

Home Health Certification and Plan of Care				Order ID: 1150/20373	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
58198056		07/08/2026		From: 07/08/2026 To: 09/05/2026	
				4. Medical Record No.	
				27363	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Denise Carter			HomeCentris Healthcare LLC		
7540 Hearth Sideway #468,			10 Crossroads Drive, Suite 102		
ELKRIDGE, MD 21075-			Owings Mills, MD 21117-8284		
443-813-6783			410-321-8448		
			1487113239		
8. DOB			9. Sex		
07/20/1964			Female		
11. ICD			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
E87.1			PREDNISONE 5 mg/tablet / Take 6 tablets by mouth once a day for 2 days, then 5 tablets for 2 days, then 4 tablets for 2 days, then 3 tablets for 2 days, then 2 tablets for 2 days, then 1 tablet for 2 days. Take with food.		
13. ICD			ROXICODONE 5 mg by mouth every 6 hours PRN		
C22.1			PEPCID 40 mg by mouth 1 time daily		
R18.8			LASIX 20 mg by mouth 1 time daily		
C78.6			COMPAZINE 10 mg by mouth every 6 hours PRN		
			COLACE 100 mg by mouth every 12 hours PRN		
			NARCAN 4 MG/0.1ML LIQD nasal spray / 1 spray Nasal as instructed		
F10.90					
E11.22					
N18.9					
N17.9					
D63.1					
E66.9					
Z68.43					
Z79.52					
Z79.891					
14. DME and Supplies:			15. Safety Measures:		
rolling walker, walker, 4 wheeled walker, commode, bath bench			standard precautions, ambulates with device, ambulates with assistance		
16. Nutrition:			17. Allergies:		
regular			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Endurance!Paralysis			Up As Tolerated, Exercises Prescribed, Independent at Home, Transfer bed/Chair		
19. Mental & Psychosocial 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: 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.			family/caregiver will be responsible for managing treatment		
Homebound status:			Due to diagnosis of Hypo-osmolality and hyponatremia, 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:			<div>The patient is a 61-year-old female with a significant past medical history of metastatic cholangiocarcinoma, diabetes mellitus, chronic kidney disease (CKD), obesity, anemia, and a recent hospitalization for bacteremia. She was referred for a skilled home health physical therapy evaluation due to generalized weakness and a decline in functional mobility following her acute illness. Assessment revealed bilateral lower extremity weakness, impaired balance, decreased endurance, bilateral lower extremity edema, and altered gait mechanics, all of which negatively impact her safety and independence with mobility. These impairments have resulted in increased difficulty performing bed mobility, sit-to-stand transfers, and household ambulation, requiring additional time, the use of an assistive device, and caregiver assistance to complete functional tasks safely. The patient demonstrates an elevated risk for falls and further functional decline without skilled intervention. Skilled home health physical therapy is medically necessary to provide progressive therapeutic strengthening, gait training, transfer training with emphasis on safety, balance interventions, endurance training, and functional mobility activities to improve independence, reduce fall risk, maximize functional performance, and facilitate a safe transition within the home environment. Ongoing patient and caregiver education will be provided regarding fall prevention strategies, energy conservation techniques, safe use of assistive devices, and adherence to the prescribed home exercise program to support continued progress toward established rehabilitation goals.</div><div> </div><div>Date of Order</div><div>07/08/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 06/30/2026</div><div>Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to Hypo-osmolality and hyponatremia</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div><div>1 - SOC - PT Notes: soc</div><div> </div><div>Physician</div><div>Nong Libend, Christelle</div>		
SN Careplans			SN Goals		
PT Careplans			PT Goals		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles RN on 07/08/2026					
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.		
Christelle Nong Libend			F2F date : 06/30/2026		
1701 Twin Springs Road					
Halethorpe, MD 21227					
PHONE: FAX: NPI: 1780096446					
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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6. Patient's Name and Address Denise Carter 7540 Hearth Sideway #468, ELKRIDGE, MD 21075- 443-813-6783			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	
PT WK1: 1 (07/08/26-07/11/26) ,WK2: 1 (07/12/26-07/18/26) ,WK3: 1 (07/19/26-07/25/26) ,WK4: 1 (07/26/26-08/01/26) 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: 0. No assistance needed - patient is independent or does not have needs in this area HOSPITALIZATION RISKS: 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: GG0170P1 - Picking Up Object, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170G1 - Car Transfer, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, 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, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, muscle weakness, limited endurance PROCEDURES: cough/deep breathing exercises, incentive spirometer, monitor intake & output, wheelchair training, home exercise program, equipment training, work simplification/energy conservation, gait training/stair 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, * 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, Chair to Bed to Chair - 02. Substantial/maximal assistance, Sit to Stand - 04. Supervision or touching 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.			PATIENT-STATED GOAL: To be able to get a bariatric wheelchair 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 patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule Chair to Bed to Chair - 02. Substantial/maximal assistance Sit to Stand - 04. Supervision or touching 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 Wheel 50 ft w 2 Turns - 06. Independent Wheel 150 feet - 06. Independent Car Transfer - 04. Supervision or touching assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance Oral Hygiene - 05. Setup or clean-up assistance Toileting Hygiene - 03. Partial/moderate assistance Shower/Bathe Self - 02. Substantial/maximal 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 - 06. Independent	
Signature of Physician:			Date	
			PAGE 2 of 3	
Optional Name/Signature of Nurse/Therapist:			Date	
Electronically Signed by Messick, Charles RN			07/08/2026	

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