Home Health Certification and Plan of Care

Order ID: 1150/20111

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
100004974	06/29/2026	From: 06/29/2026 To: 08/27/2026	27259	217058

6. Patient's Name and Address

Wanda Jones
102 Timber Ridge Dr Apt 117,
WESTMINSTER, MD 21157-
443-291-6661

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 08/01/1951 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M24.811	Oth specific joint derangements of right shoulder NEC	06/29/26

13. ICD	Other Pertinent Diagnoses	Date
G89.29	Other chronic pain	06/29/26
E11.311	Type 2 diabetes w unsp diabetic retinopathy w macular edema	06/29/26
B35.4	Tinea corporis	06/29/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	06/29/26
E03.9	Hypothyroidism unspecified	06/29/26
I10.	Essential (primary) hypertension	06/29/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	06/29/26
K21.9	Gastro-esophageal reflux disease without esophagitis	06/29/26
M47.817	Spondyls w/o myelopathy or radiculopathy lumbosacr region	06/29/26
F32.A	Depression unspecified	06/29/26
D17.30	Benign lipomatous neoplasm of skin subcu of unsp sites	06/29/26
M54.2	Cervicalgia (M54.2)	06/29/26
E78.00	Pure hypercholesterolemia unspecified	06/29/26
E55.9	Vitamin D deficiency unspecified	06/29/26
L93.0	Discoid lupus erythematosus	06/29/26
M79.7	Fibromyalgia	06/29/26
E66.813	Other obesity	06/29/26
Z68.43	Body mass index [BMI] 50.0-59.9 adult	06/29/26
Z79.01	Long term (current) use of anticoagulants	06/29/26
Z79.4	Long term (current) use of insulin	06/29/26
Z79.890	Hormone replacement therapy	06/29/26
Z79.891	Long term (current) use of opiate analgesic	06/29/26
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	06/29/26
Z95.0	Presence of cardiac pacemaker	06/29/26

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

TYLENOL 500 mg/tablet / Take 2 tablets by mouth every 6 (six) hours
LASIX 40 MG / 1 Tablet by mouth every other day
PRILOSEC 40 MG / 1 Capsule by mouth daily
ROXICODONE Immediate Release 15 MG Tablet by mouth Every 4(four) to 6(six) hours as needed From post knee replacement
AMBIEN 10 MG / 1 Tablet by mouth nightly as needed for sleep
SYNTHROID 100 MCG / 1 Tablet by mouth daily
SENOKOT 8.6 MG / 1 Tablet by mouth 2 (two) times a day
ZOCOR 40 MG Tablet by mouth in the evening
LOPRESSOR 25 MG Tablet by mouth twice a day
ELIQUIS 5 MG Tablet by mouth twice a day
CYANOCOBALAMIN 1000 mcg/ML injection / INJECT 1 ML INTRAMUSCULARLY ONCE A MONTH
HUMALOG 100 UNIT/ML / ADMINISTER 120 UNITS subcutaneous DAILY VIA INSULIN PUMP
KENALOG 0.1% cream topical twice a day
Mycostatin - Nystatin Powder / Apply to affected area topical once a day
MYCOSTATIN Cream topical twice a day
LOTRISONE thin layer topical Apply topically 2 (two) times a day.
LIDODERM 5% Patch topical once a day Remove & Discard patch within 12 hours or as directed by MD
semaglutide (OZEMPIC) 1 mg/dose (4 mg/3 mL) Pen Injector 1 MG mg under the skin every 7 days
semaglutide (OZEMPIC) 2 mg/dose (8 mg/3 mL) Pen injector 2 MG mg under the skin once a week

14. DME and Supplies:

4 wheeled walker, commode, cane

15. Safety Measures:

standard precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

zofran ondansertron

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Transfer bed/Chair, 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: 0. Never, 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 Other specific joint derangements of right shoulder, not elsewhere classified, 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 06/29/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Robert Moss
114 Business Center Dr
Reisterstown, MD 21136
PHONE: 4108332772 FAX: 14105264897 NPI: 1659304871

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 : 06/09/2026

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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Wanda Jones 102 Timber Ridge Dr Apt 117, WESTMINSTER, MD 21157- 443-291-6661	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

Wanda J. Jones is a 74-year-old female with a past medical history significant for osteoarthritis involving multiple sites, lumbosacral spondylosis, chronic pain, Type 2 diabetes mellitus, hypertension, coronary atherosclerosis, hypothyroidism, poor balance, and debility. She was referred for skilled home health physical therapy due to progressive mobility decline and functional deficits. The patient presents with bilateral lower extremity weakness, pain-limited mobility, impaired gait mechanics, and poor dynamic balance, resulting in dependence on assistive devices for safe mobility. She requires a rollator walker for household ambulation and reports the need for a motorized wheelchair and transport chair to safely perform daily activities, as she is unable to safely ambulate with a cane. She currently demonstrates stand-by assistance (SBA) for bed mobility, contact guard assistance (CGA) for transfers, and minimal assistance (Min A) for gait, with increased time required to complete mobility tasks due to pain and discomfort. Skilled home health physical therapy is medically necessary to provide gait training, transfer training, therapeutic exercise, balance retraining, and assistive device education to improve functional mobility, reduce fall risk, facilitate the acquisition and safe use of a power wheelchair, and maximize independence with activities of daily living (ADLs).
<o:p></o:p> Date of Order<o:p></o:p> 06/29/2026<o:p></o:p> Physician Face-to-Face Date: 06/09/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat DX: Other specific joint derangements of right shoulder, not elsewhere classified<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: Moss, Robert

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (06/29/26-07/04/26) ,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)

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: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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

PT Goals

PATIENT-STATED GOAL: I want to be able to get a power wheelchair

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/29/2026

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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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170K1 - Walk 150 Feet, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, limited endurance, limited strength, muscle weakness, balance deficit, Pain Interference with ADLs

PROCEDURES: B LE mm strengthening: 1, 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., 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, * 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 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, Walk 10 ft on Uneven Surface - 04. Supervision or touching 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

* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

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

Walk 10 ft on Uneven Surface - 04. Supervision or touching 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	06/29/2026