Home Health Certification and Plan of Care

Order ID: 1150/20402

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
83143192	07/09/2026	From: 07/09/2026 To: 09/06/2026	27633	217058

6. Patient's Name and Address
Mary McClain
2640 Pennsylvania Ave Apt 127,
Baltimore, MD 21217-
443-452-0368

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 09/07/1948 | **9.Sex** Female

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

PRAVACHOL 40 MG / 1 Tablet by mouth daily for hyperlipidemia
VOLTAREN 1% Top Gel / Apply 4 g to affected area(s) topical 4 times a day
Aspercreme 4 % Top PTMD Patch / Apply 1 Patch to skin transdermal daily may remain in place for up to 12 hours in a 24-hour period

11. ICD	Principal Diagnosis	Date
M17.0	Bilateral primary osteoarthritis of knee	07/09/26

13. ICD	Other Pertinent Diagnoses	Date
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	07/09/26
E11.9	Type 2 diabetes mellitus without complications	07/09/26
Z91.81	History of falling	07/09/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	07/09/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/09/26
N18.31	Chronic kidney disease stage 3a	07/09/26
E11.36	Type 2 diabetes mellitus with diabetic cataract	07/09/26
M47.816	Spondylosis w/o myelopathy or radiculopathy lumbar region	07/09/26
M19.011	Primary osteoarthritis right shoulder	07/09/26
M19.012	Primary osteoarthritis left shoulder	07/09/26
E78.5	Hyperlipidemia unspecified	07/09/26
E04.1	Nontoxic single thyroid nodule	07/09/26
R32.	Unspecified urinary incontinence	07/09/26
R29.6	Repeated falls	07/09/26
Z96.643	Presence of artificial hip joint bilateral	07/09/26
Z87.891	Personal history of nicotine dependence	07/09/26

14. DME and Supplies:
wheelchair, hospital bed, rolling walker, commode, bath bench

15. Safety Measures:
standard precautions, remove environmental barriers, medication safety, fall precautions, electrical safety measures, diabetic precautions, bathroom safety, activity supervision, ambulates with device, ambulates with assistance

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance, Balance, Pain!Bowel/Bladder Incontinence!Paralysis

18.B. Activities Permitted
Walker, Wheelchair, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 0. Never, 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, HISTORY OF DEPRESSION: No

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 Bilateral primary osteoarthritis of knee, 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: The patient is a 77-year-old with a recent emergency department visit due to severe bilateral knee and shoulder pain. Past medical history is significant for osteoarthritis of the knees and shoulders, dementia, diabetes mellitus (DM), chronic kidney disease (CKD), spondylosis, history of falls, nocturnal urinary incontinence, and right total hip replacement. The patient resides with her sister in a first-floor apartment with no steps required for entry, providing an accessible home environment. The patient is homebound due to significant functional mobility impairments requiring considerable effort and assistance to leave the home, as evidenced by a Tinetti Balance and Gait Assessment score of 7/28, indicating a high risk for falls. During the assessment, the patient required moderate assistance with verbal cueing for proper hand and foot placement during sit-to-stand transfers from the wheelchair. The patient completed wheelchair-to-bed stand-pivot transfers using a rolling walker with minimal assistance and required moderate assistance with left lower extremity management during bed mobility from sitting to supine. Ambulation was limited to approximately 5 feet on an indoor surface using a rolling walker with minimal assistance to guide the walker and ensure safety. Car transfer ability and outdoor mobility were not assessed during this visit. The patient participated in therapeutic exercises and tolerated five repetitions each of supine hip flexion, bridging, hook-lying trunk rotations, straight leg raises, hip abduction, knee extension, and ankle pumps to improve lower extremity strength, flexibility, and functional mobility. Education was provided regarding fall prevention strategies, safe transfer techniques, proper use of the rolling walker, adherence to the prescribed home exercise program, energy conservation, and home safety measures to reduce fall risk. The patient continues to demonstrate deficits in strength, balance, endurance, and mobility that significantly impact functional independence. Skilled home health therapy remains medically necessary to improve strength, balance, transfer ability, gait, and overall functional mobility, with the goal of maximizing safety, reducing fall risk, and increasing independence with activities of daily living within the home environment.
 Date of Order 07/09/2026 Orders Physician Face-to-Face Date: 06/30/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat due to Bilateral primary osteoarthritis of knee 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 - PT Notes: soc
 Physician Dicocco, Eva

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/09/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Eva Dicocco
7141 Security Blvd
Woodlawn, MD 21244
PHONE: 443-663-6000 FAX: 14436636215 NPI: 1598990624

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 : 06/30/2026

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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SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (07/09/26-07/11/26) ,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) ,WK9: 1 (08/30/26-09/05/26)

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 > 7

CAREGIVER: 1. Non-agency caregiver(s) currently 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

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: GG0170O1 - 12 Steps, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170I1 - Walk 10 Feet, GG0170P1 - Picking Up Object, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170N1 - 4

PT Goals

PATIENT-STATED GOAL: To get in and out of the bed by myself and walk better

GOALS
patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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
* 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 self-administers medications as prescribed
* 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

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

1 - Step (curb) - 02. Substantial/maximal assistance

12 Steps - 02. Substantial/maximal assistance

4 Steps - 02. Substantial/maximal assistance

Car Transfer - 05. Setup or clean-up assistance

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Oral 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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/09/2026

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Steps, GG0170M1 - 1 - Step (curb), GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M1745 - Behavioral Issues, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, M1610 - Urinary Incontinence, limited strength, limited range of motion, limited endurance, lethargy, Pain Interference with ADLs, balance deficit

PROCEDURES: Gait training with rolling walker: Gait, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, wheelchair training, 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, 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, * 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, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, 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, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, 1 - Step (curb) - 02. Substantial/maximal assistance, 12 Steps - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Car Transfer - 05. Setup or clean-up assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal 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

Don/Doff Footwear - 03. Partial/moderate assistance

Toilet Transfer - 03. Partial/moderate assistance

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 150 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

Toileting Hygiene - 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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