

Home Health Certification and Plan of Care				Order ID: 1150/20103
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
AA00016159	06/26/2026	From: 06/26/2026 To: 08/24/2026	27295	217058
6. Patient's Name and Address Linda Staton 901 Cherry Hill Road Apt 360, BROOKLYN, MD 21225- 443-980-4114			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	

Clinical Condition Requiring Homecare: <div>The patient is a 75-year-old African American female admitted to home health services following referral by her primary care provider for skilled nursing, assistance with bathing, and physical therapy to facilitate safe use of a recently fitted left lower extremity prosthesis. Her past medical history is significant for type 2 diabetes mellitus (T2DM), hypertension (HTN), stage III chronic kidney disease, hyperlipidemia, chronic obstructive pulmonary disease (COPD), obesity, gastroesophageal reflux disease (GERD), left lower extremity amputation, and multiple additional chronic comorbidities. The patient recently received her prosthesis several weeks prior to admission and requires rehabilitation to improve mobility and functional independence. Upon the Start of Care visit, the patient was observed to be mobile within her home using both a manual wheelchair and a power wheelchair and appeared independent with wheelchair mobility. She was alert and oriented and denied pain at the time of the nursing assessment. The patient denied shortness of breath, chest pain, dizziness, lightheadedness, nausea, and vomiting. Pulmonary assessment revealed lungs clear to auscultation bilaterally, bowel sounds were active in all quadrants, peripheral pulses were palpable, and the patient reported her last bowel movement occurred the previous evening. Skin assessment demonstrated warm, intact skin without open areas; however, the patient reported soreness of the buttocks related to prolonged wheelchair use, placing her at risk for pressure-related skin breakdown. Vital signs were obtained and remained within acceptable parameters. A comprehensive assessment was completed, medications were reviewed and reconciled, and the patient was admitted to home health services. The patient lives alone in a senior apartment building, with her daughter providing assistance on a weekly basis. She expressed a desire to improve her ability to use her new prosthesis and requested assistance with bathing and mobility. The patient reported one fall within the past two months and approximately eight falls over the past year. She also reported feeling unsteady and expressed a fear of standing, which has significantly limited her mobility and confidence. Physical therapy evaluation identified low back pain and left upper extremity pain, decreased bilateral lower extremity strength, inability to ambulate safely, impaired transfers, decreased balance, impaired safety awareness, and a significant history of recurrent falls. These impairments substantially limit her functional mobility and place her at high risk for future falls, injury, and further functional decline. The patient is considered homebound due to her lower extremity amputation, inability to safely ambulate independently, dependence on a wheelchair for mobility, need for human assistance and an assistive device when leaving the home, and the considerable and taxing effort required to access the community. Leaving the home poses a significant safety risk due to impaired balance, decreased strength, fear of standing, and recurrent falls. Skilled nursing education included medication adherence, management of chronic diseases including diabetes, hypertension, chronic kidney disease, and COPD, skin integrity monitoring with emphasis on pressure relief techniques and frequent weight shifting to reduce the risk of pressure injuries, fall prevention strategies, proper wheelchair safety, adequate nutrition and hydration to promote tissue health, and the importance of inspecting the residual limb and intact lower extremity daily for signs of skin breakdown or infection. The patient was also instructed to monitor for signs of complications related to prosthetic use, including skin irritation, redness, pressure areas, pain, or swelling, and to notify her healthcare provider of any concerns. The patient verbalized understanding of all education provided. Skilled home health physical therapy is medically necessary to improve lower extremity strength, transfer ability, balance, prosthetic training, gait training as appropriate, safety awareness, and overall functional mobility to maximize independence and reduce fall risk. Continued skilled nursing services are indicated for ongoing assessment, medication management, chronic disease monitoring, skin integrity surveillance, reinforcement of patient education, and coordination of care. The overall goal of care is to improve the patient's safety, facilitate successful prosthetic use, restore the highest possible level of functional independence, prevent falls and skin complications, and reduce the risk of hospitalization.</div><div>
</div><div>Date of Order</div><div>06/26/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 05/29/2026</div><div>Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat due to Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease</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>SOC - SN Notes: soc</div><div>PT Eval Notes:</div><div>
</div><div>Physician</div><div>Cruz, Alexis</div></div>

SN Careplans

SN WK1: 1 (06/26/26-06/27/26) ,WK2: 1 (06/28/26-07/04/26) ,WK3: 1 (07/05/26-07/11/26) ,WK4: 1 (07/12/26-07/18/26)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 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

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

SN Goals

PATIENT-STATED GOAL: "I want to be more confident with showering/bathing independently."

GOALS

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

- * 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

- * management of mental health condition including joining a peer group
- * maintaining regular contact with mental health professional
- * avoiding known stressors
- * controlling impulses
- * 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

patient is adequately supervised

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/26/2026

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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 PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M1745 - Behavioral Issues, M2020 - Oral Med Management, D0700 - Social Isolation, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, dependent edema, M1400 - Dyspnea, heartburn/indigestion, muscle weakness, limited strength, involuntary movement of extremity, balance deficit, bruising/discoloration PROCEDURES: cough/deep breathing exercises, coordinate/arrange long-term socialization activities 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, 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, patient is adequately supervised, caregiver performs medical/rehabilitation treatments with adequate competence	
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PT Careplans PT WK2: 2 (06/28/26-07/04/26) ,WK3: 2 (07/05/26-07/11/26) ,WK4: 1 (07/12/26-07/18/26) ,WK5: 1 (07/19/26-07/25/26) ,WK6: 1 (07/26/26-08/01/26) ,WK7: 1 (08/02/26-08/08/26) ,WK8: 1 (08/09/26-08/15/26) ,WK9: 1 (08/16/26-08/22/26) PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170R1 - Wheel 50 ft w 2 Turns, GG0130F1 - Upper Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower 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, GG0170S1 - Wheel 150 feet, 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, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer PROCEDURES: home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., equipment training: Use of prosthetic, static standing balance exercises: With prosthetic, dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., gait training/stair training: With prosthetic, transfers training TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 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, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent	PT Goals PATIENT-STATED GOAL: I want to be able to walk with my prosthetic. GOALS Chair to Bed to Chair - 06. Independent Shower/Bathe Self - 05. Setup or clean-up assistance Toilet Transfer - 06. Independent 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 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 Toileting Hygiene - 06. Independent Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Upper Body Dressing - 06. Independent Wheel 50 ft w 2 Turns - 06. Independent Wheel 150 feet - 06. Independent Oral Hygiene - 06. Independent
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/26/2026