Home Health Certification and Plan of Care

Order ID: 1150/20725

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
XIC905425690	07/21/2026	From: 07/21/2026 To: 09/18/2026	22815	217058

6. Patient's Name and Address
Clemmerose Conaway
1308 Vida Drive,
GWYNN OAK, MD 21207-
410-382-0244

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 06/18/1935 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J44.89	Other specified chronic obstructive pulmonary disease	07/21/26

13. ICD	Other Pertinent Diagnoses	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	07/21/26
I50.32	Chronic diastolic (congestive) heart failure	07/21/26
N18.9	Chronic kidney disease u	07/21/26
E78.5	Hyperlipidemia unspecified	07/21/26
I73.9	Peripheral vascular disease unspecified	07/21/26
K21.9	Gastro-esophageal reflux disease without esophagitis	07/21/26
M16.0	Bilateral primary osteoarthritis of hip	07/21/26
M48.061	Spinal stenosis lumbar region without neurogenic claud	07/21/26
G62.9	Polyneuropathy unspecified	07/21/26
R13.12	Dysphagia oropharyngeal phase	07/21/26
F32.A	Depression unspecified	07/21/26
M85.80	Oth disrd of bone density and structure unspecified site	07/21/26
J98.11	Atelectasis	07/21/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	07/21/26
Z79.82	Long term (current) use of aspirin	07/21/26
Z79.51	Long term (current) use of inhaled steroids	07/21/26
Z96.651	Presence of right artificial knee joint	07/21/26

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

Tenormin - Atenolol 25 mg 25 mg / 1 Tablet by mouth once a day Blood pressure
Elavil - Amitriptyline Hydrochloride 100 mg 100 mg 100 mg / 1 Tablet by mouth in the evening
Vitamin B Complex 1 Tablet by mouth once a day Supplement
Lasix - Furosemide 80 mg / 1 Tablet by mouth once a day Swelling
Neurontin - Gabapentin 300 mg / 1 Capsule by mouth twice a day Pain
Apresoline - Hydralazine Hydrochloride 25 mg / 1 Tablet by mouth twice a day Blood pressure
Hydrochlorothiazide - Hydrochlorothiazide 25 mg / 1 Tablet by mouth once a day Blood pressure
Claritin - Loratadine 10 mg / 1 Tablet by mouth once a day Asthma
BREO ELLIPTA 100-25 MCG/ACT / 1 puff inhalant once a day COPD
Duoneb - Albuterol Sulfate: Ipratropium Bromide 0.5-2.5 (3) mg/3ml nebulizer solution / Take 3 mLs inhalant every 6 hours as needed. (Patient taking differently: Take 3 mLs by nebulization every morning.)
Albuterol - Albuterol 108 (90 BASE) mcg/act IN aerosol solution / 2 puffs inhalant every 6 hours 2 puffs as needed for breathing
Flonase Allergy Relief - Fluticasone Propionate 50 mcg / 1 spray nasal once a day spray 1 spray (50 mcg) in each nostril by intranasal route once daily Nasal 1
Lidoderm Patch - Lidocaine 5% patch transdermal once a day UNWRAP AND APPLY 1 PATCH TO SKIN DAILY/Wear for 12 hours daily

14. DME and Supplies:
nebulizer, reacher, rolling walker, hospital bed, walker,

15. Safety Measures:
standard precautions, supervision at all times, transfer with assist, walker precautions, medication safety, medical alert/lifeline, , fall precautions, , bathroom safety, ambulates with device, ambulates with assistance, activity supervision,

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
seafood chlordiazepoxide latex pcn sulfa antibiotics

18.A. Functional Limitations
Ambulation, Endurance,!Bowel/Bladder Incontinence

18.B. Activities Permitted
Walker,

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
family/caregiver will be responsible for managing treatment

