Home Health Certification and Plan of Care

Order ID: 1150/19413

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7XY5G06VK66	03/27/2026	From: 05/26/2026 To: 07/24/2026	24068	217058

6. Patient's Name and Address

Margaret Helwig
5188 Talbots Landing,
ELLICOTT CITY, MD 21043-
410-868-8158

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 06/14/1948 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
C91.00	Acute lymphoblastic leukemia not having achieved remission	03/27/26

13. ICD	Other Pertinent Diagnoses	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	03/27/26
I50.22	Chronic systolic (congestive) heart failure	03/27/26
N18.32	Chronic kidney disease stage 3b	03/27/26
J90.	Pleural effusion not elsewhere classified	03/27/26
I48.20	Chronic atrial fibrillation unspecified	03/27/26
J47.9	Bronchiectasis uncomplicated	03/27/26
M17.0	Bilateral primary osteoarthritis of knee	03/27/26
G47.00	Insomnia unspecified	03/27/26
E03.9	Hypothyroidism unspecified	03/27/26
E78.5	Hyperlipidemia unspecified	03/27/26
K21.9	Gastro-esophageal reflux disease without esophagitis	03/27/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	03/27/26
Z87.01	Personal history of pneumonia (recurrent)	03/27/26
I50.23	Acute on chronic systolic (congestive) heart failure	03/27/26
D63.1	Anemia in chronic kidney disease	03/27/26
I34.0	Nonrheumatic mitral (valve) insufficiency	03/27/26
J45.909	Unspecified asthma uncomplicated	03/27/26
Z86.011	Personal history of benign neoplasm of the brain	03/27/26
Z79.01	Long term (current) use of anticoagulants	03/27/26
Z79.82	Long term (current) use of aspirin	03/27/26

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

ONDANSETRON 4 mg / 1 Tablet by mouth once a day for daily use for morning nausea
Trazodone Hydrochloride - Trazodone Hydrochloride 50 mg / 1 Tablet by mouth at bedtime for Depression
Amiodarone - Amiodarone Hydrochloride 200 mg by mouth once a day Take once a day
Gleevec - Imatinib Mesylate eq 400 mg base by mouth in the morning For cancer
Carvedilol - Carvedilol 3.125 mg by mouth twice a day For the heart
Pravastatin - Pravastatin Sodium 20 mg by mouth once a day Take once a day
Eliquis - Apixaban 2.5 mg by mouth twice a day Take one tablet in the morning and at bed time. Blood thinner
Tramadol - Tramadol Hydrochloride 50 mg by mouth every 12 hours As needed for pain
Potassium Chloride - Potassium Chloride 10meq by mouth once a day For low potassium
Levothyroxine Sodium - Levothyroxine Sodium 112 mcg by mouth once a day For her thyroid
Aspirin 81Mg - Aspirin 81 mg by mouth once a day Take one tablet once a day
Pantoprazole 40 mg by mouth once a day For stomach acid
Torsemide - Torsemide 20 mg by mouth once a day For fuild
Duloxentine 60 mg by mouth once a day Take one capsule by mouth daily every day orally for 90 days.
Stool Softener - Docusate Sodium 100 mg by mouth once a day Take 1-3 softgels once a day for constipation as needed.
Narcan - Naloxone Hydrochloride Nasal Liquid 4 mg/0.1 ml / 4 mg in nostril nasal once a day every 24 hours as needed for Opioid Overdose Repeat administration if not effective and notify provider for further instruction.

14. DME and Supplies:

rolling walker, reacher, hand held shower, grab bars, cane, bath bench, 4 wheeled walker

15. Safety Measures:

standard precautions, fall precautions

16. Nutrition:

regular

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 2. Accurate within 5 days, ANXIETY: , SOCIAL ISOLATION: 8. Patient unable to respond, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

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: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

Clinical Condition Requiring Homecare: PT and OT due to Acute lymphoblastic leukemia not having achieved remission

SN Careplans

SN WK1: 1 (05/26/26-05/30/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: mobility, light housekeeping, meal preparation, laundry, transportation, shopping, errands, companionship, caregiver respite, dressing and footwear, toileting, bathing, transferring, M1720 - Anxiety, D0150 - Depression, Home Safety, swelling in the arms/legs, abnormal blood pressure, coughing, cramping calves/thighs/hips, dependent edema, dizziness/syncope, M1033 - Exhaustion, M1400 - Dyspnea, swelling in legs/around eyes, diarrhea, nausea/vomiting, constipation, frequent urination, foul-smelling urine, decreased muscle strength lower body, limited strength, limited range of motion, muscle weakness, decreased ROM hip, decreased ROM foot, decreased ROM ankle, decreased ROM knee, decreased ROM shoulder, decreased muscle strength upper body, poor muscle tone, muscle spasms, limited endurance, Pain Interference with ADLs, Pain Effect on Sleep, balance deficit, involuntary movement of extremity, extremity burn/tingle/numb, headache, daytime fatigue, difficulty sleeping, bruising/discoloration, discolored patches of skin, bruising/discoloration, discolored patches of skin

SN Goals

PT Careplans

PT Goals

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

Ayesha Cheema
3290 N Ridge Rd
Ellicott City, MD 21043
PHONE: 4108012273 FAX: 14103859319 NPI: 1184953341

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 : 03/12/2026

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 (05/26/26-05/30/26) ,WK2: 2 (05/31/26-06/06/26) ,WK3: 2 (06/07/26-06/13/26) ,WK4: 2 (06/14/26-06/20/26) ,WK5: 1 (06/21/26-06/27/26) ,WK6: 1 (06/28/26-07/04/26) ,WK7: 1 (07/05/26-07/11/26) ,WK8: 1 (07/12/26-07/18/26) ,WK9: 1 (07/19/26-07/24/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea

PROCEDURES: Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , B LE strengthening: `, monitor intake & output, 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., gait training/stair training, transfers training, monitor dialysis schedule

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, 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 - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Car Transfer - 05. Setup or clean-up assistance, Eating - 06. Independent

PATIENT-STATED GOAL: to stay at home

GOALS
Toilet Transfer - 06. Independent

1 - Step (curb) - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Eating - 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

patient self-administers medications as prescribed
* 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

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Car Transfer - 05. Setup or clean-up assistance

OT Careplans

OT WK1: 1 (05/26/26-05/30/26) ,WK2: 1 (05/31/26-06/06/26) ,WK3: 1 (06/07/26-06/13/26) ,WK4: 1 (06/14/26-06/20/26) ,WK5: 1 (06/21/26-06/27/26) ,WK6: 1 (06/28/26-07/04/26)

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: 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 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

OT Goals

PATIENT-STATED GOAL: Patient wants to get stronger and dress independently

GOALS
Patient will demonstrate improved bilateral upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

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

Oral Hygiene - 05. Setup or clean-up assistance

Eating - 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

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

Upper Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Signature of Physician:

Date

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

Date
05/22/2026

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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 in Miscellaneous Section

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing, M2020 - Oral Med Management, limited strength, Pain Interference with ADLs, constipation

PROCEDURES: Therapeutic exercise: Therapeutic exercise, Patient/caregiver recalls related purpose and schedule of medications: Medication review , cough/deep breathing exercises, home exercise program: clinician will describe HEP at visit, dynamic standing balance exercises: Balance, transfers training: Transfer 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent, Patient will demonstrate improved bilateral upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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