Home Health Certification and Plan of Care

Order ID: 1150/20551

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9UT4W00WA92	05/19/2026	From: 07/18/2026 To: 09/15/2026	25668	217058

6. Patient's Name and Address
Margaret Furst
13239 East Greenbank Road,
MIDDLE RIVER, MD 21220-
410-371-5825

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 08/12/1935 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
D50.0	Iron deficiency anemia secondary to blood loss (chronic)	05/19/26

13. ICD	Other Pertinent Diagnoses	Date
K55.20	Angiodysplasia of colon without hemorrhage	05/19/26
G62.9	Polyneuropathy unspecified	05/19/26
F32.A	Depression unspecified	05/19/26
M54.2	Cervicalgia (M54.2)	05/19/26
I10.	Essential (primary) hypertension	05/19/26
E78.5	Hyperlipidemia unspecified	05/19/26
K57.30	Dvrtclos of lg int w/o perforation or abscess w/o bleeding	05/19/26
M81.0	Age-related osteoporosis w/o current pathological fracture	05/19/26
E46.	Unspecified protein-calorie malnutrition	05/19/26
K21.9	Gastro-esophageal reflux disease without esophagitis	05/19/26
N32.81	Overactive bladder	05/19/26
K64.8	Other hemorrhoids	05/19/26
K59.04	Chronic idiopathic constipation	05/19/26
Z79.82	Long term (current) use of aspirin	05/19/26

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

WELLBUTRIN 75 mg 75 mg / 1 Tablet by mouth two times a day for DEPRESSION
Vitron-C (Iron-Vitamin C) 65-125 MG / 1 Tablet by mouth in the morning for ANEMIA
SIMVASTATIN 20 mg 20 mg / 1 Tablet by mouth at bedtime for HLD
Senokot S - Senna 8.6-50 mg/tablet / Give 2 tablet by mouth every morning and at bedtime for Constipation
PANTOPRAZOLE 40 mg Delayed Release 40 mg / 1 Tablet by mouth one time a day for GERD BEFORE BREAKFAST
GABAPENTIN 300 mg 300 mg / 1 Capsule by mouth every morning and at bedtime for NEUROPATHY
ERGOCALCIFEROL 1.25 MG (50000 UT) / 1 Capsule by mouth in the morning every Tue for VITAMIN SUPPLEMENT
Aspirin Ec - Aspirin 0 Delayed Release 81 mg / 1 Tablet by mouth in the morning for CAD DO NOT CRUSH
TELMISARTAN 80 mg 80mg / 1 Tablet by mouth in the morning for HTN
Tizanidine Hydrochloride - Tizanidine Hydrochloride eq 4 mg base 1 by mouth in the evening As needed
LATANOPROST Solution 0.005 % / Instill 1 drop in both eyes at bedtime for GLAUCOMA SEPARATE EYE DROP ADMINISTRATION BY 5 MINUTES
Alphagan P - Brimonidine Tartrate 1 drop x3 a day left eye three times a day Left eye

14. DME and Supplies:
bath bench, wheelchair, rolling walker, grab bars, commode, cane, 4 wheeled walker

15. Safety Measures:
supervision at all times, standard precautions, fall precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
regular,

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance, Hearing

18.B. Activities Permitted
Walker, Exercises Prescribed, Transfer bed/Chair, 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: Wfl , HISTORY OF DEPRESSION:

20. Prognosis: good

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

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

Homebound status:
Due to diagnosis of Iron deficiency anemia secondary to blood loss (chronic) , 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:

Physical therapy recertification was completed. During the certification period, the patient received skilled intervention focused on transfer training, bed mobility, gait training over even and uneven surfaces, dynamic balance activities, lower extremity strengthening, stair negotiation, home safety, fall prevention, medication safety, and instruction in a lower extremity home exercise program. The patient demonstrates good motivation, improved strength, balance, and overall functional mobility, as well as good recall of previously taught techniques. Progress is evidenced by improvement in balance, with a Tinetti score of 14 and a Timed Up and Go (TUG) score of 28 seconds. Although the patient continues to make steady progress, she requires ongoing skilled physical therapy to further improve gait sequencing, dynamic balance, and overall stability, as well as continued caregiver training to ensure safe assistance with negotiating single steps and stairs when entering and exiting the home. The patient demonstrates good rehabilitation potential and is expected to achieve established goals with continued skilled therapeutic intervention.<o:p></o:p>   Date of Order<o:p></o:p> 07/13/2026
Order<o:p></o:p> Physician Face-to-Face Date:

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
Theresa Hall
7602 Belair Road
Baltimore, 0 21236
PHONE: 4106638100 FAX: 14106638119 NPI: 1053677575

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 : 04/27/2026

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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04/27/2026<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Iron deficiency anemia secondary to blood loss (chronic)<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">
<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">4 - Recertification <span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;">PT<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"> Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"> to further improve gait sequencing, dynamic balance, and overall stability, as well as continued caregiver training to ensure safe assistance with negotiating single steps and stairs when entering and exiting the home<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span style="font-family: Calibri; font-size:
11pt;">Physician: Hall, Theresa

SN Careplans

SN Goals

PT Careplans

PT 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) ,WK6: 1 (08/16/26-08/22/26) ,WK7: 1 (08/23/26-08/29/26)

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: 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 Goals

PATIENT-STATED GOAL: To walk again by myself in the home. Two get up and down the steps and get stronger

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 06. Independent

Sit to Stand - 06. Independent

12 Steps - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

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

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

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

Upper Body Dressing - 06. Independent

Walk 10 Feet - 04. Supervision or touching assistance

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

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

4 Steps - 04. Supervision or touching assistance

Signature of Physician:	Date

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

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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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: abnormal blood pressure, M1033 - Exhaustion, limited endurance, limited range of motion, limited strength, muscle weakness, balance deficit

PROCEDURES: Medication management : Review medication with patient and the caregiver, monitor intake & output, home exercise program: Toe raises heel raises knee extension hip flexion, hip abduction hamstring curls, butt squeezes., dynamic standing balance exercises: To improve ankle hip and step strategies improve reaction time to reduce risk for falls, gait training/stair training, transfers training, monitor dialysis schedule

TEACH PATIENT/CAREGIVER: * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 04. Supervision or touching assistance, Walk 150 Feet - 05. Setup or clean-up assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up 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, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent

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

Walk 150 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Don/Doff Footwear - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

07/13/2026