Home Health Certification and Plan of Care

Order ID: 1150/18703

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
10028691	05/14/2026	From: 05/14/2026 To: 07/12/2026	25491	217058

6. Patient's Name and Address
Doris Sullivan
733 E 21st street,
BALTIMORE, MD 21218-
410-800-9519

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 07/30/1943 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I48.0	Paroxysmal atrial fibrillation	05/14/26

13. ICD	Other Pertinent Diagnoses	Date
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	05/14/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	05/14/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	05/14/26
I70.245	Athscl native arteries of left leg w ulceration oth prt foot	05/14/26
L97.523	Non-prs chronic ulcer oth prt left foot w necrosis of muscle	05/14/26
I65.22	Occlusion and stenosis of left carotid artery	05/14/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	05/14/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	05/14/26
N18.9	Chronic kidney disease u	05/14/26
E78.5	Hyperlipidemia unspecified	05/14/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	05/14/26
I95.9	Hypotension unspecified	05/14/26
I44.2	Atrioventricular block complete	05/14/26
Z79.82	Long term (current) use of aspirin	05/14/26
Z79.4	Long term (current) use of insulin	05/14/26
Z79.01	Long term (current) use of anticoagulants	05/14/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	05/14/26
Z95.828	Presence of other vascular implants and grafts	05/14/26

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

Nifedipine Er - Nifedipine 60 mg / 1 Tablet by mouth daily Blood pressure
AMIODARONE 100 mg / 1 Tablet by mouth daily Heart rate
LOSARTAN POTASSIUM 25 mg / 1 Tablet by mouth daily Blood pressure
CLOPIDOGREL 75 mg / 1 Tablet by mouth daily Blood clots
ATORVASTATIN 40 mg / 1 Tablet by mouth every evening Cholesterol
METFORMIN 500 mg / 1 Tablet by mouth 2 (two) times daily with meals Diabetes
DABIGATRAN ETEXILATE 150 mg / 1 Capsule by mouth 2 (two) times daily Heart health
SENNOSIDES 15 mg / 1 Tablet by mouth 2 (two) times daily As needed for constipation
Acetaminophen - Acetaminophen 500 mg, 2 tablets by mouth every 6 hours As needed for pain

14. DME and Supplies:
rolling walker, walker, hospital bed, commode, cane, diabetic supplies, 4 wheeled walker

15. Safety Measures:
standard precautions, remove environmental barriers, medication safety, fall precautions, emergency phone number prominently displayed, diabetic precautions, bathroom safety, anticoagulant precautions, ambulates with assistance

16. Nutrition:
cardiac diet!regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation, Bowel/Bladder Incontinence

18.B. Activities Permitted
Walker, Up As Tolerated, , Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., 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: 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 Paroxysmal atrial fibrillation, 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:

Physical therapy start-of-care assessment was completed for an 82-year-old female with a past medical history significant for coronary artery disease, peripheral artery disease, cardiac ischemia, diabetes mellitus, hypertension, hyperlipidemia, and chronic kidney disease, following recent hospitalization for lower extremity ischemia and bradycardia. The patient reported onset of bilateral foot numbness in March 2026, resulting in two hospitalizations, including placement of a lower extremity stent, and was advised that bypass surgery may be needed; however, surgery is not being pursued due to associated risks. Prior to hospitalization, the patient resided with family in a single-family home, ambulated with a rollator under supervision, and required some assistance with activities of daily living while remaining independent with functional transfers and household ambulation. Currently, the patient demonstrates significant decline in functional mobility, including bilateral lower extremity weakness with gross strength measured at 3-/5, impaired standing balance and tolerance, decreased upper extremity strength, reduced activity tolerance, and pain and mobility limitations secondary to persistent lower extremity numbness. The patient requires contact guard assistance for transfers and short-distance ambulation with a rollator and presents with decreased independence in self-care, functional transfers, and ambulation tasks. Initial seated bilateral lower extremity therapeutic exercises were instructed as part of a home exercise program, and the patient demonstrated understanding. Skilled physical and occupational therapy services are medically necessary to improve strength, balance, endurance, safety, and functional mobility in order to maximize independence and facilitate return to prior level of function.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 05/14/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 04/30/2026
 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat DX: Paroxysmal atrial fibrillation
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
 1 - SOC - PT Notes:
 OT Eval Notes:<o:p></o:p> Physician: Ni, Nan

SN Careplans | SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/14/2026

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 : 04/30/2026

27. Attending Physician's Signature and Date Signed **05/21/2026**: 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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Doris Sullivan 733 E 21st street, BALTIMORE, MD 21218- 410-800-9519	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

PT Careplans

PT WK1: 1 (05/14/26-05/16/26) ,WK2: 1 (05/17/26-05/23/26) ,WK3: 1 (05/24/26-05/30/26) ,WK4: 1 (05/31/26-06/06/26) ,WK5: 1 (06/07/26-06/13/26) ,WK6: 1 (06/14/26-06/20/26)

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

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

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170E1 - Chair to Bed to Chair, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170I1 - Walk 10 Feet, GG0170P1 - Picking Up Object, GG0170G1 - Car Transfer, GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170M1 - 1 - Step (curb), GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, M2020 - Oral Med Management, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, weak

PT Goals

PATIENT-STATED GOAL: To be able to walk without pain

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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 05. Setup or clean-up assistance

1 - Step (curb) - 02. Substantial/maximal assistance

12 Steps - 02. Substantial/maximal assistance

4 Steps - 02. Substantial/maximal assistance

Car Transfer - 04. Supervision or touching assistance

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Walk 150 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/14/2026

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pulses in feet, M1033 - Exhaustion, dependent edema, M1610 - Urinary Incontinence, limited strength, limited endurance, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, balance deficit

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, 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, equipment training, gait training/stair training: Ambulation with rollator, stairs with rail, transfers training, teach/coordinate/arrange medication packaging and/or administration

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, * 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, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Chair to Bed to Chair - 04. Supervision or touching assistance, Sit to Stand - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, 1 - Step (curb) - 02. Substantial/maximal assistance, 12 Steps - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Car Transfer - 04. Supervision or touching assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 02. Substantial/maximal 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 - 05. Setup or clean-up assistance

Shower/Bathe Self - 02. Substantial/maximal 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 - 05. Setup or clean-up assistance

OT Careplans

OT WK2: 1 (05/17/26-05/23/26) ,WK3: 1 (05/24/26-05/30/26) ,WK4: 1 (05/31/26-06/06/26) ,WK5: 1 (06/07/26-06/13/26) ,WK6: 1 (06/14/26-06/20/26) ,WK7: 1 (06/21/26-06/27/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, 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

PROCEDURES: Medication Review : Medication reviewed with patient and caregiver with all medications in the home, cough/deep breathing exercises, incentive spirometer, home exercise program: Bilateral UE strengthening of anterior deltoid, biceps, triceps and pectoral muscles, equipment training, work simplification/energy conservation, transfers training: Skilled OT 1x5 wks, assist with bathing: Skilled OT 1x5 wks, assist with transferring: Skilled OT 1x5 wks, assist with lower body dressing: Skilled OT 1x5 wks, assist with upper body dressing: Skilled OT 1x5 wks

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, 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

OT Goals

PATIENT-STATED GOAL: Walk better

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

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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/14/2026