Home Health Certification and Plan of Care

Order ID: 1150/19627

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
45500032300	06/10/2026	From: 06/10/2026 To: 08/08/2026	26134	217058

6. Patient's Name and Address

Carolyn Wallace
126 North Hickory Ave Apt 4,
BEL AIR, MD 21014-
410-776-3082

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 07/05/1936 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I11.0	Hypertensive heart disease with heart failure	06/10/26

13. ICD	Other Pertinent Diagnoses	Date
I50.22	Chronic systolic (congestive) heart failure	06/10/26
I48.20	Chronic atrial fibrillation unspecified	06/10/26
F43.21	Adjustment disorder with depressed mood	06/10/26
S72.041D	Disp fx of base of nk of r femr 7thD	06/10/26
E11.9	Type 2 diabetes mellitus without complications	06/10/26
E44.0	Moderate protein-calorie malnutrition	06/10/26
H40.1132	Primary open-angle glaucoma bilateral moderate stage	06/10/26
E78.5	Hyperlipidemia unspecified	06/10/26
D51.0	Vitamin B12 defic anemia due to intrinsic factor deficiency	06/10/26
I44.7	Left bundle-branch block unspecified	06/10/26
I95.2	Hypotension due to drugs	06/10/26
R33.9	Retention of urine unspecified	06/10/26
Z85.528	Personal history of other malignant neoplasm of kidney	06/10/26
Z79.01	Long term (current) use of anticoagulants	06/10/26
Z87.440	Personal history of urinary (tract) infections	06/10/26
Z86.19	Personal history of other infectious and parasitic diseases	06/10/26
Z96.641	Presence of right artificial hip joint	06/10/26
Z91.81	History of falling	06/10/26

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

LATANOPROST Solution 0.005 % / Instill 1 drop both eyes at bedtime for GLAUCOMA
MAGNESIUM 400 mg / 1 Tablet by mouth every morning and at bedtime for Hypomagnesemia
Remeron - Mirtazapine 15 mg / 1 Tablet by mouth at bedtime for Depression
Metoprolol Succinate - Metoprolol Succinate 0 ER 25 mg / 1 Tablet by mouth in the morning for HTN HOLD MEDICATION IF PULSE < 60 AND/OR SYSTOLIC BLOOD PRESSURE < 100 mmHg
Lasix - Furosemide 40 mg / 1 Tablet by mouth in the morning for Edema
ELIQUIS 2.5 mg / 1 Tablet by mouth every morning and at bedtime for ATRIAL FIBRILLATION
(Iron-Vitamin C) Vitron-C 65-125 mg / 1 Tablet by mouth in the morning for anemia
ACETAMINOPHEN 325 mg/tablet / Give 2 tablet by mouth every 6 hours as needed for Mild to moderate pain give 2 tabs to equal 650 mg, not to exceed 3gram/day
DIGOXIN 125 mcg / 1 Tablet by mouth at bedtime for AFIB HOLD FOR APICAL HR < 60

14. DME and Supplies:

walker, bath bench

15. Safety Measures:

walker precautions, standard precautions, medication safety, fall precautions, bleeding precautions, bathroom safety, anticoagulant precautions, ambulates with device

16. Nutrition:

regular

17. Allergies:

penicillin g

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

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: Yes

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: 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

