and progress gait training, balance activities, strengthening exercises, and functional mobility tasks. Treatment will focus on improving lower extremity strength, balance, endurance, transfer ability, gait mechanics, and overall safety awareness while reducing fall risk and fear of movement. The plan of care includes therapeutic exercise, functional mobility training, gait and balance interventions, fall prevention education, home exercise program instruction, and progressive activity advancement to facilitate a safe return to prior level of function and independent participation in desired activities, including access to and use of the fitness center within her independent living community.
 Date of Order 06/05/2026 Orders Physician Face-to-Face Date: 05/22/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to Sprain of unspecified ligament of right ankle subsequent encounter 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 - PT Notes:
 Physician Quasba, Naeha

SN Careplans	SN Goals

PT Careplans	PT Goals
PT WK1: 1 (06/05/26-06/06/26) ,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)	PATIENT-STATED GOAL: To improve walking balance and not fall again
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	GOALS Chair to Bed to Chair - 06. Independent
CAREGIVER: 4. Assistance needed, but no non-agency caregiver(s) available	Toilet Transfer - 06. Independent
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications	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
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;	patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule
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.	caregiver administers and/or packages medications appropriately
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.	caregiver performs medical/rehabilitation treatments with adequate competence
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	Sit to Stand - 06. Independent
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.	Car Transfer - 06. Independent
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.	Walk 10 Feet - 06. Independent
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.	Walk 50 ft with 2 Turns - 06. Independent
Assess: Musculoskeletal status.	Walk 150 Feet - 06. Independent
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	Walk 10 ft on Uneven Surface - 06. Independent
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.	1 - Step (curb) - 06. Independent
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques	4 Steps - 06. Independent
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.	12 Steps - 06. Independent
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training	Picking Up Object - 06. Independent
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.	Wheel 50 ft w 2 Turns - 06. Independent
; 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	Wheel 150 feet - 06. Independent
Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment)	Oral Hygiene - 06. Independent
PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170M1 - 1 - Step (curb), GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1	Toileting Hygiene - 06. Independent
	Shower/Bathe Self - 06. Independent
	Lower Body Dressing - 06. Independent
	Don/Doff Footwear - 06. Independent
	Eating - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/05/2026

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- Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170L1 - Walk 10 ft on Uneven Surface, 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, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2020 - Oral Med Management, M1400 - Dyspnea, limited endurance (MS), muscle weakness (MS), balance deficit (NR)

PROCEDURES: B LE mm strengthening: 1, B LE mm strengthening: 1, home exercise program: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day., equipment training, gait training/stair 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
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