Home Health Certification and Plan of Care

Order ID: 1150/20450

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8EP8RJ8NX28	05/15/2026	From: 07/14/2026 To: 09/11/2026	25351	217058

6. Patient's Name and Address

Shirley Smithers
221 Harbor Dr,
Severa Park, MD 21146-
410-458-5278

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 05/11/1943 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	05/15/26

13. ICD	Other Pertinent Diagnoses	Date
N18.31	Chronic kidney disease stage 3a	05/15/26
C50.919	Malignant neoplasm of unsp site of unspecified female breast	05/15/26
C79.51	Secondary malignant neoplasm of bone	05/15/26
D63.0	Anemia in neoplastic disease	05/15/26
D64.4	Congenital dyserythropoietic anemia	05/15/26
D70.2	Other drug-induced agranulocytosis	05/15/26
D84.81	Immunodeficiency due to conditions classified elsewhere	05/15/26
I50.30	Unspecified diastolic (congestive) heart failure	05/15/26
I82.619	Acute embolism and thrombosis of superfic vn unsp up extrem	05/15/26
E66.01	Morbid (severe) obesity due to excess calories	05/15/26
E78.5	Hyperlipidemia unspecified	05/15/26
F41.9	Anxiety disorder unspecified	05/15/26
K21.9	Gastro-esophageal reflux disease without esophagitis	05/15/26
M10.041	Idiopathic gout right hand	05/15/26
M17.10	Unilateral primary osteoarthritis unspecified knee	05/15/26
M47.816	Spondylosis w/o myelopathy or radiculopathy lumbar region	05/15/26
Z79.01	Long term (current) use of anticoagulants	05/15/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	05/15/26
Z86.14	Personal history of methicillin resis staph infection	05/15/26
Z95.828	Presence of other vascular implants and grafts	05/15/26

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

Ibrance - Palbociclib 100mg; 1 tab by mouth once a day TAKE 1 TABLET BY MOUTH EVERY DAY FOR 21 DAYS THE OFF FOR 7 DAYS EVERY 28 DAYS CYCLE
ALLOPURINOL 300 mg 300 mg tablet by mouth one time a day for Gout
Atorvastatin - Atorvastatin Calcium 10 mg / 1 Tablet by mouth at bedtime for HLD
CALCITRIOL 0.25mcg 0.25 mcg / 1 Capsule by mouth once a day for Hypocalcemia
Calcium Carbonate Antacid Oral Tablet Chewable 500 mg/tablet / Give 2 tablet by mouth three times a day for Indigestion
Oxycodone Hydrochloride - Oxycodone Hydrochloride 10 mg tablet by mouth every 6 hours as needed for PAIN CONTROL
Potassium Chloride - Potassium Chloride Crystals ER 10 MEQ / 1 Tablet by mouth once a day for Hypokalemia
Rivaroxaban 20 mg / 1 Tablet by mouth at bedtime for LUE DVT
Senna - Senna 8.6 MG; 2 TABS by mouth once a day BOWEL REGIMEN
Thiamine Hydrochloride - Thiamine Hydrochloride 100 mg / 1 Tablet by mouth once a day for Supplement
CLOPIDOGREL 75 mg 75 mg / 1 Tablet by mouth one time a day for dvt prophylaxis
DULOXETINE HYDROCHLORIDE 60 mg Delayed Release 60 mg / 1 Capsule by mouth one time a day for Depression
Ergocalciferol - Ergocalciferol 50,000 International Units 1 cap by mouth once a week wed
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) mg / 1 Tablet by mouth once a day for Anemia
Iron-Vitamin C (Iron-Vitamin C) 65-125 MG / 1 Tablet by mouth once a day for Anemia
LINZESS 145 MCG / 1 Capsule by mouth in the morning for Chronic Constipation
FUROSEMIDE 40 mg 40 mg / 1 Tablet by mouth one time a day for Fluid Retention
Magnesium Oxide - Simethicone 400mg; 1 tab by mouth once a day supplement
Ibrance - Palbociclib 100 mg by mouth once a day 21 days on 7 days. Sequence starts after 7 days
Bactrim - Sulfamethoxazole: Trimethoprim 800-160 mg by mouth twice a day 1 tab every 12 hours for 7 days
Naloxone Hcl - Naloxone Hydrochloride Nasal Liquid 4 MG/0. 1ML / 1 spray in nostril as needed for Suspected Opioid Overdose May repeat q 3 minutes in alternating nostrils until medics arrive
MOMETASONE FUROATE 0.1 perc External Cream 0.1 % / Apply to Skin Folds topically one time a day for Excoriation

