

Home Health Certification and Plan of Care				Order ID: 1150/19237		
1. Patient s HI claim No.		2. Start Of Care Date	3. Certification Period		4. Medical Record No.	5. Provider No.
5HE7DQ7VV78		04/09/2026	From: 06/08/2026 To: 08/06/2026		24635	217058
6. Patient's Name and Address Gretchen Nyland 748 Monkton Road, Monkton, MD 21111- 570-269-3073			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 03/17/1932			9. Sex Female	10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD	Principal Diagnosis		Date	ELIQUIS 2.5 MG mouth two times a day for Afib/prophylactic		
S32.010D	Wedge comprsn fx first lum vert subs for fx w routn heal		04/09/26	FARXIGA 10 MG mouth one time a day for DM		
13. ICD	Other Pertinent Diagnoses		Date	FLUOXETINE 20 MG mouth one times a day for Depression		
S32.020D	Wedge comprsn fx second lum vert subs for fx w routn heal		04/09/26	MELATONIN 3 MG mouth at bedtime for insomnia		
I48.91	Unspecified atrial fibrillation		04/09/26	MIRALAX 17 GM mouth every 24 hours as needed for Constipation		
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny		04/09/26	OXYCODONE 5 MG mouth every 6 hours as needed for pain Give 0.5 tablet		
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease		04/09/26	ROSUVASTATIN CALCIUM 10 MG mouth one time a day for HLD		
N18.4	Chronic kidney disease stage 4 (severe)		04/09/26	MULTIPLE VITAMIN mouth one times a day for Malnutrition		
E03.9	Hypothyroidism unspecified		04/09/26	ACETAMINOPHEN 325 MG mouth every 6 hours for pain Do not exceed		
F32.A	Depression unspecified		04/09/26	3gms/hs to 24hrs Give 2 tablet		
E78.5	Hyperlipidemia unspecified		04/09/26			
K59.00	Constipation unspecified		04/09/26			
Z91.81	History of falling		04/09/26			
14. DME and Supplies: grab bars, cane, bath bench, rolling walker			15. Safety Measures: standard precautions, remove environmental barriers, medication safety, medical alert/lifeline, fall precautions, electrical safety measures, bathroom safety, ambulates with device, ambulates with assistance, activity supervision			
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET			17. Allergies: no known allergies			
18.A. Functional Limitations Ambulation, Endurance, Balance			18.B. Activities Permitted Walker, Cane, Exercises Prescribed, 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: WNL , 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 Wedge compression fracture of first lumbar vertebra, subsequent encounter for 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:	<p class="MsoNoSpacing">Patient reports discomfort on the right side of her trunk but states she has begun ambulating short distances without the use of her walker at times. Patient tolerated therapeutic exercises including standing knee flexion, hip abduction, hip extension, supine hip flexion, bridging, hooklying rotation, straight leg raises, hip abduction, seated knee extension, and ankle pumps, completing 20 repetitions each with verbal cues provided for proper technique. Patient ambulated 80 feet on indoor surfaces without an assistive device under close supervision, demonstrating increased trunk flexion, and also ambulated with a straight cane under close supervision with decreased step length. Education and recommendations were provided regarding gradual weaning from the walker as safety allows. Functional mobility and balance improvements were noted, with Timed Up and Go (TUG) score improving from 33 seconds to 16 seconds and Tinetti balance assessment improving from 14/28 to 16/28. Patient is demonstrating steady progress in mobility, strength, and balance; however, continued skilled therapy services remain necessary to further improve functional strength, gait stability, balance, and overall safety with mobility.</o:p></o:p></p> <p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">06/04/2026 Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 03/31/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat due to Wedge compression fracture of first lumbar vertebra, subsequent encounter for 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<o:p></o:p></p> <p class="MsoNoSpacing"> 4 - Recertification PT Notes: to improve strength and balance<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Gattuso, Robert</p>					
SN Careplans			SN Goals			
PT Careplans			PT Goals			
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 06/04/2026					25. Date HHA Received Signed POT	
24. Physician's Name and Address Robert Gattuso 106 Mount Carmel Rd Parkton, MD 21120 PHONE: 14103574500 FAX: 14103574570 NPI: 1679637979			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 : 03/31/2026			
27. Attending Physician's Signature and Date Signed 06/11/2026 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. PAGE 1 of 2			

Home Health Certification and Plan of Care				Order ID: 1150/19237
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5HE7DQ7VV78	04/09/2026	From: 06/08/2026 To: 08/06/2026	24635	217058
6. Patient's Name and Address Gretchen Nyland 748 Monkton Road, Monkton, MD 21111- 570-269-3073			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	
PT WK1: 1 (06/08/26-06/13/26) ,WK2: 1 (06/14/26-06/20/26) ,WK3: 1 (06/21/26-06/27/26) ,WK4: 1 (06/28/26-07/04/26) ,WK5: 1 (07/05/26-07/11/26) ,WK7: 1 (07/19/26-07/25/26) ,WK9: 1 (08/02/26-08/06/26) PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 8 CAREGIVER: WNL 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, 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, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds Advance Directive:See MOLST PROBLEMS IDENTIFIED ON ASSESSMENT: limited range of motion, limited strength, limited endurance, balance deficit PROCEDURES: Dynamic and static standing activities : Side stepping, tandem gait, unilateral stance, cough/deep breathing exercises, home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats, gait training/stair training, 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, 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, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance			PATIENT-STATED GOAL: To get stronger and walk better by myself GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Car Transfer - 06. Independent 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 Walk 10 Feet - 04. Supervision or touching assistance Walk 50 ft with 2 Turns - 04. Supervision or touching assistance patient self-administers medications as prescribed * 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 Oral Hygiene - 05. Setup or clean-up assistance Sit to Stand - 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	
Signature of Physician:			Date	
			PAGE 2 of 2	
Optional Name/Signature of Nurse/Therapist:			Date	
Electronically Signed by Messick, Charles RN			06/04/2026	