Home Health Certification and Plan of Care

Order ID: 1150/19868

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
37354685	04/22/2026	From: 06/21/2026 To: 08/19/2026	25048	217058

6. Patient's Name and Address

Janet Clemons
2018 Rudy Serra Drive Unit A,
Sykesville, MD 21784-
657-461-0506

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 02/23/1953 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S82.61XD	Disp fx of lateral malleolus of r fibula 7thD	04/22/26

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	04/22/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	04/22/26
N18.2	Chronic kidney disease stage 2 (mild)	04/22/26
E11.69	Type 2 diabetes mellitus with other specified complication	04/22/26
E78.49	Other hyperlipidemia	04/22/26
F41.9	Anxiety disorder unspecified	04/22/26
F17.210	Nicotine dependence cigarettes uncomplicated	04/22/26
Z87.440	Personal history of urinary (tract) infections	04/22/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	04/22/26
Z91.81	History of falling	04/22/26

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

COZAAR 100 mg / 1 Tablet by mouth daily
CRESTOR 40 mg / 1 Tablet by mouth daily to prevent heart attack and stroke
Glucotrol Xl - Glipizide 5 mg/tablet / Take 3 tablets by mouth daily with breakfast
Procardia Xl - Nifedipine 60 mg / 1 Tablet by mouth daily
JARDIANCE 25 mg/tablet / Take half tablet by mouth every morning
TENORMIN 100 mg / 1 Tablet by mouth daily
Fenofibrate (LOFIBRA) 160 mg / 1 Tablet by mouth once a day
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 2000 units by mouth once a day
Asa 81Mg - Aspirin 2 tablet by mouth once a day

14. DME and Supplies:

wheelchair, rolling walker, hospital bed, , grab bars, commode, cane, bath bench

15. Safety Measures:

standard precautions, fall precautions, diabetic precautions, ambulates with assistance

16. Nutrition:

regular

17. Allergies:

amlodipine besylate aspirin atorvastatin codeine metformin

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

No Restrictions

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: 2 independent, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: N/A, MOBILITY: N/A

22.B.Discharge Plans

patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Displaced fracture of lateral malleolus of right fibula, subsequent encounter for closed 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:

Patient is a 73-year-old female with a past medical history significant for hypertension, type 2 diabetes mellitus, chronic kidney disease stage 2, hyperlipidemia, anxiety disorder, and history of falls. Patient sustained a right trimalleolar ankle fracture following a fall at home on 03/07/2026 and subsequently underwent surgical repair with ORIF on 03/11/2026. Following hospitalization, patient was admitted to a skilled nursing/subacute rehabilitation facility for approximately six weeks prior to returning home. Patient was recently seen by her Kaiser podiatrist for orthopedic follow-up and was informed that she may now begin weight bearing as tolerated (WBAT) on the right lower extremity while wearing a CAM boot. Patient expressed motivation and eagerness to participate in physical and occupational therapy in order to regain her prior level of function and independence. Patient currently resides alone in a one-level attached home and is sleeping in a hospital bed located in the living room to facilitate accessibility and safety. She is primarily wheelchair-bound at this time, with limited ambulation using a rolling walker due to weakness, impaired balance, decreased endurance, and recent progression from non-weight-bearing status. Patient demonstrates generalized bilateral lower extremity weakness, with manual muscle testing approximately 3/5 proximally and 2+/5 distally on the affected side, as well as bilateral upper extremity weakness measured at approximately 4-/5 MMT. Standing balance is impaired, requiring upper extremity support, and patient remains at high risk for falls. Functional limitations include need for assistance with bed mobility, sit-to-stand transfers, toilet transfers, bathing, lower body dressing, and other activities of daily living. Patient requires minimal assistance/contact guard assistance for transfers with verbal cueing for proper hand and lower extremity placement to ensure safety. Patient currently performs bathing activities at the sink, and recommendation was made for acquisition of a tub transfer bench to improve safety and independence during bathing tasks. Patient also reports a recent emergency room visit over the weekend for urinary tract infection and urinary retention, resulting in placement of a Foley catheter with irrigation orders. Patient continues to monitor blood glucose levels daily and as needed and reports adherence to all prescribed medications. Skilled home health physical therapy remains medically necessary to address deficits in strength, balance, gait mechanics, transfer safety, endurance, and overall functional mobility following recent WBAT clearance. Skilled occupational therapy is also indicated to address deficits in activities of daily living, upper extremity strength, adaptive techniques, and home safety. Education was provided regarding fall prevention strategies, safe transfer techniques, weight-bearing precautions, use of assistive devices, and importance of compliance with prescribed therapy and medical recommendations. Continued skilled home health services are warranted to maximize functional independence, improve safety within the home environment, and reduce risk of falls, complications, and rehospitalization.
 Date of Order 06/17/2026 Orders Physician Face-to-Face Date: 04/15/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat, hhadl's due to Displaced fracture of lateral malleolus of right fibula, subsequent encounter for closed 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
 4 - Recertification Notes: The patient is recertified due to difficulty with balance and weakness of bilateral upper extremity muscle strength that affects her ability to perform ADLs, IADLs and transfers independently, limited secondary to a right trimalleolar ankle fracture s/p surgical intervention, and continued need to address ADLs, transfers, bilateral upper extremity muscle strength and functional ambulation.
 Physician Nadeem, Faryal

