

Home Health Certification and Plan of Care				Order ID: 1150/18740	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
2PH2N66UA05		04/10/2026		From: 04/10/2026 To: 06/08/2026	
				4. Medical Record No.	
				24508	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Ida Behler 522 Thomas Run Rd, Bel Air, MD 21015- 410-989-0363			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
10/15/1926			Female		
11. ICD			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
N13.6			Glipizide Er - Glipizide 1 by mouth twice a day 5mg		
Principal Diagnosis			ACETAMINOPHEN 500 mg/ 1 tablet by mouth as necessary Give 2 tablets		
Pyonephrosis			every 8 hours as needed for mild to severe pain not to exceed 3gms of		
13. ICD			Acetaminophen per day		
J06.9			CARVEDILOL 3.125 mg / 1 tablet by mouth twice a day for HTN with		
Other Pertinent Diagnoses			breakfast and dinner, hold for SBP < 105 and/or HR < 60		
J06.9			Culturelle Capsule (Lactobacillus Rhamnosus (GG)) 1 capsule by mouth		
I12.9			twice a day for GI HEALTH (10 BILLION)		
Hypertensive chronic kidney disease w stg 1-4/unsp chr			Glucose Gel 40 % Give 1 application by mouth as necessary give every 5		
kdny			minutes for DMII STEP #2: PRN S/S DIABETIC IMBALANCE *GLUCOSE GEL		
E11.22			GIVE 1 TUBE OF IF BS IS < 60 AND RESIDENT IS NONRESPONSIVE.		
Type 2 diabetes mellitus w diabetic chronic kidney disease			ADMINISTER GLUCOSE GEL INTO BUCCAL POUCHES WITH RESIDENT SITTING		
N18.4			UPRIGHT OR LEFT SIDE LYING. RECHECK BS IN 5 MIN - OBTAIN VS		
Chronic kidney disease stage 4 (severe)			Hydralazine Hydrochloride - Hydralazine Hydrochloride 50 mg/ 1 tablet by		
D63.1			mouth twice a day Give 1.5 tablet in the morning and at bedtime for HTN.		
Anemia in chronic kidney disease			HOLD MEDICATION IF SYSTOLIC BLOOD PRESSURE < 100 mmHg; TAKE 1.5		
N17.9			TABS TO EQUAL 75MG		
Acute kidney failure unspecified			Magnesium Oxide - Simethicone 500 mg / 1 tablet by mouth in the morning		
F03.90			for MAGNESIUM DEFICIENCY		
Unsp dementia unsp severity without beh/psych/mood/anx			MELATONIN 5 mg / 1 tablet by mouth at bedtime for insomnia		
E46.			MIRALAX Give 17 gram by mouth in the morning for constipation, for bowel		
Unspecified protein-calorie malnutrition			regimen, should be mixed with at least 8 ounces of water		
E83.42			Novofine 30g subcutaneous four times a day Before meals and at bedtime		
Hypomagnesemia			Semglee Solution Pen-Injector (Insulin Glargine) 100 unit/ml / Inject 5 unit		
I95.9			subcutaneous at bedtime for DIABETES		
Hypotension unspecified			Humalog - Insulin Lispro Recombinant KwikPen 100 unit/ml / inject 8 unit		
R41.82			subcutaneously before meal for DMII HOLD FOR BLOOD GLUCOSE <60		
Altered mental status unspecified					
Z46.6					
Encounter for fitting and adjustment of urinary device					
14. DME and Supplies:			15. Safety Measures:		
bath bench, rolling walker, wheelchair, walker, grab bars, commode			supervision at all times, standard precautions, fall precautions, diabetic		
			precautions, bathroom safety, ambulates with device, ambulates with		
			assistance, activity supervision		
16. Nutrition:			17. Allergies:		
diabetic!low sodium			lactose mushrooms shrimp		
18.A. Functional Limitations			18.B. Activities Permitted		
Dyspnea With Minimal Exertion, Ambulation, Endurance, Hearing, Bowel/Bladder			Walker, Wheelchair, Exercises Prescribed, Up As Tolerated		
Incontinence					
19. Mental & Pyschosocial Status:			COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 2. On awakening or at night 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:			good		
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.			another facility/provider will be responsible for managing treatment		
			family/caregiver will be responsible for managing treatment		
Homebound status:			Due to diagnosis of Pyonephrosis, 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			<div>The patient is a 99-year-old female referred to home health services following a recent hospitalization and subsequent		
Requiring Homecare:			subacute rehabilitation stay after presenting with confusion and lethargy. During hospitalization, the patient was diagnosed with pyonephrosis, upper respiratory infection, and respiratory syncytial virus (RSV). Her past medical history is significant for dementia, chronic kidney disease, hydronephrosis, nephrolithiasis/kidney stones, hypertension, diabetes mellitus, anemia, recurrent urinary tract infections, sepsis, hypotension, hypomagnesemia, acute kidney injury, and RSV infection. The patient currently resides in an assisted living facility located on the ground floor with no stairs required for entry. She has strong family support, with her son visiting daily to assist with her care and supervision needs. Prior to hospitalization, the patient required supervision with basic self-care activities, functional transfers, and ambulation utilizing a rolling walker. Following hospitalization and rehabilitation, the patient was evaluated for skilled occupational therapy services. Assessment revealed that the patient is currently functioning at her baseline level with self-care tasks, functional transfers, and functional ambulation. She continues to require assistance with activities of daily living and transfers and receives 24-hour supervision secondary to impaired memory, cognitive deficits, decreased safety awareness, and dementia-related limitations. The patient ambulates with a rolling walker and continues to require close supervision for safety. At the time of evaluation, no acute distress was noted. The patient's current level of function is consistent with her pre-hospital baseline status, and no significant decline in occupational performance was identified requiring ongoing skilled occupational therapy intervention. Skilled OT evaluation was completed, and no further occupational therapy services are warranted at this time. Education was provided to caregivers and facility staff regarding patient safety, fall precautions, supervision requirements, energy conservation, and maintaining consistency with the patient's established care routine. Continued monitoring and supportive care through the assisted living facility and home health services remain appropriate to ensure patient safety, prevent rehospitalization, and maintain current functional status. Date of Order 04/10/2026 Orders Physician		
			Face-to-Face Date: 03/10/2026 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat at-eval & treat due to Pyonephrosis Homebound Status per Certifying Physician: patient requires		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POTS		
Electronically Signed by Messick, Charles RN on 04/10/2026					
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.		
Chienyenwa Nwachinemere			F2F date : 03/10/2026		
201 Ballard Ave					
Baltimore, MD 21220					
PHONE: 4106863931 FAX: 14108814572 NPI: 1316905227					
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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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>OT Eval Notes:</div><div> </div><div>Physician</div><div>Nwachimemere, Chienyenwa</div>					
SN Careplans			SN Goals		
PT Careplans			PT Goals		
PT WK1: 1 (04/10/26-04/11/26) ,WK2: 2 (04/12/26-04/18/26) ,WK3: 1 (04/19/26-04/25/26) ,WK4: 1 (04/26/26-05/02/26) ,WK5: 1 (05/03/26-05/09/26) ,WK6: 1 (05/10/26-05/16/26) ,WK7: 1 (05/17/26-05/23/26) ,WK8: 1 (05/24/26-05/30/26) ,WK9: 1 (05/31/26-06/06/26) PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 56 > 90, O2 saturation < 88 > 100, pain < 0 > 6 CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance HOSPITALIZATION RISKS: 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:POLST (Physician Orders for Life-Sustaining Treatment) PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170L1 - Walk 10 ft on Uneven Surface,			PATIENT-STATED GOAL: To improve strength to be able to walk to the dining room and back for meals using the rolling Walker with supervision. GOALS patient/caregiver recalls * how to keep home safe for patient with dementia * coping strategies for the caregiver* recalls related medication(s) purpose, schedule patient/caregiver recalls * management of mental health condition including joining a peer group * 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 * 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 * bowel incontinence management including dietary changes * bowel training * skin 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 hearing-impaired including installing special fire-detector/CO2 alarms * recalls related medication(s) purpose, schedule caregiver performs medical/rehabilitation treatments with adequate competence Sit to Stand - 05. Setup or clean-up assistance Chair to Bed to Chair - 05. Setup or clean-up assistance Toilet Transfer - 03. Partial/moderate assistance Walk 50 ft with 2 Turns - 04. Supervision or touching assistance Walk 150 Feet - 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 - 03. Partial/moderate assistance Toileting Hygiene - 03. Partial/moderate assistance		
Signature of Physician:			Date		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			04/10/2026		

