Home Health Certification and Plan of Care

Order ID: 1150/19237

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5HE7DQ7VV78	04/09/2026	From: 06/08/2026 To: 08/06/2026	24635	217058

6. Patient's Name and Address
Gretchen Nyland
748 Monkton Road,
Monkton, MD 21111-
570-269-3073

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 03/17/1932 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S32.010D	Wedge comprsn fx first lum vert subs for fx w routn heal	04/09/26

13. ICD	Other Pertinent Diagnoses	Date
S32.020D	Wedge comprsn fx second lum vert subs for fx w routn heal	04/09/26
I48.91	Unspecified atrial fibrillation	04/09/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	04/09/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	04/09/26
N18.4	Chronic kidney disease stage 4 (severe)	04/09/26
E03.9	Hypothyroidism unspecified	04/09/26
F32.A	Depression unspecified	04/09/26
E78.5	Hyperlipidemia unspecified	04/09/26
K59.00	Constipation unspecified	04/09/26
Z91.81	History of falling	04/09/26

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

ELIQUIS 2.5 MG mouth two times a day for Afib/prophylactic
FARXIGA 10 MG mouth one time a day for DM
FLUOXETINE 20 MG mouth one times a day for Depression
MELATONIN 3 MG mouth at bedtime for insomnia
MIRALAX 17 GM mouth every 24 hours as needed for Constipation
OXYCODONE 5 MG mouth every 6 hours as needed for pain Give 0.5 tablet
ROSUVASTATIN CALCIUM 10 MG mouth one time a day for HLD
MULTIPLE VITAMIN mouth one times a day for Malnutrition
ACETAMINOPHEN 325 MG mouth every 6 hours for pain Do not exceed 3gms/hs to 24hrs Give 2 tablet

14. DME and Supplies:
grab bars, cane, bath bench, rolling walker

15. Safety Measures:
standard precautions, remove environmental barriers, medication safety, medical alert/lifeline, fall precautions, electrical safety measures, bathroom safety, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance, Balance

18.B. Activities Permitted
Walker, Cane, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: WNL , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Wedge compression fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing, 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 reports discomfort on the right side of her trunk but states she has begun ambulating short distances without the use of her walker at times. Patient tolerated therapeutic exercises including standing knee flexion, hip abduction, hip extension, supine hip flexion, bridging, hooklying rotation, straight leg raises, hip abduction, seated knee extension, and ankle pumps, completing 20 repetitions each with verbal cues provided for proper technique. Patient ambulated 80 feet on indoor surfaces without an assistive device under close supervision, demonstrating increased trunk flexion, and also ambulated with a straight cane under close supervision with decreased step length. Education and recommendations were provided regarding gradual weaning from the walker as safety allows. Functional mobility and balance improvements were noted, with Timed Up and Go (TUG) score improving from 33 seconds to 16 seconds and Tinetti balance assessment improving from 14/28 to 16/28. Patient is demonstrating steady progress in mobility, strength, and balance; however, continued skilled therapy services remain necessary to further improve functional strength, gait stability, balance, and overall safety with mobility.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 06/04/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 03/31/2026
 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat due to Wedge compression fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing
 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>
 4 - Recertification PT Notes: to improve strength and balance<o:p></o:p> Physician: Gattuso, Robert

SN Careplans

SN Goals

PT Careplans

PT Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 06/04/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Robert Gattuso
106 Mount Carmel Rd
Parkton, MD 21120
PHONE: 14103574500 FAX: 14103574570 NPI: 1679637979

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 : 03/31/2026

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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PT WK1: 1 (06/08/26-06/13/26) ,WK2: 1 (06/14/26-06/20/26) ,WK3: 1 (06/21/26-06/27/26) ,WK4: 1 (06/28/26-07/04/26) ,WK5: 1 (07/05/26-07/11/26) ,WK7: 1 (07/19/26-07/25/26) ,WK9: 1 (08/02/26-08/06/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 8

CAREGIVER: WNL

HOSPITALIZATION RISKS: 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, 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:See MOLST

PROBLEMS IDENTIFIED ON ASSESSMENT: limited range of motion, limited strength, limited endurance, balance deficit

PROCEDURES: Dynamic and static standing activities : Side stepping, tandem gait, unilateral stance, cough/deep breathing exercises, home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats, 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, 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 - 05. Setup or clean-up assistance

PATIENT-STATED GOAL: To get stronger and walk better by myself

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Car Transfer - 06. Independent

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

Walk 10 Feet - 04. Supervision or touching assistance

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

patient self-administers medications as prescribed
* 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

Oral Hygiene - 05. Setup or clean-up assistance

Sit to Stand - 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

Signature of Physician:

Date

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

Date
06/04/2026