Home Health Certification and Plan of Care

Order ID: 1150/20019

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
15250766	06/24/2026	From: 06/24/2026 To: 08/22/2026	21531	217058

6. Patient's Name and Address
Rella Sessa
615 Kittendale Circle,
MIDDLE RIVER, MD 21220-
443-798-5598

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 11/22/1958 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	06/24/26

13. ICD	Other Pertinent Diagnoses	Date
R25.1	Tremor unspecified	06/24/26
I70.0	Atherosclerosis of aorta	06/24/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	06/24/26
E78.5	Hyperlipidemia unspecified	06/24/26
L29.89	Other pruritus	06/24/26
M48.04	Spinal stenosis thoracic region	06/24/26
M54.16	Radiculopathy lumbar region	06/24/26
M43.22	Fusion of spine cervical region	06/24/26
H81.12	Benign paroxysmal vertigo left ear	06/24/26
E66.9	Obesity unspecified	06/24/26
Z68.39	Body mass index [BMI] 39.0-39.9 adult	06/24/26
Z96.1	Presence of intraocular lens	06/24/26
Z91.81	History of falling	06/24/26
Z79.82	Long term (current) use of aspirin	06/24/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	06/24/26
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	06/24/26

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

Klorcon - Potassium Chloride 20 mEq Oral SR DIS Tab by mouth after meal Take 1 tablet by mouth daily with a meal (Swallow tablet whole or dissolve inwater)
Pantoprazole - Pantoprazole Sodium 40 mg 1tablet by mouth once a day
Vitamin B Complex - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day
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Pepto Bismol - Bismuth Subsalicylate: Metronidazole: Tetracycline Hydrochloride 1 tab by mouth as necessary
Metoprolol Succinate - Metoprolol Succinate eq 25 mg tartrate 1 tab by mouth once a day
Atorvastatin - Atorvastatin Calcium 40mg by mouth once a day
Acetaminophen And Pentazocine Hydrochloride - Acetaminophen: Pentazocine Hydrochloride 650 mg;eq 25 mg base 1 tablet by mouth as necessary for relief of mild to moderate pain every four hours as needed with a max of 6 caplets per day
Afaxin - Vitamin A Palmitate 1 tablet Oral daily
Cilostazol - Cilostazol 1 tablet Oral 2 times a day
Aluminum Hydroxide And Magnesium Trisilicate - Aluminum Hydroxide: Magnesium Trisilicate 1 tablet Oral daily
Ditropan - Oxybutynin Chloride 1 tablet Oral daily
Cymbalta - Duloxetine Hydrochloride 3 capsule Oral daily
8-Hour Bayer - Aspirin 81 mg Oral daily for heart protection and stroke prevention
Actoplus - Metformin Hydrochloride: Pioglitazone Hydrochloride 1 tablet Oral once a day with meals for diabetes
Lyrica - Pregabalin 100 mg 1 tablets Oral twice a day Take 1 capsule by mouth in the morning and 2 capsules every evening
Activella - Estradiol: Norethindrone Acetate 1 gram per vagina 2 to 4 nights per week at bedtime
Saxenda - Liraglutide Recombinant 1.8 mg Subcutaneous daily

14. DME and Supplies:
walker, diabetic supplies, commode, cane, bath bench, 4 wheeled walker

15. Safety Measures:
transfer with assist, walker precautions, standard precautions, fall precautions, diabetic precautions, anticoagulant precautions, bathroom safety, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
diabetic

17. Allergies:
oxycodone

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

18.B. Activities Permitted
Walker, Transfer bed/Chair, 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: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., 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 Type 2 diabetes mellitus with diabetic polyneuropathy, 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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 06/24/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Alyssa Mathew
4920 Campbell Blvd
Baltimore, MD 21236
PHONE: FAX: NPI: 1144640269

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 : 06/17/2026

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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Clinical Condition Requiring Homecare:

The patient is a 67-year-old female referred to home health physical therapy following a recent hospitalization for hypotension, dizziness, and lower extremity weakness. Her primary diagnoses include diabetes mellitus and atherosclerosis of the aorta, with a past medical history significant for spinal stenosis, hypertension, obesity, hyperlipidemia, cervical spine fusion with radiculopathy, and prior lumbar spine surgery. She resides with her son in a townhouse with 10 steps and a single handrail, with a half bathroom located on the first floor. Prior to hospitalization, the patient was modified independent with bed mobility, transfers, stair negotiation, activities of daily living, and ambulation using a single-point cane indoors and a rollator for community mobility. At the time of assessment, she presents with lower extremity weakness, impaired balance as evidenced by a Tinetti score of 10/28, reduced functional mobility with a Timed Up and Go (TUG) time of 32 seconds, decreased endurance, and difficulty with transfers and stair negotiation. The patient demonstrates good rehabilitation potential and would benefit from skilled physical therapy to improve strength, balance, endurance, functional mobility, and safety in order to return to her prior level of function.<o:p></o:p> Date of Order<o:p></o:p> 06/24/2026<o:p></o:p> Physician Face-to-Face Date: 06/17/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat dx: Type 2 diabetes mellitus with diabetic polyneuropathy<o:p></o:p> 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:<o:p></o:p> Physician: Mathew, Alyssa

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (06/24/26-06/27/26) ,WK2: 1 (06/28/26-07/04/26) ,WK3: 2 (07/05/26-07/11/26) ,WK4: 1 (07/12/26-07/18/26) ,WK5: 1 (07/19/26-07/25/26) ,WK6: 1 (07/26/26-08/01/26) ,WK7: 1 (08/02/26-08/08/26) ,WK8: 1 (08/09/26-08/15/26) ,WK9: 1 (08/16/26-08/22/26)

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 > 9

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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.

PT Goals

PATIENT-STATED GOAL: To get stronger a d steadier on my feet, possibly get off the rollator;To get stronger and steadier on my feet, possibly get off the rollator

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

Shower/Bathe Self - 05. Setup or clean-up 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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/24/2026

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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:Full code

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170O1 - 12 Steps, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170P1 - Picking Up Object, GG0170E1 - Chair to Bed to Chair, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing, M1745 - Behavioral Issues, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2020 - Oral Med Management, M1400 - Dyspnea, dependent edema, M1033 - Exhaustion, M1620 - Bowel Incontinence, diarrhea, M1610 - Urinary Incontinence, frequent urination, muscle weakness, limited endurance, limited strength, extremity burn/tingle/numb, balance deficit, Pain Interference with Therapy activities, Pain Interference with ADLs, obesity, tooth pain/decay/sensitivity, cyanosis, pallor

PROCEDURES: Medication management : Review medication with pt, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Laq, heelraises, DF, hip and, hip flexion hamstring curls all with progressive resistance. Progress to standing tes as tolerated, equipment training, work simplification/energy conservation, dynamic standing balance exercises: Worked wt shifting and reaching outside bos with single ue support, gait training on uneven surfaces, 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, * 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, * bowel incontinence management including dietary changes bowel training skin care, 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06.

* strategies to control shortness of breath
* home remedies to keep lungs healthy
* 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
* bowel incontinence management including dietary changes
* bowel training
* skin care
* 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 - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

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

Date
06/24/2026

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Independent, Upper Body Dressing - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

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