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

15. Safety Measures:
fall precautions, standard precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, None of the above, Ambulation

18.B. Activities Permitted
No Restrictions

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: 1 Requires assistance, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:

20. Prognosis: good

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

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Type 2 diabetes mellitus with diabetic chronic kidney disease, 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 an 83-year-old female recently discharged home on 4/30/26 after an extended hospitalization followed by approximately seven months of rehabilitation at Autumn Lake. Her medical history is significant for breast cancer with secondary malignant neoplasm of the bone, morbid obesity, type 2 diabetes mellitus, anemia, chronic kidney disease stage 3a, congestive heart failure, anxiety disorder, DVT of the left upper extremity, spondylosis, osteoarthritis, muscle weakness, recurrent UTIs with episodes of altered mental status, gait instability, and multiple additional comorbidities. The patient is alert and oriented x3 and reports severe foot, shoulder, and right knee pain rated 8/10, managed with oxycodone. She denies shortness of breath, lungs are clear, appetite is good, and bowel movement was reported today. Bilateral lower extremity edema (+2 to +3) is present, managed with ACE wraps and prescribed furosemide. The patient uses a walker for short-distance ambulation and a wheelchair for mobility and requires assistance with all ADLs and IADLs, which are provided by her daughter, who also manages all medications. The patient has a history of multiple falls, impaired balance, decreased lower extremity strength, difficulty with transfers and stair negotiation, decreased safety awareness, and pressure sores to the sacral area and feet. She resides with her daughter in a multi-story home with family support available at all times. Skilled nursing reviewed medications, dosing, signs and symptoms of bleeding, safe transfer techniques,

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/10/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Mary Spencer
8061 Springfield Rd
Glenn Dale, MD 20769
PHONE: 4343909561 FAX: 18339082239 NPI: 1073966735

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 : 04/30/2026

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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and edema management with the patient and caregiver, both of whom verbalized understanding. Skilled PT and OT services are indicated to improve strength, mobility, transfers, balance, ambulation safety, fall prevention, and overall functional independence in the home setting.
 Date of Order 07/10/2026 Orders Physician Face-to-Face Date: 04/30/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Type 2 diabetes mellitus with diabetic chronic kidney disease Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: The patient is recertified due to painful toes and left heel pain with reduced sensation, with history of gout and neuropathy. The patient is able to ambulate with a walker to the restroom and requires continued skilled therapy for UE strengthening exercises with verbal and visual cues.
 Physician Spencer, Mary

SN Careplans

SN Goals

OT Careplans

OT WK1: 1 (07/14/26-07/18/26) ,WK2: 1 (07/19/26-07/25/26) ,WK3: 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:

HOSPITALIZATION RISKS: 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

OT Goals

PATIENT-STATED GOAL: walking to bathroom, tub transfer

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 - 06. Independent

Toileting Hygiene - 06. Independent

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

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

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

Shower/Bathe Self - 04. Supervision or touching assistance

Eating - 06. Independent

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/10/2026

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PROBLEMS IDENTIFIED ON ASSESSMENT: dependent edema, limited strength, limited endurance, muscle weakness, extremity burn/tingle/numb, balance deficit, obesity, rough/scaly/cracked skin

PROCEDURES: Therapeutic exercise : exe during the visit, Medication review : med list, endurance training : training endurance, cough/deep breathing exercises, apply anti-embolitic stockings, apply compression bandage, physician-ordered wound care, monitor intake & output, home exercise program, equipment training, work simplification/energy conservation, monitor dialysis schedule

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, 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/10/2026