Home Health Certification and Plan of Care

Order ID: 1150/19013

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8KK2DU7WV22	03/31/2026	From: 05/30/2026 To: 07/28/2026	24022	217058

6. Patient's Name and Address
Judith Lee Ogette
7703 Longbottem Rd,
Elkridge, MD 21075-
857-544-3083

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 10/30/1945 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	03/31/26

13. ICD	Other Pertinent Diagnoses	Date
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	03/31/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	03/31/26
I11.0	Hypertensive heart disease with heart failure	03/31/26
I50.42	Chronic combined systolic and diastolic hrt fail	03/31/26
E78.49	Other hyperlipidemia	03/31/26
F31.89	Other bipolar disorder	03/31/26
F41.8	Other specified anxiety disorders	03/31/26
Z79.82	Long term (current) use of aspirin	03/31/26
Z79.51	Long term (current) use of inhaled steroids	03/31/26
Z79.899	Other long term (current) drug therapy	03/31/26

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

Albuterol Sulfate - Albuterol Sulfate HFA Inhalation Aerosol Solution 108(90 Base) MCG/ACT / 2 puff by mouth every 6 hours AS NEEDED FOR SOB
Albuterol Sulfate - Albuterol Sulfate eq 0.083 perc base Inhalation Nebulization Solution (2.5 MG/3ML) 0.083% / Inhale 3ml by mouth every 8 hours for SOB
Trelegy Ellipta Inhalation Aerosol Powder Breath Activated (Fluticasone Umeclidinium-Vilanterol) 100-62.5-25 MCG/ACT / 1 puff inhale by mouth once a day for COPD
Aspirin - Aspirin Chewable 81 mg / 1 Tablet by mouth once a day for Prophylaxis
QUETIAPINE FUMARATE 300 mg 300 mg / 1 Tablet by mouth at bedtime for Bipolar
FUROSEMIDE 20 mg 20 mg / 1 Tablet by mouth once a day for Fluid Retention
Valsartan - Valsartan 80 mg 80MG; 1 TAB by mouth once a day for HTN
Pravastatin Sodium - Pravastatin Sodium 20 mg 20MG; 1TAB by mouth at bedtime for Cholesterol
Dapagliflozin Propanediol 10 mg / 1 Tablet by mouth once a day for DM
DOXEPIN HYDROCHLORIDE eq 10 mg base 10 mg / 1 Capsule by mouth at bedtime for Insomnia
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) mg / 1 Tablet by mouth once a day for supplement
Coreg - Carvedilol 12.5 mg 12.5MG; 1 TAB by mouth twice a day for HTN

14. DME and Supplies:
rolling walker, nebulizer, raised toilet

15. Safety Measures:
fall precautions, standard precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, None of the above

