Home Health Certification and Plan of Care

Order ID: 1150/20475

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
AA00021507	07/11/2026	From: 07/11/2026 To: 09/08/2026	28001	217058

6. Patient's Name and Address

Gloria Freeman
504 Gwynnwest Road,
Reisterstown, MD 21136-
443-881-4228

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 02/17/1947 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S52.501D	Unsp fx the lower end r rad subs for clos fx w routn heal	07/11/26

13. ICD	Other Pertinent Diagnoses	Date
S32.591D	Oth fracture of right pubis subs for fx w routn heal	07/11/26
G89.11	Acute pain due to trauma	07/11/26
S40.011D	Contusion of right shoulder subsequent encounter	07/11/26
G20.A1	Parkinson's dis w/o dyskinesia w/o mention of fluctuations	07/11/26
I10.	Essential (primary) hypertension	07/11/26
E78.5	Hyperlipidemia unspecified	07/11/26
G40.909	Epilepsy unsp not intractable without status epilepticus	07/11/26
K59.00	Constipation unspecified	07/11/26
N20.0	Calculus of kidney	07/11/26
K75.81	Nonalcoholic steatohepatitis (NASH)	07/11/26
M19.011	Primary osteoarthritis right shoulder	07/11/26
M85.80	Oth disrd of bone density and structure unspecified site	07/11/26
F41.1	Generalized anxiety disorder	07/11/26
N39.46	Mixed incontinence	07/11/26
Z91.81	History of falling	07/11/26

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

Albuterol Sulfate - Albuterol Sulfate HFA 108 (90 Base) MCG/ACT Aerosol, solution / Give 2 puff by mouth every 6 hours as needed for shortness of breath or wheezing
Amlodipine Besylate - Amlodipine Besylate 5 MG / 1 Tablet by mouth one time a day for HTN
Atorvastatin Calcium - Atorvastatin Calcium 20 MG / 1 Tablet by mouth in the evening for HLD
Carbidopa And Levodopa - Carbidopa: Levodopa 25-250 mg/tablet / Give 3 tablet by mouth three times a day for Parkinson's Disease
CYANOCOBALAMIN 1000 MCG / 1 Tablet by mouth one time a day for supplement
Fluoxetine Hydrochloride - Fluoxetine Hydrochloride 20 MG / 1 Capsule by mouth one time a day for depression
MELATONIN 1 MG / 1 Tablet by mouth at bedtime for insomnia
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 Give 17 gram by mouth every 24 hours as needed for Constipation
PRAMIPEXOLE DIHYDROCHLORIDE 0.125 MG / 1 Tablet by mouth in the morning for Parkinson's for 7 Days
Lidocaine Hydrochloride - Lidocaine Hydrochloride External Gel 4 % / Apply to right anterior hip topically twice a day for pain

14. DME and Supplies:

wheelchair, hospital bed, grab bars, cane, bath bench

15. Safety Measures:

wheelchair precautions, standard precautions, seizure precautions, medication safety, fall precautions

16. Nutrition:

regular

17. Allergies:

aspirin

18.A. Functional Limitations

Ambulation, Endurance, Bowel/Bladder Incontinence!Paralysis

18.B. Activities Permitted

Wheelchair, Transfer bed/Chair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium., ANXIETY: 4. Constantly, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Unspecified fracture of the lower end of right radius, subsequent encounter for closed fracture with routine healing, 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 79-year-old female who resides in a single-level assisted living facility and was referred to home health services following hospitalization and a subsequent rehabilitation stay after sustaining a fall. Her past medical history is significant for Parkinson's disease, hypertension, seizure disorder (epilepsy), hyperlipidemia, anxiety, and constipation. The patient is alert and oriented and is currently wheelchair-bound. Physical assessment revealed multiple areas of scabbing and bruising on both the upper and lower extremities, consistent with her recent fall-related injuries. She also experiences occasional urinary incontinence. Skilled Nursing services were initiated for ongoing assessment, monitoring of her overall condition, skin integrity, safety, and recovery, with a recommended frequency of one visit weekly for three weeks (1W3). The next Skilled Nursing visit is scheduled for Wednesday. Referrals for Physical Therapy and Occupational Therapy evaluations were also ordered to address her functional deficits and promote rehabilitation. A Physical Therapy evaluation was completed and identified significant functional decline following hospitalization for right radial and right pubic ramus fractures sustained during the fall. Prior to hospitalization, the patient was able to ambulate with a rolling walker under supervision but required assistance with activities of daily living. At the time of evaluation, she demonstrated generalized weakness with bilateral lower extremity muscle strength of 3-/5 on manual muscle testing. She requires minimal assistance for transfers and short-distance ambulation using a rolling walker while maintaining non-weight-bearing status of the right upper extremity. The patient remains at increased risk for falls due to impaired strength, balance deficits, Parkinson's disease, and mobility limitations. Skilled Physical Therapy is medically necessary to improve lower extremity strength, balance, gait, transfer ability, and overall functional mobility, with the goal of maximizing safety, increasing independence, reducing fall risk, and facilitating a return to her prior level of function. The patient will continue to receive interdisciplinary home health services, including Skilled Nursing, Physical Therapy, and Occupational Therapy, with ongoing assessment, patient and caregiver education on fall prevention, safe mobility techniques, adherence to weight-bearing precautions, medication management, and disease process management to support optimal recovery and prevent further complications.
 Date of Order 07/11/2026 Orders Physician Face-to-Face Date: 07/15/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Unspecified fracture of the lower end of right radius, subsequent encounter for closed fracture with routine healing 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 - SN Notes: soc PT Eval Notes:
 Physician Bishop, Tracy

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 07/11/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Tracy Bishop
110 Painters Mill Road, Ste 206
Owings Mills, MD 21117
PHONE: 410-356-4680 FAX: 14106986737 NPI: 1952726820

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 : 07/15/2026

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 WK1: 1 (07/11/26-07/11/26) ,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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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; 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 ; 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.

NA
Advance Directive:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, D0700 - Social Isolation, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, constipation, M1610 - Urinary Incontinence, limited strength, limited range of motion, limited endurance, muscle weakness, muscle spasms, poor muscle tone, difficulty sleeping, weak hand grips, seizures, daytime fatigue, open sores/lesions, bruising/discoloration

PROCEDURES: bladder 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: No more falls

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
* 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

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

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

PT Careplans

PT WK2: 1 (07/12/26-07/18/26) ,WK4: 1 (07/26/26-08/01/26) ,WK6: 1 (08/09/26-08/15/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170G1 - Car Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, 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

PT Goals

PATIENT-STATED GOAL: To be able to walk without help

GOALS
Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 05. Setup or clean-up assistance

Walk 10 Feet - 04. Supervision or touching assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
07/11/2026

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PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, home exercise program: Review HEP: seated knee ext, hip flex, hip abd, quad sets, gluteal squeezes, ankle pumps at least 1x10. Once tolerated, upgrade to standing heel/ toe raises, knee flex, hip flex, hip abd at least 1x10 with UE support as needed. Upgrade as tolerated, equipment training, work simplification/energy conservation, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up 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, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up 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 - 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

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

Car Transfer - 05. Setup or clean-up 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 - 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

Signature of Physician:	Date
	PAGE 3 of 3
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