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 06/17/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Faryal Nadeem
7141 Security Blvd
Windsor Mill, MD 21244
PHONE: 800-777-7904 FAX: NPI: 1699138537

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 : 04/15/2026

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.

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SN WK3: 1 (07/05/26-07/11/26) ,WK5: 1 (07/19/26-07/25/26)

PROCEDURES: cough/deep breathing exercises, incentive spirometer, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals

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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, 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

PATIENT-STATED GOAL: To get back to my normal self

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

caregiver performs medical/rehabilitation treatments with adequate competence

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 is adequately supervised

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

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

PT Careplans

PT WK1: 1 (06/21/26-06/27/26)

PROCEDURES: Gait training: 1, Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time., B LE strengthening: 1, wheelchair training, home exercise program: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day. Emphasis on improving right knee ROM, reducing stiffness, and promoting quadriceps activation. Patient verbalized understanding and demonstrated good carryover., transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, 1 - Step (curb) - 02. Substantial/maximal assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, 12 Steps - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal 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

PT Goals

PATIENT-STATED GOAL: To be able to walk safely with no AD

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

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

12 Steps - 02. Substantial/maximal assistance

4 Steps - 02. Substantial/maximal 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

OT Careplans

OT WK1: 1 (06/21/26-06/27/26) ,WK2: 1 (06/28/26-07/04/26) ,WK3: 1 (07/05/26-07/11/26) ,WK4: 1 (07/12/26-07/18/26) ,WK5: 1 (07/19/26-07/25/26) ,WK6: 1 (07/26/26-07/30/26)

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 > 5

CAREGIVER:

HOSPITALIZATION RISKS: 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.

OT Goals

PATIENT-STATED GOAL: Patient want to be independent again

GOALS
Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Patient will demonstrate improved bilateral upper extremity muscle strength from 4/5

Signature of Physician:

Date

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

Date
06/17/2026

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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, 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

PROBLEMS IDENTIFIED ON ASSESSMENT: abnormal blood pressure, abnormal BS < 70/140 > mg/dL, regurgitation of food, limited strength, balance deficit, obesity

PROCEDURES: Functional ambulation: Using rolling walker in home environment, Patient/caregiver recalls related purpose and schedule of medications: Medication review, therapeutic exercises: Exercises including theraband or bottles of bilateral upper extremity, transfers training: Sit to stand transfer, toliet transfer and shower 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent, Patient will demonstrate improved bilateral upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

Eating - 06. Independent

Oral Hygiene - 06. Independent

Upper Body Dressing - 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

HHA Careplans

HHA WK1: 1 (06/21/26-06/27/26) ,WK2: 1 (06/28/26-07/04/26) ,WK3: 1 (07/05/26-07/11/26) ,WK4: 1 (07/12/26-07/16/26)

HHA Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

06/17/2026