Home Health Certification and Plan of Care

Order ID: 1150/18598

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3CW4F40WV72	03/14/2026	From: 05/13/2026 To: 07/11/2026	23015	217058

6. Patient's Name and Address
Betty Otto
916 Greenfawn Ct,
ABINGDON, MD 21009-
443-417-4613

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 10/18/1945 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M47.26	Other spondylosis with radiculopathy lumbar region	03/14/26

13. ICD	Other Pertinent Diagnoses	Date
I50.32	Chronic diastolic (congestive) heart failure	03/14/26
J43.9	Emphysema unspecified	03/14/26
I48.91	Unspecified atrial fibrillation	03/14/26
M47.816	Spondylosis w/o myelopathy or radiculopathy lumbar region	03/14/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	03/14/26
G62.9	Polyneuropathy unspecified	03/14/26
K21.9	Gastro-esophageal reflux disease without esophagitis	03/14/26
K74.60	Unspecified cirrhosis of liver	03/14/26
M10.9	Gout unspecified	03/14/26
M85.80	Oth disrd of bone density and structure unspecified site	03/14/26
L24.A2	Irritant cntct derm d/t fecal urinry or dual incontinence	03/14/26
E87.3	Alkalosis	03/14/26
M81.0	Age-related osteoporosis w/o current pathological fracture	03/14/26
D64.9	Anemia unspecified	03/14/26
F41.9	Anxiety disorder unspecified	03/14/26
F32.A	Depression unspecified	03/14/26
Z79.82	Long term (current) use of aspirin	03/14/26
J96.11	Chronic respiratory failure with hypoxia	03/14/26
Z96.653	Presence of artificial knee joint bilateral	03/14/26
Z90.710	Acquired absence of both cervix and uterus	03/14/26
Z99.81	Dependence on supplemental oxygen	03/14/26
Z87.891	Personal history of nicotine dependence	03/14/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	03/14/26

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

PANTOPRAZOLE 40 mg / 1 Tablet by mouth twice a day for GERD
FLUOXETINE 60 mg / 1 Tablet by mouth once a day Give 30 mg for Depression
ATENOLOL 50 mg / 1 Tablet by mouth once a day for heart failure
Acetaminophen - Acetaminophen Extra Strength 500 mg / 1 Tablet by mouth every 6 hours as needed for Mild Pain (1-4) Do not exceed more than 2 grams per day from all sources
Aspirin Ec - Aspirin 81 mg / 1 Tablet by mouth once a day for CAD
Buspirone Hcl - Buspirone Hydrochloride 5 mg / 1 Tablet by mouth every 8 hours for anxiety
Acetaminophen And Hydrocodone Bitartrate - Acetaminophen: Hydrocodone Bitartrate 10-325 mg / 1 Tablet by mouth every 4 hours as needed for Pain
Multivitamins - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 Tablet by mouth once a day for supplement
Nifedipine Er - Nifedipine 30 mg / 1 Tablet by mouth once a day for HTN Hold for systolic less than 110 and HR less than 50
probiotics 1 Capsule by mouth every 12 hours for supplement
Stiolto Respimat - Olodaterol Hydrochloride: Tiotropium Bromide Inhalation Aerosol Solution 2.5-2.5 MCG/ACT / 1 puff inhalant once a day inhale orally for COPD rinse and spit after use
Albuterol Sulfate - Albuterol Sulfate Nebulizer Solution 0.63 MG/3ML / 3mL inhalant every 6 hours inhale orally via nebulizer as needed for SOB/Wheezing
Oxygen - Oxygen 2 Liters nasal cannula as necessary Use as needed for shortness of breath
Greer Go Nystatin + Zinc Oxide + Hydrocortisone - topical Apply to sacrum every shift for IAD prevention
Lidocaine Patch - Lidocaine 4% topical once a day Apply to bilateral knees for pain remove per schedule

14. DME and Supplies:
wheelchair, rolling walker, reacher, oxygen supplies, commode, cane, bath bench

15. Safety Measures:
walker precautions, standard precautions, O2 precautions, fall precautions, ambulates with device, ambulates with assistance

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Dyspnea With Minimal Exertion, Ambulation, Hearing

18.B. Activities Permitted
Exercises Prescribed, Transfer bed/Chair, Up As Tolerated, Wheelchair, Walker

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: Wfl , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Other spondylosis with radiculopathy lumbar region, 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:
PT recertification was completed for a patient receiving home health services due to hypertensive heart disease and congestive heart failure. The patient is oxygen-dependent and resides with her son and his family in a two-story home with a first-floor setup and ramp access through the garage. Skilled therapy has focused on improving lower extremity strength, activity tolerance, gait sequencing, transfer safety, curb negotiation using a rolling walker, and safe management of the oxygen line during mobility tasks. The patient has demonstrated measurable progress, including improved transfers, enhanced gait sequencing with the rolling walker, and improved dynamic balance, as evidenced by a Tinetti score improvement to 14/28. Family training has also been provided to support safety and functional mobility within the home. Although oxygen line management continues to present safety challenges, the patient demonstrates good rehabilitation potential and continues to benefit from skilled therapeutic intervention to further improve functional mobility, balance, strength, and overall safety with daily activities.<o:p></o:p>   Bottom of Form<o:p></o:p> Date of Order<o:p></o:p> 05/08/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 02/03/2026
 Clinical Condition Requiring Home Care per Certifying Physician: Discharge home 02/27/2026 with home health services to include RN for medication management, PT/OT for evaluation and treatment, aid for ADL care. due to Other Spondylosis With Radiculopathy Lumbar Region
 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>
 4 - Recertification PT Notes: due <span

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/08/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Wilbur Roese
7106 Ridge Rd
Baltimore, MD 21237
PHONE: 4106872300 FAX: 18443045355 NPI: 1588764278

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 : 02/03/2026

27. Attending Physician's Signature and Date Signed **06/03/2026**: 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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style="color:black;mso-themecolor:text1">to further training to improve her gait sequencing, curb negotiation, dynamic balance and strength<o:p></o:p> Physician: Roese, Wilbur

SN Careplans

SN Goals

PT Careplans

PT 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)

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: Wfl

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, 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1033 - Exhaustion, limited endurance, muscle weakness, balance deficit, loss of appetite

PROCEDURES: Medication management : Review medication with pt and caregiver, Curb

PT Goals

PATIENT-STATED GOAL: To Improve my walking and balance to I can walk around the main floor and sit out on the front porch.

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Dynamic balance training

02 line management

Curb negotiation

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

Picking Up Object - 04. Supervision or touching assistance

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

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
* 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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/08/2026

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negotiation : Focus on proper tech and safe mgmt of rw negotiating curb step , home exercise program: Hip flexion, laq, hip abduction, heel toe raises, hamstring curls Pursed lipped breathing, 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, Sit to Stand - 06. Independent, Chair to Bed to Chair - 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, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Dynamic balance training , 02 line management , Curb negotiation

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/08/2026