# Home Health Certification and Plan of Care

**Order ID: 1150/19520**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 671101762 | 06/09/2026 | From: 06/09/2026 To: 08/07/2026 | 26730 | 217058 |

**6. Patient's Name and Address**

Mary Adams
5711 Winner Avenue,
BALTIMORE, MD 21215-
410-292-3832

**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** 05/12/1930 | **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| I10. | Essential (primary) hypertension | 06/09/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| N39.0 | Urinary tract infection site not specified | 06/09/26 |
| J96.11 | Chronic respiratory failure with hypoxia | 06/09/26 |
| E03.8 | Other specified hypothyroidism | 06/09/26 |
| J44.89 | Other specified chronic obstructive pulmonary disease | 06/09/26 |
| R32. | Unspecified urinary incontinence | 06/09/26 |
| Z86.73 | Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits | 06/09/26 |
| Z79.82 | Long term (current) use of aspirin | 06/09/26 |
| Z79.02 | Long term (current) use of antithrombotics/antiplatelets | 06/09/26 |
| Z79.890 | Hormone replacement therapy | 06/09/26 |
| Z91.81 | History of falling | 06/09/26 |

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

Umeclidinium-Vilanterol 62. 5-25 MCG/ACT Aerosol Powder, breath activated Place and dissolve 1 inhalation buccally one time a day for COPD
ACETAMINOPHEN 500 mg/tablet / Give 2 tablet by mouth two times a day for Pain
ASPIRIN Chewable 81 mg / 1 Tablet by mouth one time a day for CVA
ATORVASTATIN 40 mg / 1 Tablet by mouth at bedtime for Hyperlipidemia
FAMOTIDINE 20 mg / 1 Tablet by mouth two times a day for GERD
Hydralazine Hydrochloride - Hydralazine Hydrochloride 50 mg / 1 Tablet by mouth two times a day for HTN
Levothyroxine Sodium - Levothyroxine Sodium 125 mcg / 1 Tablet by mouth one time a day for Hypothyroidism
OMEGA-3 1000 mg / 1 Capsule by mouth one time a day for supplement
Plavix - Clopidogrel Bisulfate 75 mg / 1 Tablet by mouth one time a day for CVA for 21 Days
Sennosides - Senna Give 2 tablet by mouth two times a day for bowel regimen
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 125 mcg (5000 UT) / 1 Tablet by mouth one time a day for supplement
Vitamin E - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 268 mg (400 UNIT) / 1 Capsule by mouth once a day for supplement
SYSTANE Ophthalmic Solution 0.4-0.3 % / Instill 1 drop in both eyes two times a day for dry eyes
LATANOPROST Solution 0.005 % / instill 1 drop in right eye in the evening for Glaucoma
Proventil-Hfa - Albuterol Sulfate Aerosol Solution 108 (90 Base) MCG/ACT / 2 puff inhale orally every 6 hours as needed for sob/wheezing

**14. DME and Supplies:**

grab bars, commode, bath bench, walker

**15. Safety Measures:**

O2 precautions, standard precautions, walker precautions, fall precautions, ambulates with assistance

**16. Nutrition:**

2gm sodium

**17. Allergies:**

shellfish!penicillin

**18.A. Functional Limitations**

Ambulation

**18.B. Activities Permitted**

Up As Tolerated

**19. Mental & Pyschosocial Status:** COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, 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:** Due to diagnosis of Essential (primary) hypertension, 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:**

