Home Health Certification and Plan of Care

Order ID: 1150/20521

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6HG3PN5AM73	07/13/2026	From: 07/13/2026 To: 09/10/2026	27855	217058

6. Patient's Name and Address
Pansy Cerato
971 Seneca Park Road,
Middle River, MD 21220
410-335-4171

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 12/13/1940 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I10.	Essential (primary) hypertension	07/13/26

13. ICD	Other Pertinent Diagnoses	Date
I50.21	Acute systolic (congestive) heart failure	07/13/26
I42.9	Cardiomyopathy unspecified	07/13/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/13/26
I44.7	Left bundle-branch block unspecified	07/13/26
K21.9	Gastro-esophageal reflux disease without esophagitis	07/13/26
H74.02	Tympanosclerosis left ear	07/13/26
E66.9	Obesity unspecified	07/13/26
Z68.32	Body mass index [BMI] 32.0-32.9 adult	07/13/26
Z86.79	Personal history of other diseases of the circulatory system	07/13/26
Z85.3	Personal history of malignant neoplasm of breast	07/13/26
Z86.711	Personal history of pulmonary embolism	07/13/26

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

SENNA-S 8.6-50 mg/tablet / Give 2 tablet by mouth in the evening for bowel regimen
Ondansetron Hydrochloride - Ondansetron Hydrochloride 4 MG / 1 Tablet by mouth every 6 hours as needed for N/V
NEBIVOLOL HYDROCHLORIDE 5 mg/tablet / Give 0.5 tablet by mouth one time a day for HTN Hold for SBP<110 or HR<50
MIRALAX 17 GM/SCOOP / Give 1 scoop by mouth in the evening for Bowel regimen Dissolve in 4oz of water. Hold for loose stools
Meclizine Hydrochloride - Meclizine Hydrochloride 12.5 MG / 1 Tablet by mouth every 12 hours as needed for dizziness
LOSARTAN POTASSIUM 25 MG / 1 Tablet by mouth once a day for HFrEF
Calcium Carbonate Chewable 500 mg/tablet / Give 2 tablet by mouth every 6 hours as needed for Indigestion
ACETAMINOPHEN 325 mg/tablet / Give 2 tablet by mouth every 6 hours as needed for Pain Notify Physician/Advanced Practice Provider if pain persists. Do not exceed 3g/day
Acetaminophen - Acetaminophen 500 mg/tablet / Give 2 tablet by mouth at bedtime for knee pain
CYANOCOBALAMIN Injection Solution 1000 MCG/ML / Inject 1000 mcg intramuscularly one time a day every Mon for supplement for 4 Weeks
DULCOLAX Suppository 10 MG / Insert 1 suppository rectally every 8 hours as needed for constipation
Lidocaine Pain Relief Max St 4% Patch / Apply to both knees topical once a day for pain and remove per schedule
Greers Goo Nystatin + Zinc Oxide + Hydrocortisone 0 Apply to bilateral buttocks topical once a day shift for redness and abrasion nystatin 100,000 Unit/zinc 20%/hydrocortisone 1%

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

15. Safety Measures:
fall precautions, standard precautions, wheelchair precautions, walker precautions, medication safety, bathroom safety

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
Zetia, Statins, Sulfa Antibiotics, CONTRAST MEDIA

18.A. Functional Limitations
Ambulation!Paralysis

18.B. Activities Permitted
Up As Tolerated

19. Mental & Pyschosocial 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: Good

22. A Rehabilitation Potential:
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans
SN: patient will be responsible for managing treatment PT and OT: family/careg

Homebound status:
Due to diagnosis of Essential (primary) hypertension, 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:

