# Home Health Certification and Plan of Care

**Order ID: 1150/19054**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 30754063430 | 05/28/2026 | From: 05/28/2026 To: 07/26/2026 | 26191 | 217058 |

**6. Patient's Name and Address**
Sarah Chestnut
2409 Gainsborough Court Apt A,
Parkville, MD 21234-
301-549-2283

**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** 12/05/1943 | **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| S22.41XD | Multiple fx of ribs right side subs for fx w routn heal | 05/28/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| I13.0 | Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny | 05/28/26 |
| I50.22 | Chronic systolic (congestive) heart failure | 05/28/26 |
| N18.4 | Chronic kidney disease stage 4 (severe) | 05/28/26 |
| I48.0 | Paroxysmal atrial fibrillation | 05/28/26 |
| I49.5 | Sick sinus syndrome | 05/28/26 |
| I25.10 | Athscl heart disease of native coronary artery w/o ang pctrs | 05/28/26 |
| J44.9 | Chronic obstructive pulmonary disease unspecified | 05/28/26 |
| E03.9 | Hypothyroidism unspecified | 05/28/26 |
| I71.40 | Abdominal aortic aneurysm without rupture unspecified | 05/28/26 |
| I35.0 | Nonrheumatic aortic (valve) stenosis | 05/28/26 |
| R91.1 | Solitary pulmonary nodule | 05/28/26 |
| Z79.01 | Long term (current) use of anticoagulants | 05/28/26 |
| Z79.84 | Long term (current) use of oral hypoglycemic drugs | 05/28/26 |
| Z79.890 | Hormone replacement therapy | 05/28/26 |
| Z79.891 | Long term (current) use of opiate analgesic | 05/28/26 |
| Z87.891 | Personal history of nicotine dependence | 05/28/26 |
| Z95.0 | Presence of cardiac pacemaker | 05/28/26 |
| Z91.81 | History of falling | 05/28/26 |

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

ipratropium-albuterol (DUO-NEB) nebulizer solution 3 mL Nebu Every 6 hours
TYLENOL 975 mg Oral Every 6 hours CAUTION - Maximum acetaminophen dose not to exceed 4000 mg/24 hours from ALL sources **
PACERONE 200 mg Oral Daily
NORVASC 10 mg Oral Daily
ELIQUIS 2.5 mg Oral 2 times daily Indication: Secondary VTE prevention
LIPITOR 40 mg Oral Nightly
BUMEX 2 mg Oral Daily
JARDIANCE 10 mg Oral Daily
PEPCID 20 mg Oral Daily
SYNTHROID 88 mcg Oral Daily
TOPROL-XL 100 mg Oral Daily Admin Instructions: Do not crush or chew.
ENTRESTO 51 MG tablet Oral 2 times daily
SENOKOT 8.6 MG tablet Oral Nightly PRN Constipation

**14. DME and Supplies:**
rolling walker, 4 wheeled walker

**15. Safety Measures:**
transfer with assist, walker precautions, standard precautions, fall precautions, ambulates with device, ambulates with assistance, activity supervision

**16. Nutrition:**
regular

**17. Allergies:**
codeine penicillin

**18.A. Functional Limitations**
Ambulation, Endurance, , Dyspnea With Minimal Exertion

**18.B. Activities Permitted**
Walker, Transfer bed/Chair, Exercises Prescribed, 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: 1. Rarely, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required, 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: 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

**Homebound status:** Due to diagnosis of Multiple fracture of ribs right side subsequent for fracture with routine healing, 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 82-year-old female referred to home health services following a recent hospitalization due to a mechanical fall that resulted in right-sided rib fractures involving ribs 5 and 6. The patient received acute medical treatment and stabilization prior to discharge home. Her significant past medical history includes chronic obstructive pulmonary disease (COPD), chronic heart failure (CHF), stage IV chronic kidney disease (CKD), and abdominal aortic aneurysm (AAA). The patient resides with her daughter in an apartment and, prior to the recent hospitalization, was modified independent with bed mobility, transfers, and household ambulation utilizing a rollator walker. Upon evaluation, the patient demonstrates a notable decline in functional mobility and safety compared to her prior level of function. Assessment findings reveal significant balance impairment and increased fall risk, evidenced by a Tinetti Balance and Gait Assessment score of 13/28 and a Timed Up and Go (TUG) test result of 126 seconds. The patient requires assistance with transfers and demonstrates gait dysfunction characterized by impaired stability, reduced mobility, and decreased safety awareness during ambulation. She also experiences difficulty negotiating steps, further limiting her ability to safely access and navigate her home environment. Residual pain and reduced mobility associated with her recent rib fractures may additionally contribute to decreased activity tolerance and functional performance. Skilled physical therapy is medically necessary to address deficits in strength, balance, gait, transfer ability, endurance, and overall functional mobility. Interventions will focus on therapeutic exercises, balance retraining, gait training, transfer training, fall prevention strategies, and patient/caregiver education to maximize safety and independence within the home. Home safety recommendations were reviewed, including installation of grab bars in the bathroom to reduce fall risk and improve safety during activities of daily living. The patient demonstrates good rehabilitation potential and is expected to benefit from ongoing skilled physical therapy services aimed at restoring functional independence, preventing further falls, and reducing the risk of hospitalization. <br> Date of Order 05/28/2026 Orders Physician Face-to-Face Date: 05/18/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat due to Multiple fracture of ribs right side subsequent for fracture with routine healing Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <span style="font-size:

**23. Signature and Date of Verbal SOC Where Applicable:**
Electronically Signed by Messick, Charles RN on 05/28/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
Nan Ni
200 E 33Rd St
Baltimore, MD 21218
PHONE: 410-261-8019 FAX: 14102618021 NPI: 1518926500

**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 : 05/18/2026

**27. Attending Physician's Signature and Date Signed** **06/04/2026**: 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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14px;"><br> 1 - SOC - PT Notes: soc <br> Physician Ni, Nan

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (05/28/26-05/30/26) ,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 (06/28/26-06/30/26)

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 > 6

CAREGIVER: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance

HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 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, 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:No Advance Directive on File

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170J1 - Walk 50 ft with 2 Turns, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene,

PT Goals

PATIENT-STATED GOAL: To Improve my strength, balance and walking to not fall

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient's enviroment has adequate stairs railings

caregiver administers and/or packages medications appropriately

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

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

Picking Up Object - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Signature of Physician:

Date



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

Date
05/28/2026

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GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170K1 - Walk 150 Feet, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M1745 - Behavioral Issues, M1720 - Anxiety, M2102c - Med Admin, Home Safety, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, limited strength, limited endurance, muscle weakness, balance deficit

PROCEDURES: Medication management : Meds reviewed with pt and caregiver, cough/deep breathing exercises, monitor intake & output, home exercise program: Heelraises, toe raises, hip abduction, laq, hip flexion, hamstring curls, equipment training, work simplification/energy conservation, 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's enviroment has adequate stairs railings, caregiver administers and/or packages medications appropriately, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, 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, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 02. Substantial/maximal assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Walk 10 Feet - 04. Supervision or touching assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 05/28/2026 |