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GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, 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, GG0170D1 - Sit to Stand, M1700 - Cognition, M1745 - Behavioral Issues, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, dependent edema, M1400 - Dyspnea, M1033 - Exhaustion, M1620 - Bowel Incontinence, M1610 - Urinary Catheter, limited range of motion, limited endurance, limited strength, muscle weakness, B0200 - Hearing Deficit, lethargy, balance deficit, weak hand grips, daytime fatigue PROCEDURES: Medication management : Review medication management, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, home exercise program: Laq, hip flexion, abduction, heelraises, hamstring curls, standing heelraises, marching with support of Walker, equipment training, work simplification/energy conservation, gait training/stair training, transfers training, coordinate/arrange home modifications for hearing impaired, i.e. alarms 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 keep home safe for patient with dementia coping strategies for the caregiver*, 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, * bowel incontinence management including dietary changes bowel training skin 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 hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, caregiver performs medical/rehabilitation treatments with adequate competence, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 03. Partial/moderate 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, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance		Shower/Bathe Self - 04. Supervision or touching assistance Upper Body Dressing - 03. Partial/moderate assistance Lower Body Dressing - 03. Partial/moderate assistance Don/Doff Footwear - 03. Partial/moderate assistance Walk 10 Feet - 04. Supervision or touching assistance Eating - 05. Setup or clean-up assistance		
OT Careplans OT WK1: 1 (04/10/26-04/11/26) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating PROCEDURES: home exercise program: clinician will describe HEP at visit 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, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 05 Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance		OT Goals PATIENT-STATED GOAL: Evaluation 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 Oral Hygiene - 03. Partial/moderate assistance Toileting Hygiene - 03. Partial/moderate assistance Shower/Bathe Self - 03. Partial/moderate assistance Upper Body Dressing - 05. Setup or clean-up assistance Lower Body Dressing - 03. Partial/moderate assistance Don/Doff Footwear - 03. Partial/moderate assistance Eating - 05. Setup or clean-up assistance		

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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