Home Health Certification and Plan of Care

Order ID: 1150/20325

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8PF5JJ9DK51	07/06/2026	From: 07/06/2026 To: 09/03/2026	27289	217058

6. Patient's Name and Address
Vicki Keene
5008 E. Oliver Street,
Baltimore, MD 21205-
443-802-5690

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 05/15/1959 | **9.Sex** Female

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

ATORVASTATIN 40 MG / 1 Tablet by mouth at bedtime for HLD
LETROZOLE 2.5 MG / 1 Tablet by mouth one time a day for breast cancer
OXYCODONE 5 MG / 1 Tablet by mouth every 4 hours as needed for pain

11. ICD	Principal Diagnosis	Date
C50.112	Malignant neoplasm of central portion of left female breast	07/06/26

13. ICD	Other Pertinent Diagnoses	Date
C50.211	Malig neoplm of upper-inner quadrant of right female breast	07/06/26
C79.51	Secondary malignant neoplasm of bone	07/06/26
D63.0	Anemia in neoplastic disease	07/06/26
G89.3	Neoplasm related pain (acute) (chronic)	07/06/26
E44.0	Moderate protein-calorie malnutrition	07/06/26
I10.	Essential (primary) hypertension	07/06/26
E78.5	Hyperlipidemia unspecified	07/06/26
N13.9	Obstructive and reflux uropathy unspecified	07/06/26
R33.9	Retention of urine unspecified	07/06/26
Z79.891	Long term (current) use of opiate analgesic	07/06/26

14. DME and Supplies:
walker, hand held shower, bath bench

15. Safety Measures:
smoke detectors , emergency phone # clearly displayed, bathroom safety, ambulates with device, medication safety, standard precautions, fall precautions

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Transfer bed/Chair, Walker, 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: Yes

20. Prognosis: Fair

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 Malignant neoplasm of central portion of left female breast, 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 a 67-year-old female referred to home health services following discharge from a skilled nursing facility after hospitalization and rehabilitation related to bilateral breast cancer with metastatic disease to the spine (bone metastases). Her past medical history is significant for malignant neoplasm of the central portion of the left breast, malignant neoplasm of the upper inner quadrant of the right breast, secondary malignant neoplasm of bone, anemia, moderate protein-calorie malnutrition, hypertension, hyperlipidemia, adjustment disorder with depression, obstructive and reflux uropathy, and long-term opioid therapy for chronic pain management. Patient is alert and oriented 4 and resides with her son and his family, who provide primary caregiver support with activities of daily living, medication management, transportation, and overall care needs. The home has eight steps with a handrail for entry, and the patient's bedroom and bathroom are located on the second floor, requiring negotiation of 13 stairs with use of a handrail and contact guard assistance. Vital signs were obtained and remained stable during the visit. Pain was assessed, and the patient was instructed on both pharmacologic and non-pharmacologic pain management strategies, the importance of taking pain medications as prescribed, and promptly reporting uncontrolled or worsening pain to the healthcare provider. Medication reconciliation was completed with no significant discrepancies noted. Patient and caregiver received education regarding each medication's purpose, dosage, administration, potential side effects, and the importance of strict medication adherence. Patient is a current smoker. Smoking cessation counseling was provided, including education regarding the detrimental effects of tobacco use on overall health, cardiopulmonary function, tissue healing, and recovery. Fire safety precautions related to smoking were reinforced, including proper cigarette disposal and ensuring functioning smoke detectors are maintained throughout the home. The patient ambulates approximately 30 feet twice using a rolling walker with supervision and demonstrates an unsteady gait, impaired balance, decreased strength, and limited endurance, placing her at high risk for falls. Bed mobility requires encouragement, while transfers to the bed, chair, and toilet are completed with supervision. Outside ambulation and car transfer were not assessed during this visit. A home safety assessment was completed, and comprehensive fall prevention education was provided, emphasizing proper walker use, removal of environmental hazards, maintaining adequate lighting, and requesting assistance during mobility as needed. Functional assessment revealed a Tinetti Balance and Gait score of 12/28, indicating a significant fall risk. During the therapy evaluation, the patient tolerated five repetitions each of supine therapeutic exercises, including hip flexion, bridging, hooklying trunk rotation, straight leg raises, hip abduction, and knee extension to promote lower extremity strength, balance, and functional mobility. Continued skilled home therapy is indicated to improve strength, endurance, balance, gait, stair negotiation, transfer safety, and overall functional independence while reducing fall risk. Additional education was provided regarding infection prevention, recognition of signs and symptoms requiring physician notification, maintenance of adequate hydration and nutritional intake to address protein-calorie malnutrition, skin integrity preservation, energy conservation techniques, and the importance of attending all scheduled follow-up medical appointments. Both the patient and caregiver demonstrated understanding of all education provided through verbal teach-back. The patient remains homebound due to generalized weakness, impaired balance, decreased endurance, impaired mobility requiring the use of a rolling walker, high fall risk, the presence of multiple stairs within the home environment, metastatic cancer with associated functional limitations, and the considerable physical effort and assistance required to safely leave the home. Skilled nursing services remain medically necessary for ongoing cardiopulmonary assessment, medication management, pain assessment, nutritional monitoring, disease process education, safety and fall prevention, smoking cessation reinforcement, and continued monitoring for complications to reduce the risk of functional decline and rehospitalization. Skilled physical therapy is medically necessary to improve strength, balance, gait, stair negotiation, transfer safety, endurance, and overall functional mobility to maximize independence and decrease fall risk.
 Date of Order 07/06/2026 Orders Physician Face-to-Face Date: 06/09/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/06/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Pablo Ordonez
3700 Fleet St
Baltimore , MD 21224
PHONE: 4105584900 FAX: 14105221475 NPI: 1912586124

