Home Health Certification and Plan of Care

Order ID: 1150/20094

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
57176971	06/26/2026	From: 06/26/2026 To: 08/24/2026	27366	217058

6. Patient's Name and Address
Evelyn Lachica
3002 E. Monument Street,
Baltimore, MD 21205-
443-401-9470

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 01/01/1948 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M17.0	Bilateral primary osteoarthritis of knee	06/26/26

13. ICD	Other Pertinent Diagnoses	Date
R09.81	Nasal congestion	06/26/26
R05.9	Cough unspecified	06/26/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	06/26/26
N18.9	Chronic kidney disease u	06/26/26
R35.0	Frequency of micturition	06/26/26
Z91.81	History of falling	06/26/26
Z87.440	Personal history of urinary (tract) infections	06/26/26

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

COZAAR 50 MG / 1 Tablet by mouth daily for high blood pressure
FLOMAX 0.4 MG Capsule by mouth daily
MYRBETRIQ SR 50 MG / 1 Tablet by mouth daily Overactive bladder
Albuterol Sulfate - Albuterol Sulfate eq 0.083 perc base 2 puff by mouth every 4 hours
Tessalon - Benzonatate 100 mg 1 capsule by mouth every 8 hours
Zithromax - Azithromycin eq 250 mg base 1 tablet by mouth twice a day
Flonase Allergy Relief - Fluticasone Propionate 50 mcg/actuation Nasl SpSn / Use 1 Spray Each nostril twice a day
Albuterol Sulfate - Albuterol Sulfate 3 ml via nebulizer inhalant every 4 hours
Aspercreme 4 % Top PTMD Patch / Apply 1 Patch to skin topical once a day may remain in place for up to 12 hours in a 24 hour period
Diclofenac 1% Gel Gel topical as necessary
ESTRACE 0.01 % (0.1 mg/gram) Vagl Cream vaginal Insert 2 grams into the vagina 2 to 3 nights per week at bedtime

14. DME and Supplies:
walker, cane

15. Safety Measures:
fall precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
None of the above

18.B. Activities Permitted
No Restrictions,

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, 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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Bilateral primary osteoarthritis of knee, 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 a 78-year-old female admitted to home health services following a recent hospitalization related to a fall and urinary tract infection (UTI). Her past medical history is significant for chronic kidney disease (CKD), hypertension, chronic urge urinary incontinence, recurrent falls, bilateral knee osteoarthritis with right genu varus, bilateral knee pain, recurrent UTIs, sinusitis, and cough. The patient reported experiencing three falls over the past several months, with the most recent occurring approximately two weeks prior to hospitalization. She stated that her falls typically occur after tripping on uneven pavement and denied head trauma, loss of consciousness, dizziness, vision changes, upper or lower extremity weakness, or new balance deficits associated with the falls. She reported injuring both knees during her falls, contributing to persistent bilateral knee pain. The patient also endorsed urinary frequency and urgency, which had worsened from her baseline urge incontinence, although she denied dysuria. She was previously treated for a urinary tract infection with Augmentin on 06/02/2026. The patient resides with a friend who works outside the home, leaving the patient alone for portions of the day. The residence has five steps with a handrail at the entrance and a second floor accessible by 14 steps with a handrail. Although bedrooms and bathrooms are available on both levels, the patient is currently sleeping on the first floor to reduce stair use and improve safety. Functional assessment revealed the patient is independent with bed mobility and requires supervision for sit-to-stand transfers from the bed, chair, and toilet. She ambulates approximately 40 feet within the home without an assistive device but frequently reaches for surrounding objects to maintain balance. Although prescribed a cane, the patient has demonstrated inconsistent use of the device. She is able to negotiate 14 stairs with the use of a handrail under supervision. Outdoor ambulation and car transfer abilities were not assessed during this visit. The patient is considered homebound due to impaired balance, lower extremity weakness, recurrent falls, need for supervision with functional mobility, and the considerable and taxing effort required to leave the home while using an assistive device. Her Tinetti Balance and Gait Assessment score of 16/28 indicates an increased risk for falls. During the physical therapy evaluation, the patient tolerated 10 repetitions each of standing knee flexion, hip abduction, hip extension, plantarflexion, and squats without adverse response. Skilled home health physical therapy is medically necessary to improve lower extremity strength, balance, gait mechanics, endurance, stair negotiation, and overall functional mobility while reducing fall risk and maximizing safety within the home environment. Patient education was reinforced regarding consistent use of the prescribed cane during all ambulation, fall prevention strategies, environmental safety modifications, safe transfer techniques, adequate hydration, recognition of signs and symptoms of recurrent urinary tract infection, medication adherence, and the importance of promptly reporting worsening urinary symptoms, recurrent falls, or changes in functional status to the healthcare provider. The plan of care includes continued skilled physical therapy focused on therapeutic exercise, gait and balance training, transfer training, endurance building, and patient education to facilitate a safe return to the patient's prior level of function while minimizing the risk of future falls and rehospitalization.
 Date of Order 06/26/2026 Orders Physician Face-to-Face Date: 06/22/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat due to Bilateral primary osteoarthritis of knee Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - OT Notes: SOC-OT PT Eval Notes:
 Physician Gulati, Meeta

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 06/26/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Meeta Gulati
4920 Campbell Blvd
Baltimore, MD 21236
PHONE: 0000000000 FAX: NPI: 1306861620

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 : 06/22/2026

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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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) ,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)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, GG0170D1 - Sit to Stand, GG0170F1 - Toilet 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, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair

PROCEDURES: cough/deep breathing exercises, home exercise program: Supine hip flexion, hip abduction, bridging, straight leg raise, hip abduction. Standing knee flexion, hip extension, hip abduction, plantarflexion, squats. Sitting knee extension, ankle pumps, 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, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet 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 150 Feet - 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, Car Transfer - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: To be able to walk by myself and not fall

GOALS
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

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

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

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

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

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

Walk 150 Feet - 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

Car Transfer - 05. Setup or clean-up assistance

OT Careplans

OT WK1: 1 (06/26/26-06/27/26) ,WK3: 1 (07/05/26-07/11/26) ,WK5: 1 (07/19/26-07/25/26) ,WK7: 1 (08/02/26-08/08/26)

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: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 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

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

OT Goals

PATIENT-STATED GOAL: Get in the shower

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

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

patient's enviroment has adequate stairs railings

patient's living environment is clean/uncluttered

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

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

Signature of Physician:

Date

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

Date
06/26/2026

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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: GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing, M2020 - Oral Med Management, inadequate stairs railings (CM), cluttered/soiled living area (CM), abnormal blood pressure, M1400 - Dyspnea, balance deficit

PROCEDURES: Medication Review : Medication reviewed with patient with medication in the home, home exercise program: Bilateral UE triceps extensions 2-3 sets, biceps curls green resistance bands 2-3 sets, shoulder raises 2-3 sets, equipment training, work simplification/energy conservation, transfers training, transfers training: Skilled OT, assist with bathing: Skilled OT

TEACH PATIENT/CAREGIVER: patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's enviroment has adequate stairs railings, patient's living environment is clean/uncluttered, Chair to Bed to Chair - 06. Independent, Sit to Stand - 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 150 Feet - 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 - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

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 - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/26/2026