Home Health Certification and Plan of Care

Order ID: 1150/19258

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
651043354	06/04/2026	From: 06/04/2026 To: 08/02/2026	25483	217058

6. Patient's Name and Address

Denise Holloway
6001 Park Heights Avenue Apt 3B,
BALTIMORE, MD 21215-
443-712-3128

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 06/12/1951 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.89	Encounter for other orthopedic aftercare	06/04/26

13. ICD	Other Pertinent Diagnoses	Date
M48.02	Spinal stenosis cervical region	06/04/26
G95.89	Other specified diseases of spinal cord	06/04/26
I10.	Essential (primary) hypertension	06/04/26
E78.5	Hyperlipidemia unspecified	06/04/26
J43.9	Emphysema unspecified	06/04/26
G62.9	Polyneuropathy unspecified	06/04/26
D62.	Acute posthemorrhagic anemia	06/04/26
N28.89	Other specified disorders of kidney and ureter	06/04/26
K21.9	Gastro-esophageal reflux disease without esophagitis	06/04/26
D72.829	Elevated white blood cell count unspecified	06/04/26
F43.21	Adjustment disorder with depressed mood	06/04/26
R73.03	Prediabetes	06/04/26
Z90.49	Acquired absence of other specified parts of digestive tract	06/04/26
Z98.1	Arthrodesis status	06/04/26
Z90.710	Acquired absence of both cervix and uterus	06/04/26
Z87.891	Personal history of nicotine dependence	06/04/26

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

NEURONTIN 300 mg / 1 Capsule by mouth daily at bedtime
ACETAMINOPHEN 500 mg / 1 Tablet by mouth every 6 hours as needed
LIPITOR 4 mg / 1 Tablet by mouth daily for cholesterol and heart protection
Hydrochlorathiazide - Hydralazine Hydrochloride: Hydrochlorothiazide 25 mg tablet, take 1/2 tablet by mouth once a day Blood pressure
Klor-Con M20 - Potassium Chloride 20 mEq / 1 Tablet by mouth once a day swallow whole or dissolve in water
LIDODERM 5 % Top PTMD Patch / Apply to area of pain topical as necessary for 12 hours on. 12 hours off

14. DME and Supplies:

rolling walker

15. Safety Measures:

fall precautions, standard precautions, wheelchair precautions, bathroom safety

16. Nutrition:

regular

17. Allergies:

Oxycodone

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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., 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: After undergoing Spinal surgery, 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 74-year-old female with a significant past medical history of hypertension, hyperlipidemia, cervical fusion, and a recent motor vehicle accident resulting in a left ankle fracture. The patient was recently hospitalized for cervical stenosis and underwent revision/extension anterior cervical discectomy and fusion (ACDF) at levels C3-C5. Prior to the progression of cervical stenosis and subsequent hospitalization, the patient was independent with ambulation and did not require an assistive device. However, progressive weakness associated with worsening cervical stenosis resulted in a decline in functional mobility prior to surgery. The patient is currently homebound due to recent spinal surgery, generalized weakness, impaired balance, and an unsteady gait, placing her at increased risk for falls. She requires the use of an assistive device for ambulation and human assistance when leaving the home to ensure safety. The patient was alert and oriented to person, place, and time during assessment. Skin was warm, dry, and intact. The patient denied pain or discomfort during the visit. Physical therapy evaluation was completed and revealed significant lower extremity weakness with bilateral lower extremity manual muscle testing graded at 2-/5. The patient currently requires contact guard assistance for transfers and short-distance ambulation using a rollator walker. She remains under cervical precautions and has been instructed to wear her cervical collar at all times; however, she continues to require reminders for compliance. Functional mobility deficits, decreased strength, impaired balance, and reduced endurance continue to limit her independence and increase fall risk. Skilled physical therapy services are medically necessary to improve strength, balance, gait, transfer ability, safety awareness, and overall functional mobility with the goal of returning the patient to her prior level of function. Occupational therapy evaluation revealed ongoing recovery of upper extremity function following surgery. The patient demonstrated improvement in left hand strength and coordination and is now able to grasp and maintain hold of the rollator walker with her left hand, representing progress from her prior deficits. The patient lives alone in an apartment building where the elevator is currently nonfunctional, creating additional environmental challenges and safety concerns. Prior to the onset of cervical stenosis, the patient was independent with activities of daily living and had previously received occupational therapy services before surgery. Currently, the patient is ambulating to the bathroom with the rollator walker and is performing sponge bathing due to mobility limitations and safety concerns. She continues to require skilled occupational therapy intervention to address deficits in activities of daily living, upper extremity strength and function, functional mobility, homemaking tasks, safety awareness, and fall prevention. Education was reinforced regarding fall prevention strategies, proper use of assistive devices, adherence to cervical precautions, consistent cervical collar use, energy conservation techniques, and home safety measures. The patient was instructed on the importance of seeking assistance with mobility tasks as needed and reporting any changes in neurological status, increased weakness, pain, or signs of complications to the physician promptly. The plan of care includes continued skilled nursing oversight as indicated, along with ongoing physical and occupational therapy services focused on strengthening, therapeutic exercise, home exercise program compliance, gait and transfer training, activities of daily living retraining, functional mobility improvement, homemaking skills, and safety education to maximize independence and reduce the risk of falls, hospitalization, and further functional decline.
 Date of Order 06/04/2026 Orders <span

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

Gin Khai
7670 Quarterfield Rd
Glen Burnie, MD 21061
PHONE: 410-508-7650 FAX: NPI: 1003443078

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 : 05/23/2026

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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style="font-size: 14px;">Physician Face-to-Face Date: 05/23/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Spinal surgery 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 Khai, Gin

SN Careplans

SN WK1: 1 (06/04/26-06/06/26)

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: 0. No assistance needed - patient is independent or does not have needs in this area

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, 8. Currently reports exhaustion

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: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, M1610 - Urinary Incontinence, limited strength (MS), limited endurance (MS), muscle weakness (MS), B1000 - Vision Deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, bladder training, coordinate/arrange resources for vision-impaired

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, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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

SN Goals

PATIENT-STATED GOAL: Patient would like to walk and dance again

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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

PT Careplans

PT Goals

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/04/2026

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PT WK1: 7 (06/04/2026 - 06/06/2026), WK3: 1 (06/14/2026 - 06/20/2026), WK5: 1 (06/28/2026 - 07/04/2026), WK7: 1 (07/12/2026 - 07/18/2026), WK9: 1 (07/26/2026 - 08/01/2026)

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

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, home exercise program: Review HEP: seated knee ext, hip flex, hip abd, quad sets, gluteal squeezes, ankle pumps at least 1x10. Once tolerated, upgrade to standing heel/ toe raises, knee flex, hip flex, hip abd at least 1x10 with UE support as needed, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: 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, 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

PATIENT-STATED GOAL: To be able to walk without help

GOALS
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

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 WK1: 1 (06/04/26-06/06/26)

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

PROCEDURES: cough/deep breathing exercises, incentive spirometer, home exercise program: AROM in all planes, strengthening per MD approval, equipment training, work simplification/energy conservation, dynamic standing balance exercises: as tolerated

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 - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 03. Partial/moderate assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: to use my hands again

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 03. Partial/moderate assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

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

Date
06/04/2026