Home Health Certification and Plan of Care

Order ID: 1150/20068

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
41306326800	04/26/2026	From: 06/25/2026 To: 08/23/2026	22849	217058

6. Patient's Name and Address

Violet Galloway
426 Bostonian Way,
HAVRE DE GRACE, MD 21078-
443-804-6287

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 02/20/1942 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
N39.0	Urinary tract infection site not specified	04/26/26

13. ICD	Other Pertinent Diagnoses	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	04/26/26
I50.32	Chronic diastolic (congestive) heart failure	04/26/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	04/26/26
N18.32	Chronic kidney disease stage 3b	04/26/26
E78.5	Hyperlipidemia unspecified	04/26/26
I34.2	Nonrheumatic mitral (valve) stenosis	04/26/26
G30.9	Alzheimer's disease unspecified	04/26/26
F02.83	Dem in other dis classd elswhr unsp sev with mood distrb	04/26/26
F32.A	Depression unspecified	04/26/26
I35.0	Nonrheumatic aortic (valve) stenosis	04/26/26
H40.9	Unspecified glaucoma	04/26/26
G89.29	Other chronic pain	04/26/26
E55.9	Vitamin D deficiency unspecified	04/26/26
F01.50	Vascular dementia unsp severity without beh/psych/mood/anx	04/26/26
F51.02	Adjustment insomnia	04/26/26
K59.01	Slow transit constipation	04/26/26
Z99.3	Dependence on wheelchair	04/26/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	04/26/26
Z95.0	Presence of cardiac pacemaker	04/26/26
Z86.16	Personal history of COVID-19	04/26/26
Z79.4	Long term (current) use of insulin	04/26/26

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

Latanoprost - Latanoprost 0.005 both eyes at bedtime Instill 1 drop in both eyes at bedtime for Glaucoma
Bimatoprost - Bimatoprost 0.03% 1 drop both eyes both eyes at bedtime 1 drop both eyes for glaucoma
Acetaminophen - Acetaminophen 325 MG/1 tablet by mouth every 8 hours Give 2 tablet by mouth every 8 hours as needed for Pain Do not exceed Acetaminophen more than 3 GM/day from all sources
Jardiance - Empagliflozin 10 mg/tablet by mouth once a day for DM
Metformin Hcl - Metformin Hydrochloride 500 mg/1 tablet by mouth once a day for DM
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 MCG (1000 UT) / 1 Tablet by mouth once a day Give 1 tablet by mouth one time a day for Osteopenia
Norvasc - Amlodipine Besylate eq 5 mg base 1 tablet by mouth once a day related to HYPERTENSIVE URGENCY (I16.0)
LISINIPRIL 10 mg/1 tablet by mouth in the evening for HTN Hold for SBP <105
REFRESH TEARS 1 drop in both eyes in the morning for DRY EYES SEPARATE EYE DROP ADMINISTRATION BY 5 MINUTES
Betimolol Solution 0.5 % 1 drop in both eyes at bedtime for GLAUCOMA SEPARATE EYE DROP ADMINISTRATION BY 5 MINUTES
Glucagon - Glucagon Hydrochloride 1 mg/vial 1 intramuscular as necessary for S/S of Hypoglycemia give glucagon 1mg IM x1 dose and notify MD- may repeat glucagon 1mg IM in 5-10 minutes if repeat blood sugar remains below 70
MIRALAX 17 gram mouth in the morning for CONSTIPATION FOR BOWEL REGIMEN, SHOULD BE MIXED WITH AT LEAST 8 OUNCES OF FLUID
METFORMIN tablet mouth in the morning related to TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS (E11.9) TAKE WITH FOOD TO AVOID GI UPSET
MAGNESIUM tablet mouth in the morning for MAGNESIUM DEFICIENCY
Fleet Enema Rectal Enema (Sodium Phosphate)s 1 rectal as necessary Insert 1 application rectally as needed for bowel regimen at bedtime if no BM in the evening

14. DME and Supplies:

wheelchair, rolling walker, grab bars, hospital bed, commode, bath bench, Sit to stand lift

15. Safety Measures:

standard precautions, wheelchair precautions, transfer with assist, restricted ROM, fall precautions, bedrails up while in bed, bathroom safety, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

shrimp, milk derivatives

18.A. Functional Limitations

Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Wheelchair, Exercises Prescribed, Up As Tolerated, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 2. Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance)., ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: Ext -10 degrees grossly , HISTORY OF DEPRESSION:

20. Prognosis: fair

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 Urinary tract infection site not specified, 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 06/22/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Stephanie Cokley
1117 Oakwood Ln
Bel Air, MD 21015
PHONE: 4432992011 FAX: 18882060912 NPI: 1366235376

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 : 03/25/2026

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:

Physical therapy recertification was completed. Throughout the certification period, the patient received skilled interventions including transfer training, bed mobility, dynamic sitting balance activities, lower extremity strengthening, home safety education, fall prevention, medication safety, and extensive caregiver training with the patient's daughter on bed mobility assistance, positioning, safe use of the sit-to-stand lift for transfers, and implementation of a lower extremity strengthening and stretching program. The patient's progress has been limited by poor recall secondary to dementia; however, she has demonstrated gradual improvements in strength, balance, and overall functional mobility. The patient continues to have fair rehabilitation potential and would benefit from ongoing skilled physical therapy, with continued emphasis on caregiver education and training to safely assist with functional mobility, flexibility, strengthening, and fall prevention to maximize the patient's functional independence and safety.<o:p></o:p>   Date of Order<o:p></o:p> 06/22/2026
Order<o:p></o:p> Physician Face-to-Face Date: 03/25/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Urinary tract infection site not specified<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>
4 - Recertification PT Notes: continues to have fair rehabilitation potential and would benefit from ongoing skilled physical therapy, with continued emphasis on caregiver education and training to safely assist with functional mobility, flexibility, strengthening, and fall prevention to maximize the patient's functional independence and safety<o:p></o:p> Physician: Cokley, Stephanie

SN Careplans

SN Goals

PT Careplans

PT 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)

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: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 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, 9. Other risk(s) not listed in 1- 8

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive:

PT Goals

PATIENT-STATED GOAL: Pt unable to state dtr would like to improve pts strength , bed mobility and transfers.

GOALS
Transfers

Transfers

Bed mobility

patient/caregiver recalls
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

06/22/2026

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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: dependent edema, M1033 - Exhaustion, M1033 - Unintentional Weight Loss, muscle weakness, limited endurance, limited range of motion, limited strength, balance deficit, weak hand grips, loss of appetite

PROCEDURES: Bed mobility : Pt focus on improving rolling and side<> sit transfers, Medication management : Review medication with daughter, glucose testing via monitor, home exercise program: Supine heelcord, KTC stretching 20 second holds x4 , supine AA heelslides, hip abduction add, saq, laq, hip flexion, aps, equipment training: Ed safe mgmt of sts lift, wc and rw, gait training/stair training: Non amb

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, * strategies to increase caloric intake, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, Bed mobility, Transfers, Transfers

* diet
* 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
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/22/2026