SN: patient will be responsible for managing treatment
PT: patient will be responsible for managing treatment
OT: family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive heart disease with heart failure, 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 an 89-year-old female referred to home health services following a recent hospitalization and subsequent subacute rehabilitation stay related to a fall resulting in a right femoral neck fracture requiring right total hip replacement. Her past medical history is significant for chronic atrial fibrillation, hypertensive heart disease, congestive heart failure, hypertension, hyperlipidemia, acute cystitis, vitamin B12 deficiency, depression, renal cancer, urinary tract infections, left bundle branch block, and the presence of a right artificial hip joint. The patient is alert and oriented to person, place, time, and situation (A&O x4). During the visit, she was accompanied by her friend and primary caregiver, Mr. Dennis, who assists with her care and medication management. According to both the patient and caregiver, the patient initially became ill and was hospitalized, after which she was transferred to a rehabilitation facility where she sustained a fall resulting in a right hip fracture. Following surgical repair and an additional rehabilitation stay, she was transitioned to a long-term care unit. The patient repeatedly expressed a desire to return home and was ultimately discharged once medically stable. The patient currently resides alone in a ground-floor apartment. She utilizes a walker for ambulation and receives assistance from her niece for grocery shopping and other community errands. She is also enrolled in Meals on Wheels services three days per week to assist with nutritional needs. Prior to her recent hospitalization and injury, the patient was independent with transfers, ambulation without an assistive device, activities of daily living (ADLs), and instrumental activities of daily living (IADLs), although she did not drive. During today's assessment, the patient voiced on multiple occasions that she did not feel she required home health services; however, after discussion with her caregiver regarding the importance of therapy services to improve strength, safety, and functional mobility, she agreed to participate. Despite this agreement, the patient demonstrated limited motivation and required moderate encouragement to engage in the physical therapy evaluation. Physical assessment revealed lungs clear to auscultation bilaterally, skin warm, dry, and intact, and no acute signs of distress. The patient denied shortness of breath, pain, dizziness, or lightheadedness. Medications were reviewed with both the patient and caregiver, and the caregiver reported organizing medications weekly in a pillbox to support compliance. Skilled nursing education was provided regarding medication adherence, proper hand hygiene, infection prevention, and fall prevention strategies. Physical therapy evaluation identified lower extremity weakness, impaired balance, gait dysfunction characterized by a flexed posture, narrow base of support, decreased bilateral step length, reduced foot clearance, and minor difficulty with transfers. Balance assessment using the Tinetti Performance-Oriented Mobility Assessment yielded a score of 12/28, indicating a significant fall risk. These impairments have contributed to decreased functional mobility and increased safety concerns within the home environment. Skilled physical therapy is indicated to address strength deficits, balance impairments, gait abnormalities, transfer training, fall prevention, and overall functional mobility with the goal of

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 06/10/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Carissa Miller
615 W Macphail Rd Ste 105&106
Bel Air, MD 21014
PHONE: 4438437000 FAX: 14436431880 NPI: 1154076776

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 : 05/14/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/19627

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
45500032300	06/10/2026	From: 06/10/2026 To: 08/08/2026	26134	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Carolyn Wallace 126 North Hickory Ave Apt 4, BEL AIR, MD 21014- 410-776-3082	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

maximizing independence and reducing the risk of future falls, hospitalization, and functional decline. While the patient demonstrates fair rehabilitation potential, her limited motivation and resistance to therapy participation may impact overall progress and will require continued encouragement and reinforcement of therapy benefits. An occupational therapy evaluation was also completed. The patient currently presents as resistant to initiating occupational therapy services; however, assessment revealed that she is functioning independently with self-care activities, is able to ambulate safely within the home using a rolling walker, and performs functional transfers independently. Based on current functional status, no skilled occupational therapy needs were identified, and no additional occupational therapy services are warranted at this time. The plan of care includes continued skilled nursing and physical therapy services to monitor the patient's medical status, reinforce education, improve strength and mobility, promote safety, and support the patient in maintaining independence within her home environment.
 Date of Order 06/10/2026 Orders Physician Face-to-Face Date: 05/14/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat due to Hypertensive heart disease with heart failure 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 Miller, Carissa

SN Careplans

SN WK1: 1 (06/10/26-06/13/26) ,WK2: 1 (06/14/26-06/20/26) ,WK3: 1 (06/21/26-06/27/26) ,WK4: 1 (06/28/26-07/04/26)

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, 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, meal preparation, abnormal blood pressure, M1400 - Dyspnea, muscle weakness, balance deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer

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, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: To get stronger

GOALS
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

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

meal preparation is available to patient for all meals

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

06/10/2026

Home Health Certification and Plan of Care

Order ID: 1150/19627

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
45500032300	06/10/2026	From: 06/10/2026 To: 08/08/2026	26134	217058

6. Patient's Name and Address
Carolyn Wallace
126 North Hickory Ave Apt 4,
BEL AIR, MD 21014-
410-776-3082

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

PT WK1: 1 (06/10/26-06/13/26) ,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)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170E1 - Chair to Bed to Chair

PROCEDURES: Medication management : Review medication with pt and caregiver, cough/deep breathing exercises, home exercise program: Aps, heelraises, hip abduction, hip flexion, laq, hamstring curls, dynamic standing balance exercises: Work dynamic balance amb with and without AD to improve stability and reduce fall risk, gait training on uneven surfaces, 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, * 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car 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, Picking Up Object - 05. Setup or clean-up assistance, Dynamic balance training

PATIENT-STATED GOAL: I want to get off the walker and get around on my own at home and outside

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

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

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

Sit to Stand - 06. Independent

Car 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

4 Steps - 05. Setup or clean-up assistance

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

Dynamic balance training

OT Careplans

OT WK1: 1 (06/10/26-06/13/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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

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 - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Evaluation only

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 - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching 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
06/10/2026