Home Health Certification and Plan of Care

Order ID: 1150/20124

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5Q41WY9YY11	06/30/2026	From: 06/30/2026 To: 08/28/2026	26898	217058

6. Patient's Name and Address

Dorothy Wilson
628 N Eutaw Street Apt 208,
Baltimore, MD 21201-
410-523-8482

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 11/27/1961 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S78.111D	Complete traumatic amp at level betw r hip and knee subs	06/30/26

13. ICD	Other Pertinent Diagnoses	Date
M48.061	Spinal stenosis lumbar region without neurogenic claud	06/30/26
M54.12	Radiculopathy cervical region	06/30/26
I13.2	Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD	06/30/26
I50.9	Heart failure unspecified	06/30/26
N18.6	End stage renal disease	06/30/26
I48.91	Unspecified atrial fibrillation	06/30/26
C64.2	Malignant neoplasm of left kidney except renal pelvis	06/30/26
B20.	Human immunodeficiency virus [HIV] disease	06/30/26
J44.9	Chronic obstructive pulmonary disease unspecified	06/30/26
K21.00	Gastro-esophageal reflux dis with esophagitis without bleed	06/30/26
E04.9	Nontoxic goiter unspecified	06/30/26
Z99.2	Dependence on renal dialysis	06/30/26
Z95.2	Presence of prosthetic heart valve	06/30/26
Z79.01	Long term (current) use of anticoagulants	06/30/26
Z79.82	Long term (current) use of aspirin	06/30/26

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

PANTOPRAZOLE Delayed Release 40 MG / 1 Tablet by mouth daily start date: 1/19/2015
XANAX 2 mg/tablet / Take half tablet by mouth in the morning and one tablet QHS. start date: 3/27/2015
Docusate Sodium - Docusate Sodium 100 MG / 1 Capsule by mouth 2 times per day as needed
PERCOCET 325 MG-5 MG / 1 Tablet by mouth 3 times a day PRN Start date: 4/15/2015
Sevelamer Carbonate - Sevelamer Carbonate 800 mg by mouth three times a day
Zebeta - Bisoprolol Fumarate 5 mg 1 tab by mouth once a day A fib
Gabapentin - Gabapentin 100 mg 1 tab by mouth three times a day Prn
Oxycodone Hydrochloride - Oxycodone Hydrochloride 10 mg 1 tab by mouth three times a day Prn pain
Albuterol Nebulizer - Albuterol (2.5 MG/3ML) 0.083% / 3ml (2.5mg) via nebulizer inhalant as necessary Every 4 hours
Albuterol Sulfate - Albuterol Sulfate HFA 108 (90 Base) MCG/ACT Inhalation Aerosol Solution / 2 puffs inhaled orally every 6 hours as needed
BREO ELLIPTA 200-25 MCG/INH / 1 puff inhaled orally daily
Proair Hfa - Albuterol Sulfate 108 (90 Base) MCG/ACT / 2 puffs inhaled orally every 4 hours as needed
RENA-VITE ONE TABLET ORAL DAILY
ASPIRIN 81 MG / 1 Tablet oral daily
INTELENCE 200 MG / 1 Tablet oral twice a day
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 2000 intl units / 1 Capsule oral daily
WARFARIN 5 mg/tablet / 1 Tablet oral once a day for 5 days a week, half a tablet a day for 2 week
Abacavir Sulfate And Lamivudine - Abacavir Sulfate: Lamivudine 600-300 MG / 1 Tablet orally daily
Lidocaine Patch - Lidocaine 1 patch transdermal every 12 hours

14. DME and Supplies:

wheelchair, cane, bath bench, 4 wheeled walker

15. Safety Measures:

standard precautions, remove environmental barriers, medication safety, fall precautions, electrical safety measures, bleeding precautions, bathroom safety, anticoagulant precautions, activity supervision

16. Nutrition:

renal diet

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Walker, Wheelchair, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, 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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status:

Due to diagnosis of Complete traumatic amputation at level between right hip and 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 06/30/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Deepak Baskaran
3455 Wilkens Ave
Baltimore, MD 21229
PHONE: 410-644-4444 FAX: 14106444484 NPI: 1730135278

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 : 04/07/2026

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
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Clinical Condition Requiring Homecare:

The patient is a 64-year-old female referred to home health services following a recent hospitalization, with a past medical history significant for right above-knee amputation (2025), lumbar spinal stenosis, cervical radiculopathy status post two cervical fusions, end-stage renal disease on hemodialysis, atrial fibrillation, mitral valve replacement, left kidney cancer, HIV, COPD, hyperthyroidism, and GERD. She lives alone in an elevator-accessible apartment and receives 29 hours per week of home aide services, with additional family assistance for bathing. The patient is currently non-ambulatory but has a prosthesis and independently propels her manual wheelchair approximately 25 feet. She is independent with bed mobility, requires setup or supervision for stand-pivot transfers between her wheelchair, bed, toilet, and chair, and is independent with dressing and toileting. Upper extremity strength is within normal limits (5/5), and occupational therapy services are not indicated at this time as the patient prefers to focus on physical therapy to improve prosthetic use. Due to impaired mobility, significant effort required to leave the home, and a Tinetti score of 8/28 indicating a high fall risk, the patient is considered homebound. Skilled home health physical therapy is medically necessary to improve strength, balance, functional mobility, transfer safety, and prosthetic gait training to maximize independence and reduce fall risk.<o:p></o:p>   Date of Order<o:p></o:p> 06/30/2026<o:p></o:p> Physician Face-to-Face Date: 04/07/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat dx: Complete traumatic amputation at level between right hip and knee<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> OT Eval Notes:<o:p></o:p> Physician: Baskaran, Deepak

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (06/30/26-07/04/26) ,WK2: 1 (07/05/26-07/11/26) ,WK3: 1 (07/12/26-07/18/26) ,WK4: 1 (07/19/26-07/25/26) ,WK5: 1 (07/26/26-08/01/26) ,WK6: 1 (08/02/26-08/08/26) ,WK7: 1 (08/09/26-08/15/26) ,WK8: 1 (08/16/26-08/22/26) ,WK9: 1 (08/23/26-08/28/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 8

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

HOSPITALIZATION RISKS: 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;

PT Goals

PATIENT-STATED GOAL: To be able to walk with my prosthesis

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/30/2026

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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: GG0170F1 - Toilet Transfer, GG0170E1 - Chair to Bed to Chair, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170D1 - Sit to Stand, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, cluttered/soiled living area (CM), unsafe floor coverings (CM), M2020 - Oral Med Management, M1400 - Dyspnea, decreased urine output, limited strength, limited endurance, balance deficit, Pain Interference with ADLs, Pain Effect on Sleep

PROCEDURES: Family training : Gait or standing with prosthesis, Prosthetic training: Donning prosthesis,, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise. Sidelying hip abduction. Prone knee flexion, hip extension. Standing right hip extension, hip abduction. Sitting left knee extension, ankle pumps, equipment training, gait training/stair training, transfers training, teach/coordinate/arrange medication packaging and/or administration

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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient living environment has safe floor coverings, patient's living environment is clean/uncluttered, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Walk 10 ft on Uneven Surface - 04. Supervision or touching 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. Independent, Upper Body Dressing - 06. Independent

* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

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

patient living environment has safe floor coverings

patient's living environment is clean/uncluttered

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 - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Walk 10 ft on Uneven Surface - 04. Supervision or touching 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

OT Careplans

OT Goals

Signature of Physician:

Date

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

Date
06/30/2026

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OT WK1: 1 (06/24/26-06/27/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing

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, 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-STATED GOAL: Eval only

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

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

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

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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