The patient is a 96-year-old female with a significant past medical history of chronic hypoxic respiratory failure requiring continuous oxygen therapy at 2 L/min via nasal cannula for the past 10 years, hypertension, hyperlipidemia, COPD, glaucoma of the right eye, impaired right shoulder range of motion, history of falls, and a recent hospitalization secondary to an acute right basal ganglia cerebrovascular accident (CVA). The patient remains homebound due to multiple chronic medical conditions, impaired mobility, oxygen dependence, and an increased risk for falls. She ambulates with a rolling walker and requires both an assistive device and human assistance when leaving the home to ensure safety. The patient is alert and oriented to person, place, and time, with no complaints voiced during assessment. Skin is warm, dry, and intact. Respirations are even and unlabored, with diminished lung sounds noted bilaterally. Vital signs were stable, including blood pressure of 124/60 mmHg, temperature of 98.3F, and pulse of 66 beats per minute. Physical therapy evaluation revealed generalized weakness following the recent CVA, with bilateral lower extremity strength measured at 3/5 on manual muscle testing, with the left lower extremity slightly weaker than the right. The patient requires supervision for transfers using a rolling walker and contact guard assistance for short-distance ambulation. She is able to negotiate stairs with the use of a handrail and contact guard assistance, although at a slower pace than her prior level of function. A home exercise program consisting of seated therapeutic exercises was initiated, and the patient verbalized understanding of the instructions provided. Skilled physical therapy services were recommended to improve strength, balance, safety awareness, and functional mobility with the goal of maximizing independence and facilitating a return to her prior level of function. Occupational therapy evaluation noted that the patient resides in a two-story home with the bedroom and bathroom located on the second floor. Since her hospitalization and stroke, she remains downstairs during the day and utilizes a bedside commode for convenience and safety. The home is equipped with safety features including grab bars, a transfer bench, and dual stair handrails. The patient experienced a fall at home that resulted in hospitalization, during which she was diagnosed with a mild stroke. Due to her current functional limitations, family members, including her grandson and daughter, are providing assistance with dressing, sponge bathing, homemaking tasks, and other activities of daily living. Given her decreased functional status, impaired mobility, oxygen dependence, visual impairment related to glaucoma, and reduced right shoulder range of motion, the patient would benefit from continued skilled occupational therapy services every other week for ADL retraining, therapeutic exercises, home exercise program instruction, functional mobility training, safety education, and caregiver training to improve independence and reduce caregiver burden. The plan of care includes ongoing skilled nursing observation, reinforcement of safety and fall prevention strategies, monitoring of cardiopulmonary status, and continued physical and occupational therapy

**23. Signature and Date of Verbal SOC Where Applicable:**

Electronically Signed by Messick, Charles RN on 06/09/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**

Shirley Lee
7141 Security Blvd
Baltimore, MD 21244
PHONE: (443) 663-6000 FAX: 14436636295 NPI: 1730398819

**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 : 06/05/2026

**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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interventions to promote functional recovery and maintain the patient safely in the home environment. <br> Date of Order 06/09/2026 Orders Physician Face-to-Face Date: 06/05/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Essential (primary) hypertension Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes: <br> Physician Lee, Shirley

## SN Careplans

SN WK1: 1 (06/09/26-06/13/26) ,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) ,WK6: 1 (07/12/26-07/18/26) ,WK7: 1 (07/19/26-07/25/26) ,WK8: 1 (07/26/26-08/01/26)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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:Advanced Care Planning: Advance care plan on record or surrogate decision maker documented

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1400 - Dyspnea, M1600 - UTI, limited strength, weak hand grips, Pain Effect on Sleep, B1000 - Vision Deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, 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, * 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, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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 eould like to walk better and further

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

patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* 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



Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

06/09/2026

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PT WK1: 1 (06/09/26-06/13/26) ,WK3: 1 (06/21/26-06/27/26) ,WK5: 1 (07/05/26-07/11/26) ,WK7: 1 (07/19/26-07/25/26) ,WK9: 1 (08/02/26-08/07/26)

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, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 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 quicker

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

4 Steps - 04. Supervision or touching assistance

12 Steps - 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 (06/09/26-06/13/26) ,WK3: 1 (06/21/26-06/27/26) ,WK5: 1 (07/05/26-07/11/26) ,WK7: 1 (07/19/26-07/25/26) ,WK9: 1 (08/02/26-08/07/26)

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: cough/deep breathing exercises, home exercise program: Red theraband, Bilateral shoulder flex,abd horizontal abd/ add, int/ext rot, elbow flex/ext 2x10, equipment training, work simplification/energy conservation, transfers training: Tub

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 - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 05 Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent

## OT Goals

PATIENT-STATED GOAL: To get around like I used to

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 - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate assistance

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

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

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

Eating - 06. Independent

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 06/09/2026 |