Home Health Certification and Plan of Care

Order ID: 1150/20395

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
83350192	05/15/2026	From: 07/14/2026 To: 09/11/2026	25868	217058

6. Patient's Name and Address
Michele Blair
2003 Magnolia Wood Court Apt C,
EDGEWOOD, MD 21040-
916-918-7664

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 06/22/1965 | **9.Sex** Female

10. Medications: Dose/Frequency/Route (N)ew (C)hanged
CYMBALTA 30 mg Delayed Release 30 mg / 1 Capsule by mouth 3 times a day
SINEMET 25-100 mg/tablet / Take 1 and a half tablets by mouth every 3 hours (total of 9 tablets daily)
Ibuprofen - Ibuprofen 200 mg 1 tab by mouth as necessary Pain

11. ICD	Principal Diagnosis	Date
G20.B2	Parkinson's disease with dyskinesia with fluctuations	05/15/26

13. ICD	Other Pertinent Diagnoses	Date
F32.1	Major depressive disorder single episode moderate	05/15/26
F41.9	Anxiety disorder unspecified	05/15/26
E66.9	Obesity unspecified	05/15/26
Z60.2	Problems related to living alone	05/15/26

14. DME and Supplies:
None of the above, commode, cane, wheelchair

15. Safety Measures:
standard precautions, transfer with assist, fall precautions, ambulates with assistance, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
penicillin

18.A. Functional Limitations
Ambulation, Endurance

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

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: Limited , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status:
Due to diagnosis of Parkinson's disease with dyskinesia with 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:

The patient was seen for a physical therapy recertification and continues to demonstrate the need for skilled home health physical therapy due to persistent functional limitations associated with Parkinson's disease. Throughout the certification period, the patient has received skilled intervention focused on transfers, bed mobility, gait sequencing over even surfaces, dynamic balance, lower extremity strengthening, stair negotiation, home safety, fall prevention, medication safety, and instruction in a home exercise program emphasizing large-amplitude movements to improve mobility. The patient demonstrates good recall of education and has made slow but measurable progress in strength, balance, and overall functional mobility; however, she remains at high risk for falls, as evidenced by a Tinetti score of 9/28. Continued skilled physical therapy is medically necessary to further improve balance, transfers, gait mechanics, stair negotiation, functional mobility, and safety, with the goal of maximizing independence and reducing fall risk.
 Date of Order<o:p></o:p> 07/09/2026
Order<o:p></o:p> Physician Face-to-Face Date: 05/12/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat dx: Parkinson's disease with dyskinesia with fluctuations<o:p></o:p> Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <o:p></o:p>
4 - Recertification PT Notes: to improve overall<span

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
Sonia Sharma
3400 Box Hill Center Dr
Abingdon, 0 21009
PHONE: 410-515-5440 FAX: NPI: 1336595925

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 : 05/12/2026

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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style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt; mso-font-kerning:1.0000pt;"> mobility which has been significantly limited due to her Parkinson's disease<o:p></o:p> Physician: Sharma, Sonia

SN Careplans

SN Goals

PT Careplans

PT WK1: 13 (07/14/26-07/18/26) ,WK2: 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: Wfl

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, 9. Other risk(s) not listed in 1- 8

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: dependent edema, cramping calves/thighs/hips, muscle spasms, difficulty sleeping

PROCEDURES: Bed mobility : Focus on improvong log rolling tech with use momentum tum, properties sit to supine and side to sit transfers., Medication management : Review medication with pt, home exercise program: Laq, heel raises, toe raises, laq, hip flexion, hamstring, gastroc stretching 3x 20 second holds, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training: Focus big amplitude movements emphasis on increased step length heel toe pattern alternating arm swing, trg techs to overcome freezing in doorways, transfers

PT Goals

PATIENT-STATED GOAL: To reduce shuffling and freezing to move easier

GOALS
1 - Step (curb) - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

Shower/Bathe Self - 05. Setup or clean-up assistance

Toilet Transfer - 06. Independent

Chair to Bed to Chair - 06. Independent

12 Steps - 05. Setup or clean-up assistance

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* 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

4 Steps - 05. Setup or clean-up assistance

patient's transportation needs are met

Walk 150 Feet - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

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

Bed mobility

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

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

caregiver performs medical/rehabilitation treatments with adequate competence

caregiver administers and/or packages medications appropriately

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

07/09/2026

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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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent, Bed mobility

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

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Car Transfer - 06. Independent

Picking Up Object - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 10 Feet - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
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