

Home Health Certification and Plan of Care				Order ID: 1150/19435	
1. Patient's HI claim No.		2. Start Of Care Date		3. Certification Period	
5GR5V70NY71		06/06/2026		From: 06/06/2026 To: 08/04/2026	
6. Patient's Name and Address		7. Provider's Name, Address and Telephone Number		5. Medical Record No.	
Melvina Moss 3912 Belle Ave, BALTIMORE, MD 21215- 443-883-7665		HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		26410	
8. DOB		9. Sex		10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
07/02/1941		Female			
11. ICD		Principal Diagnosis		Date	
G20.A1		Parkinson's dis w/o dyskinesia w/o mention of fluctuations		06/06/26	
13. ICD		Other Pertinent Diagnoses		Date	
F02.A0		Dem in other dis classd elswr mild w/o beh/psych/mood/anx		06/06/26	
I13.0		Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny		06/06/26	
I50.9		Heart failure unspecified		06/06/26	
E11.22		Type 2 diabetes mellitus w diabetic chronic kidney disease		06/06/26	
N18.30		Chronic kidney disease stage 3 unspecified		06/06/26	
N17.9		Acute kidney failure unspecified		06/06/26	
D63.1		Anemia in chronic kidney disease		06/06/26	
M62.82		Rhabdomyolysis		06/06/26	
E55.9		Vitamin D deficiency unspecified		06/06/26	
Z79.82		Long term (current) use of aspirin		06/06/26	
Z79.4		Long term (current) use of insulin		06/06/26	
Z79.84		Long term (current) use of oral hypoglycemic drugs		06/06/26	
Z60.2		Problems related to living alone		06/06/26	
Z96.651		Presence of right artificial knee joint		06/06/26	
Z91.81		History of falling		06/06/26	
14. DME and Supplies:		15. Safety Measures:			
walker		standard precautions, walker precautions, diabetic precautions, fall precautions, ambulates with device			
16. Nutrition:		17. Allergies:			
diabetic		no known allergies			
18.A. Functional Limitations		18.B. Activities Permitted			
Ambulation		Walker			
19. Mental & Psychosocial Status:		COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: No			
20. Prognosis:		fair			
22. A Rehabilitation Potential:		22.B.Discharge Plans			
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.		patient will be responsible for managing treatment			
Homebound status:		Due to diagnosis of Parkinson's disease without dyskinesia, without mention of fluctuations, 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: Patient is an 84-year-old female admitted to home health services following a recent hospitalization after a fall in which she remained on the floor for approximately two days before receiving assistance. Her past medical history is significant for Parkinson's disease, hypertension, diabetes mellitus, and chronic kidney disease. Prior to hospitalization, the patient lived independently alone and ambulated with a single-point cane. Following hospitalization, she has temporarily relocated to an assisted living facility while arrangements are being made for additional support to allow a potential return to her home environment. Upon assessment, the patient was alert and oriented to person, place, and time. Vital signs were stable, and the patient denied pain, discomfort, shortness of breath, or other acute concerns. Skin assessment revealed warm, dry, and intact skin without evidence of breakdown or injury. The patient ambulates with a walker and requires assistance when leaving the home due to impaired mobility, weakness, and increased fall risk. Homebound status is supported by the patient's need for an assistive device and human assistance for safe community mobility. Physical therapy evaluation revealed significant functional decline compared to her prior level of function. The patient demonstrated decreased bilateral lower extremity strength, with manual muscle testing graded at 3-/5 throughout the lower extremities. Functional mobility assessment showed the patient requires moderate assistance for transfers and short-distance ambulation using a rolling walker. Deficits in strength, balance, endurance, and mobility place the patient at increased risk for falls and limit her ability to safely perform activities of daily living and functional tasks independently. Education was provided regarding fall prevention strategies, safe use of assistive devices, environmental safety modifications, energy conservation techniques, and the importance of requesting assistance during mobility activities to reduce fall risk. The patient was instructed on the importance of participating in therapeutic exercises and mobility activities to improve strength, endurance, balance, and overall functional performance. Reinforcement was provided regarding adherence to safety recommendations and the need to utilize the rolling walker consistently during ambulation. Skilled physical therapy services are medically necessary to address bilateral lower extremity weakness, impaired balance, decreased endurance, transfer deficits, and reduced functional mobility. The plan of care includes therapeutic exercise, gait training, transfer training, balance activities, fall prevention education, strengthening interventions, and functional mobility training aimed at maximizing safety, improving independence, and facilitating a return to the patient's prior level of function. Ongoing skilled intervention is required to reduce fall risk, prevent further functional decline, and support the patient's goal of returning to a more independent living environment.					
Date of Order: 06/06/2026					
Orders: Physician Face-to-Face Date: 05/28/2026					
Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat due to Parkinson's disease without dyskinesia, without mention of fluctuations					
Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 06/06/2026					
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.	
Edna Baffoe-Bonnie 7900 Oak Point Ct Pasadena, MD 21122 PHONE: 4438701237 FAX: 14432961684 NPI: 1982117388				F2F date : 05/28/2026	
27. Attending Physician's Signature and Date Signed				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.	
06/15/2026 Date of physician last face-to-face				PAGE 1 of 3	

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				5. Provider No.	
				217058	
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Melvina Moss			HomeCentris Healthcare LLC		
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BALTIMORE, MD 21215-			Owings Mills, MD 21117-8284		
443-883-7665			410-321-8448		
			1487113239		

14px;">
</div><div>1 - SOC - SN Notes: soc</div><div>PT Eval Notes:</div><div>
</div><div>Physician</div><div>Baffoe-Bonnie, Edna</div>

SN Careplans

SN WK1: 1 (06/06/26-06/06/26) ,WK2: 1 (06/07/26-06/13/26) ,WK3: 1 (06/14/26-06/20/26) ,WK4: 1 (06/21/26-06/27/26) ,WK5: 1 (06/28/26-07/04/26) ,WK6: 1 (07/05/26-07/11/26) ,WK7: 1 (07/12/26-07/18/26) ,WK8: 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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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

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:Full code

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, constipation, increased urine output, B1000 - Vision Deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange resources for vision-impaired

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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: I would like to do things on my own

GOALS

patient/caregiver recalls

- * management of mental health condition including joining a peer group
- * maintaining regular contact with mental health professional
- * avoiding known stressors
- * controlling impulses
- * 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/caregiver recalls

- * how to keep home safe for patient with vision loss including eliminating hazards
- * enhancing lighting
- * using mechanical aids

patient self-administers medications as prescribed

- * 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

PT Careplans	PT Goals
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/06/2026

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