

Home Health Certification and Plan of Care				Order ID: 1150/20157	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
12263574		07/01/2026		From: 07/01/2026 To: 08/29/2026	
4. Medical Record No.		5. Provider No.			
27545		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Annie Collins 3109 Moreland Ave, PARKVILLE, MD 21234- 443-799-0059			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB 06/09/1942			9.Sex Female		
10. Medications: Dose/Frequency/Route (N)ew (C)hanged					
11. ICD Principal Diagnosis Date			ONDANSETRON Disintegrating 4 MG / 1 Tablet by mouth every 8 hours as needed for Nausea		
Z48.815 Encntr for surgical afctr following surgery on the dgstv sys 07/01/26			TRAMADOL 25 MG / 1 Tablet by mouth every 6 hours as needed for Pain		
13. ICD Other Pertinent Diagnoses Date			AMLODIPINE 10 MG tablet by mouth daily		
E11.9 Type 2 diabetes mellitus without complications 07/01/26			ATENOLOL 100 MG tablet by mouth daily		
I10. Essential (primary) hypertension 07/01/26			LOSARTAN POTASSIUM 50 MG tablet by mouth daily		
N20.0 Calculus of kidney 07/01/26			MAGNESIUM 250 MG / 1 Tablet by mouth daily		
Z90.49 Acquired absence of other specified parts of digestive tract 07/01/26			Vitamin D - Ergocalciferol 25 MCG (1000 UT) / Take 1,000 Units by mouth daily		
Z90.710 Acquired absence of both cervix and uterus 07/01/26			Potassium Chloride - Potassium Chloride Take 20 MEQ ER tablet by mouth once a day		
Z79.4 Long term (current) use of insulin 07/01/26					
14. DME and Supplies:			15. Safety Measures:		
None of the above			standard precautions, remove environmental barriers, medication safety, fall precautions, electrical safety measures, diabetic precautions, bathroom safety, ambulates with assistance, activity supervision		
16. Nutrition:			17. Allergies:		
high fiber			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Endurance			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:			22.B.Discharge Plans		
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.			patient will be responsible for managing treatment		
Homebound status: After undergoing Laperoscopy with lysine of adhesion and gallbladder bladder removal, 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:<div>The patient is an 84-year-old female recently hospitalized due to abdominal pain accompanied by vomiting. She was diagnosed with acute cholecystitis and underwent a laparoscopic cholecystectomy with lysis of adhesions. Her past medical history is significant for diabetes mellitus (DM), hypertension (HTN), nephrolithiasis (calculus of the kidney), and partial hysterectomy. Following hospital discharge, the patient is temporarily residing with her daughter in a single-family home with 14 steps to enter. The home has a first-floor bedroom and bathroom setup to accommodate her current functional limitations. Prior to hospitalization, the patient lived independently in her own home and wishes to return there once she has regained her strength and functional independence. The patient is considered homebound due to the considerable and taxing effort required to leave the home following recent abdominal surgery, decreased strength, impaired mobility, and increased fall risk, as evidenced by a Tinetti Balance and Gait Assessment score of 19/28. She currently ambulates approximately 30 feet on level indoor surfaces without an assistive device under supervision and is able to negotiate 14 steps using a handrail with supervision. Bed mobility requires close supervision and verbal cueing for proper body mechanics while following abdominal precautions to minimize strain on the surgical incision. The patient performs transfers to and from the bed, chair, and toilet with supervision. Outdoor mobility and car transfer abilities were not assessed during this evaluation. During the physical therapy assessment, the patient tolerated therapeutic exercise without adverse effects, completing 10 repetitions each of supine hip flexion, bridging, hook-lying trunk rotations, straight leg raises, hip abduction, knee extension, and ankle pumps. The patient demonstrates generalized weakness, decreased functional mobility, reduced endurance, and impaired balance following her recent hospitalization and surgical intervention, limiting her ability to safely perform higher-level mobility tasks independently. The patient will benefit from skilled home physical therapy services to improve lower extremity strength, balance, endurance, gait, transfer safety, stair negotiation, and overall functional mobility while reinforcing abdominal precautions, proper body mechanics, and fall prevention strategies. Continued skilled intervention is necessary to reduce the risk of falls, prevent further functional decline, maximize independence with activities of daily living and mobility, and facilitate a safe return to her prior level of function. The patient is motivated to participate in therapy and expressed her goal of regaining independence and returning to her own home when medically and functionally appropriate.</div><div> </div><div>Date of Order</div><div>07/01/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 06/27/2026</div><div>Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to Laperoscopy with lysine of adhesion and gallbladder bladder removal</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div>1 - SOC - PT Notes: soc</div><div> </div><div>Physician</div><div>Dormevil, Raymond</div></div>					
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles RN on 07/01/2026					
24. Physician's Name and Address			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.		
Raymond Dormevil 7141 Security Blvd Baltimore, MD 21244 PHONE: 443-663-6000 FAX: 14436636215 NPI: 1245627892			F2F date : 06/27/2026		
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.		
			PAGE 1 of 3		

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PT Careplans

PT WK1: 1 (07/01/26-07/04/26) ,WK2: 1 (07/05/26-07/11/26) ,WK3: 1 (07/12/26-07/18/26) ,WK4: 1 (07/19/26-07/25/26) ,WK6: 1 (08/02/26-08/08/26) ,WK7: 1 (08/09/26-08/15/26)

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 > 5

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

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 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: GG0170J1 - Walk 50 ft with 2 Turns, 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, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, limited endurance, limited strength, balance deficit, Pain Interference with ADLs, #1 - Observable Surgical Wound - Anterior Right Abdomen -

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Right Abdomen -: Staples present . Leave open to air. May shower and blot dry., Assess for changes in medications : Assess for medication changes, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, 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

PT Goals

PATIENT-STATED GOAL: To return to her own home and be independent

GOALS

Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

patient/caregiver recalls

- * how to achieve wound healing including cleaning and dressing wound
- * position changes
- * skin care
- * diet modification
- * record wound measurements
- * 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

- * 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

- * 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 - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

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 2 of 3

Optional Name/Signature of Nurse/Therapist:

Date

Electronically Signed by Messick, Charles RN

07/01/2026

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PERSON WITH HOME CARE: Provide instructions 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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 - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, 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	07/01/2026