18.B. Activities Permitted
No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: , SOCIAL ISOLATION: 1 Requires assistance, BEHAVIORAL ISSUES: 2 independent, 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 Chronic obstructive pulmonary disease with (acute) exacerbation, 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 80-year-old female recently discharged from inpatient hospitalization and subsequent skilled rehabilitation at Autumn Lake Healthcare following acute hypoxic respiratory failure secondary to a chronic obstructive pulmonary disease (COPD) exacerbation. Her past medical history is significant for hypertension, hyperlipidemia, congestive heart failure, coronary artery disease, COPD with multiple prior exacerbations and hospitalizations, chronic troponin elevation, bipolar disorder, and anxiety with benzodiazepine dependence. The patient completed a course of treatment during hospitalization that included bronchodilator therapy and corticosteroid treatment with Prednisone, with resolution of the acute respiratory failure prior to discharge. The patient currently resides on one level of her son's home, where he provides assistance with activities of daily living and instrumental activities of daily living as needed and manages her medications. At the time of assessment, the patient was alert and oriented to person, place, and time, though she demonstrated some forgetfulness and intermittent anxiety. The patient is hard of hearing, uses corrective lenses, and reports legal blindness in the right eye. She also reports numbness in the right foot and left knee pain, which she manages with topical lidocaine and acetaminophen as needed. The patient reports good appetite and states that her last bowel movement occurred today. She denies acute gastrointestinal complaints. Respiratory assessment revealed diminished lung sounds throughout, and the patient experiences shortness of breath with minimal exertion, such as walking to the restroom. During the visit, the patient received a nebulizer treatment with noted symptomatic relief. Oxygen saturation was recorded at 97% on room air, and the patient is not currently prescribed supplemental oxygen. The patient demonstrates decreased endurance and activity tolerance, which significantly limits her functional mobility and contributes to her homebound status. Functionally, the patient ambulates within the home using a walker and requires standby assistance for basic activities of daily living, stair negotiation, and functional ambulation due to fatigue and dyspnea with exertion. The patient's son reports that she becomes easily winded with minimal activity and requires frequent rest periods to complete daily tasks. The patient uses a walk-in shower for bathing and has access to a transport wheelchair when needed. She is not currently using stairs within the home environment. Environmental assessment revealed a well-maintained home without significant hazards impacting safe indoor ambulation. Skilled nursing services have been initiated with a frequency of two <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> per week for two weeks followed by one visit per week for seven weeks. During the visit, the skilled nurse reviewed all medications with the patient and her son, including dosage, frequency, and potential side effects. Education was provided regarding the proper use and maintenance of nebulizer treatments and maintenance inhalers. Additional teaching was initiated regarding COPD disease management, recognition of worsening respiratory symptoms, and environmental triggers that may precipitate COPD exacerbations. Both the patient and her son were receptive to the education provided and demonstrated understanding of the instructions. Physical therapy evaluation identified decreased cardiovascular endurance and lower extremity weakness, which limit the patient's ability to safely perform household ambulation and functional tasks. The patient remains at increased risk for deconditioning and falls due to impaired endurance and activity tolerance. Skilled physical therapy services are recommended to implement progressive aerobic conditioning, therapeutic exercises, and functional mobility training to improve endurance and strength. The primary rehabilitation goal is for the patient to tolerate at least 10 minutes of continuous activity without significant fatigue within 30 days in order to support safer and more independent mobility within the home. Occupational therapy evaluation further identified the need for intervention to improve functional performance with activities of daily living, energy conservation, and activity pacing due to fatigue and dyspnea with exertion. Without skilled therapy intervention, the patient remains at risk for further functional decline, weakness, and falls. The interdisciplinary plan of care includes continued skilled nursing oversight for respiratory monitoring and medication management, along with physical and occupational therapy services to improve endurance, mobility, safety, and overall functional independence within the home environment.
 Date of Order 05/27/2026 Orders <span

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/27/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Nicole Hickson
1120 N Charles St Ste 400
Baltimore, MD 21201
PHONE: 2403349614 FAX: 18339750904 NPI: 1073157459

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 : 02/24/2026

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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style="font-size: 14px;">Physician Face-to-Face Date: 02/24/2026 Clinical Condition Requiring Home Care per Certifying Physician: SKILLED NURSING: Disease and Medication Management, PT/OT: Evaluation and Treatment due to Chronic obstructive pulmonary disease with (acute) exacerbation Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: The patient is recertified due to resting O2 was between 86 to 89. With mod exertion the O2 fell less than 80 and was given nebulizer that brought back her O2 to 91. Patient is recommended to see her PCP and cardiologist.
 Physician Hickson, Nicole

SN Careplans

SN Goals

OT Careplans

OT 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 (06/28/26-07/04/26)

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:

HOSPITALIZATION RISKS: 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; 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

PROBLEMS IDENTIFIED ON ASSESSMENT: limited endurance, balance deficit

PROCEDURES: To improve endurance: to increase activity tolerance level, Therapeutic activity : exe perfformed during OT visit, Therapeutic activity : exe perfformed during OT visit, cough/deep breathing exercises, equipment training, work simplification/energy conservation

TEACH PATIENT/CAREGIVER: Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 03. Partial/moderate assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: to not get SOB

GOALS
Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 03. Partial/moderate assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/27/2026