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.

Home Health Certification and Plan of Care

Order ID: 1150/20325

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8PF5JJ9DK51	07/06/2026	From: 07/06/2026 To: 09/03/2026	27289	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Vicki Keene 5008 E. Oliver Street, Baltimore, MD 21205- 443-802-5690	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

management pt-eval & treat ot-eval & treat hha-adl's due to Malignant neoplasm of central portion of left female breast 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 - SN Notes: soc PT Eval Notes:
 Physician Ordonez, Pablo

SN Careplans

SN WK1: 1 (07/06/26-07/11/26) ,WK2: 1 (07/12/26-07/18/26) ,WK3: 1 (07/19/26-07/25/26) ,WK4: 1 (07/26/26-08/01/26) ,WK5: 1 (08/02/26-08/08/26) ,WK6: 1 (08/09/26-08/15/26) ,WK7: 1 (08/16/26-08/22/26)

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: 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, meal preparation, M2102f - Patient Supervision, insects/rodents present (CM), cluttered/soiled living area (CM), A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, limited endurance, limited strength, B1000 - Vision Deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, balance deficit, bruising/discoloration, discolored patches of skin, rough/scaly/cracked skin

PROCEDURES: teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange for maintenance of clean/uncluttered living area

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, patient's transportation needs are met, patient's living environment is clean/uncluttered, insects/rodents not present in the patient's living environment, patient is adequately supervised, meal preparation is available to patient for all meals,

SN Goals

PATIENT-STATED GOAL: Patient stated she would like to regain strength

GOALS
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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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's transportation needs are met

patient's living environment is clean/uncluttered

insects/rodents not present in the patient's living environment

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/06/2026

Home Health Certification and Plan of Care

Order ID: 1150/20325

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8PF5JJ9DK51	07/06/2026	From: 07/06/2026 To: 09/03/2026	27289	217058

6. Patient's Name and Address
Vicki Keene
5008 E. Oliver Street,
Baltimore, MD 21205-
443-802-5690

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

caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (07/06/26-07/11/26) ,WK2: 1 (07/12/26-07/18/26) ,WK3: 1 (07/19/26-07/25/26) ,WK5: 1 (08/02/26-08/08/26) ,WK6: 1 (08/09/26-08/15/26) ,WK7: 1 (08/16/26-08/22/26) ,WK8: 1 (08/23/26-08/29/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170G1 - Car Transfer, GG0130F1 - Upper Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, 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, GG0170F1 - Toilet Transfer

PROCEDURES: 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, equipment training, work simplification/energy conservation, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, 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, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Upper Body Dressing - 06. Independent

PT Goals

PATIENT-STATED GOAL: To feel safe on the steps by myself and be able to get out of the house

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

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

Toilet Transfer - 05. Setup or clean-up assistance

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

Car Transfer - 05. Setup or clean-up assistance

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

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

Date
07/06/2026