<p class="p" align="justify" style="mso-margin-top-alt:auto;mso-pagination:widow-orphan;text-align:justify; text-justify:inter-ideograph;">The patient is an 85-year-old female, alert and oriented 4, referred to home health services following hospitalization and subacute rehabilitation for an acute right cerebellar intracranial hemorrhage secondary to hypertension. Her past medical history is significant for remote subarachnoid hemorrhage, congestive heart failure, cardiomyopathy, left bundle branch block, pulmonary embolism, gastroesophageal reflux disease (GERD), obesity, and breast cancer status post lumpectomy, chemotherapy, and radiation. She initially presented to the emergency department with acute headache, nausea, vertigo, and hypoxia requiring intubation and a non-rebreather mask, but has since been weaned to room air with an oxygen saturation of 98%. Vital signs are within normal limits, and her skin is warm and intact. Prior to hospitalization, she was independent with activities of daily living (ADLs), transfers, community ambulation using a rollator, and driving. She now presents with significant right-sided greater than left-sided upper and lower extremity weakness, impaired coordination, decreased standing balance and tolerance, reduced activity tolerance, impaired functional mobility, and difficulty with sit-to-stand and stand-pivot transfers, requiring assistance with ADLs and wheelchair mobility. She is unable to ambulate independently and demonstrates anxiety and fear of falling but has good rehabilitation potential. The patient resides with her husband, who is her primary caregiver, in a single-story home with ramp access. Extensive caregiver education was provided regarding gait belt use, safe transfer techniques, body mechanics, bed mobility, positioning, home exercise program, blood pressure monitoring, medication compliance, and fall prevention. Skilled nursing, physical therapy, and occupational therapy services remain medically necessary to address her functional deficits, maximize safety and independence, reduce caregiver

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/13/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Joseph Brodine
9101 Franklin Square Dr
Baltimore, MD 21237
PHONE: 4437772000 FAX: 18668579388 NPI: 1467987446

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 : 07/02/2026

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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burden, and facilitate a return to her highest possible level of function.<o:p></o:p>   Date of Order<o:p></o:p> 07/13/2026<o:p></o:p> Physician Face-to-Face Date: 07/02/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Essential (primary) hypertension<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>   1 - SOC - SN Notes:<o:p></o:p> PT Eval Notes: OT Eval Notes: Physician: Brodine, Joseph

SN Careplans

SN WK1: 1 (07/13/26-07/18/26) ,WK2: 1 (07/19/26-07/25/26) ,WK3: 1 (07/26/26-08/01/26) ,WK4: 1 (08/02/26-08/08/26) ,WK5: 1 (08/09/26-08/15/26)

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: 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,

SN Goals

PATIENT-STATED GOAL: To be able to walk again.

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

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/13/2026

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meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, abnormal blood pressure, M1033 - Exhaustion, M1400 - Dyspnea, limited endurance, muscle weakness, balance deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer

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

PT Careplans

PT WK1: 1 (07/13/26-07/18/26) ,WK2: 1 (07/19/26-07/25/26) ,WK3: 2 (07/26/26-08/01/26) ,WK4: 1 (08/02/26-08/08/26) ,WK5: 1 (08/09/26-08/15/26) ,WK6: 1 (08/16/26-08/22/26) ,WK7: 1 (08/23/26-08/29/26) ,WK8: 1 (08/30/26-09/05/26) ,WK9: 1 (09/06/26-09/10/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, GG0170M1 - 1 - Step (curb), GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170P1 - Picking Up Object, GG0170I1 - Walk 10 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns

PROCEDURES: Gait training: Train pt and husband on proper sequencing and how he can spot the pt when amb with rw, Bed mobility: Focus on improving log rolling scooting L and R in hook lying and side<> sit transfer, Medication management : Reviewed medication with pt, Transfers : Train pt and husband on proper set up and technique For sts and spt using rw ed husband how to safely assist pt, wheelchair training, home exercise program: Supine bridging, Heelslides, slr, seated hip abduction, heelraises, DF, laq, hip flexion hamstring curls with AA as needed

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, Wheel 50 ft w 2 Turns - 06. Independent, Car Transfer - 05. Setup or clean-up assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, Bed mobility

PT Goals

PATIENT-STATED GOAL: To be able to get stronger move easier in bed stand up and walk again

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

Wheel 50 ft w 2 Turns - 06. Independent

Car Transfer - 05. Setup or clean-up assistance

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 Feet - 02. Substantial/maximal assistance

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

Bed mobility

OT Careplans

OT WK1: 1 (07/13/26-07/18/26) ,WK3: 1 (07/26/26-08/01/26) ,WK5: 1 (08/09/26-08/15/26) ,WK7: 1 (08/23/26-08/29/26) ,WK9: 1 (09/06/26-09/10/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing

PROCEDURES: Medication Review : Medication reviewed with patient and caregiver with all medications in the home, home exercise program: Bilateral UE triceps extensions, biceps curls, shoulder raises, wrist flexion/ extension, grip strengthening 2-3 sets 8-12 reps., equipment training, work simplification/energy conservation, 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 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, 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, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Get in the shower

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 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

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

Sit to Stand - 06. Independent

Car Transfer - 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

1 - Step (curb) - 04. Supervision or touching assistance

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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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

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

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

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

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
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