Home Health Certification and Plan of Care

Order ID: 1150/19729

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
17196382	06/12/2026	From: 06/12/2026 To: 08/10/2026	26977	217058

6. Patient's Name and Address

Elsie Green
4004 Erdman Ave APT 1,
BALTIMORE, MD 21213-
667-514-6458

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 09/30/1943 | **9.Sex** Female

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

There are no Medications for this Plan of Care

11. ICD	Principal Diagnosis	Date
J90.	Pleural effusion not elsewhere classified	06/12/26

13. ICD	Other Pertinent Diagnoses	Date
C34.90	Malignant neoplasm of unsp part of unsp bronchus or lung	06/12/26
I10.	Essential (primary) hypertension	06/12/26
E78.5	Hyperlipidemia unspecified	06/12/26
Z91.81	History of falling	06/12/26

14. DME and Supplies:

walker

15. Safety Measures:

fall precautions, medication safety, standard precautions, walker precautions, smoke detectors , emergency phone # clearly displayed, bathroom safety, ambulates with device

16. Nutrition:

regular

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Transfer bed/Chair, Walker, Exercises Prescribed, 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: No

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Pleural effusion not elsewhere classified, 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:

Home health skilled nursing admission was completed for an 82-year-old female with a past medical history significant for hypertension and hyperlipidemia following a recent hospitalization for shortness of breath. The patient has since returned home, where she resides with her son, who serves as her primary caregiver and provides assistance with daily needs and support as required. Upon assessment, the patient was alert and oriented, pleasant, and cooperative. Vital signs were obtained and found to be within normal limits. The patient denied pain, shortness of breath, or any other acute discomfort during the visit. The patient ambulates with a walker and requires assistive support to ensure safe mobility and reduce fall risk. A comprehensive skin assessment was performed, revealing skin that was intact without evidence of pressure injuries, skin breakdown, wounds, or other abnormalities. Medication reconciliation was attempted; however, the patient reported that her prescribed medications were not currently available in the home and stated that they would be picked up from the pharmacy later that day. Skilled nursing provided education regarding the importance of obtaining medications promptly, adhering to prescribed medication regimens, understanding medication indications and dosing schedules, and notifying the physician of any medication-related concerns, side effects, or barriers to compliance. Both the patient and caregiver verbalized understanding of the instructions provided. Additional education focused on fall prevention and home safety measures, including maintaining a clutter-free environment, utilizing assistive devices appropriately, wearing non-slip footwear, ensuring adequate lighting throughout the home, and changing positions slowly to reduce the risk of dizziness and falls. Preventive teaching was also provided regarding skin integrity and pressure injury prevention, including routine skin inspections, frequent position changes, maintaining proper hygiene, and ensuring adequate hydration and nutritional intake to support overall health and tissue integrity. The patient and caregiver demonstrated understanding of all education provided. Given the patient's recent hospitalization, mobility limitations, chronic medical conditions, and need for ongoing disease management and medication oversight, continued skilled nursing services are medically necessary. The plan of care includes ongoing comprehensive assessments, medication education and reconciliation, monitoring for changes in cardiopulmonary status, disease process management, reinforcement of safety and fall prevention strategies, and continued patient and caregiver education to promote optimal health outcomes, prevent complications, and reduce the risk of rehospitalization.
 Date of Order 06/12/2026 Orders Physician Face-to-Face Date: 06/10/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease managementdue to Pleural effusion not elsewhere classified 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
 Physician Chase, Shanita

SN Careplans

SN WK1: 1 (06/12/26-06/13/26) ,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) ,WK9: 1 (08/02/26-08/08/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 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

SN Goals

PATIENT-STATED GOAL: Patient stated she would like to regain strength

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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 06/12/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Shanita Chase
1701 Twin Springs Rd
Baltimore, MD 21227
PHONE: 410-737-5000 FAX: 14107375401 NPI: 1487650891

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 : 06/10/2026

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: 1150/19729

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
17196382	06/12/2026	From: 06/12/2026 To: 08/10/2026	26977	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Elsie Green 4004 Erdman Ave APT 1, BALTIMORE, MD 21213- 667-514-6458	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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:Not Received

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, A1250 - Lack of Necessary Transportation, Home Safety, M2102f - Patient Supervision, meal preparation, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, M1610 - Urinary Incontinence, limited endurance, limited strength, balance deficit, B0200 - Hearing Deficit, Pain Interference with ADLs, B1000 - Vision Deficit

PROCEDURES: teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange for maintenance of clean/uncluttered living area, 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, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, 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, patient's transportation needs are met, patient's living environment is clean/uncluttered, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

* 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
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* 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

patient's transportation needs are met

patient's living environment is clean/uncluttered

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/12/2026