Homebound status:
Due to diagnosis of Other specified chronic obstructive pulmonary disease, 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 91-year-old female admitted to home health services following an extended rehabilitation stay at Saint Elizabeth's. She is alert and oriented to person and place, requiring verbal cues for time orientation. Her past medical history is significant for cerebrovascular accident (CVA), recurrent falls, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), chronic arthritis, chronic pain, lymphedema, peripheral vascular disease (PVD), asthma, osteoarthritis, spinal stenosis, hypertension, and right total knee arthroplasty. The patient is considered homebound due to significant functional limitations related to her medical conditions, recent decline in mobility, history of falls, impaired balance, decreased endurance, weakness, and anxiety with ambulation. She requires the use of a rollator and assistance from another person to safely leave the home, and leaving the home requires a considerable and taxing effort. Assessment revealed intact skin, clear bilateral lung sounds, regular heart rhythm with S1 and S2 present, active bowel sounds, and +2 pitting edema to bilateral lower extremities extending into the feet and lower legs. The patient reports bilateral hip pain, toe pain and tingling, and cloudy urine; the primary care provider will be notified for further evaluation. She demonstrates decreased strength (BLE MMT 3-/5), impaired balance, reduced endurance, and requires minimal assistance for transfers and short-distance ambulation with a rollator. Education was provided regarding fall prevention, home safety, edema management, pain management strategies, medication compliance, and positioning techniques to improve comfort and safety. The patient would benefit from continued skilled nursing, physical therapy, and occupational therapy services to address disease management, strength, balance, functional mobility, ADL performance, and safety in order to maximize independence and support her ability to remain safely at home.
<span

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/21/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Lisa Carey
7505 Osler Dr #305
Towson, MD 21204
PHONE: 4104272020 FAX: 14104272013 NPI: 1952497075

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 : 07/05/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/20725

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
XIC905425690	07/21/2026	From: 07/21/2026 To: 09/18/2026	22815	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Clemmerose Conaway 1308 Vida Drive, GWYNN OAK, MD 21207- 410-382-0244	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt; mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt; mso-font-kerning:1.0000pt;"> Date of Order<span
style="mso-spacerun:'yes';font-family:Calibri;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;">0<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">7<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;">21<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">/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;">Physician Face-to-Face Date: 07/05/2026<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 dx: Other specified chronic obstructive pulmonary disease<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;"> <p
class="15">1 - SOC -
SN
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;"><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;">PT Eval
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;"><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;">OT Eval
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;"><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;">Physician:<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;"> Carey, Lisa

SN Careplans

SN WK1: 1 (07/21/26-07/25/26) ,WK2: 1 (07/26/26-08/01/26), WK 4: 1 (08/09/26-08/16/2026

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.

SN Goals

PATIENT-STATED GOAL: I don't want to fall

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
* 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

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin 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

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/21/2026

Home Health Certification and Plan of Care

Order ID: 1150/20725

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
XIC905425690	07/21/2026	From: 07/21/2026 To: 09/18/2026	22815	217058

6. Patient's Name and Address
Clemmerose Conaway
1308 Vida Drive,
GWYNN OAK, MD 21207-
410-382-0244

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

Patient didn't have surgery, please remove
Advance Directive:Do not resuscitate (DNR) orders

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M1720 - Anxiety, meal preparation, D0700 - Social Isolation, M2020 - Oral Med Management, M1400 - Dyspnea, dependent edema, M1033 - Exhaustion, abnormal blood pressure, swelling in the arms/legs, cloudy urine, M1610 - Urinary Incontinence, limited endurance, limited range of motion, muscle weakness, swelling of affected area, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit, extremity burn/tingle/numb

PROCEDURES: cough/deep breathing exercises, apply anti-embolitic stockings, apply compression bandage, monitor intake & output, bladder training, 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, * 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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, meal preparation is available to patient for all meals

* recalls related medication(s) purpose, schedule

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

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (07/21/26-07/25/26) ,WK2: 2 (07/26/26-08/01/26), WK3: 2 (08/02/26-08/08/26), WK4: 1 (08/09/26-08/15/26)

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

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, 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, 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

PT Goals

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

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

Walk 50 ft with 2 Turns - 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

OT Careplans

OT WK1: 1 (07/21/26-07/25/26) ,WK2: 1 (07/26/26-08/01/26), WK3: 1 (08/02/26-08/08/26), WK4: 1 (08/09/26-08/15/26)

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, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating

PROCEDURES: ADL training: ADLs, home exercise program: with use of red theraband and 1lb weights in all planes, equipment training, work simplification/energy conservation

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, Oral Hygiene - 06. Independent, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 05. Setup or clean-up assistance

OT Goals

PATIENT-STATED GOAL: To return to my previous functional status and not to decline

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
* 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

Oral Hygiene - 06. Independent

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

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

Signature of Physician:

Date

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

Date
07/21/2026

Home Health Certification and Plan of Care

Order ID: 1150/20725

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
XIC905425690	07/21/2026	From: 07/21/2026 To: 09/18/2026	22815	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Clemmerose Conaway 1308 Vida Drive, GWYNN OAK, MD 21207- 410-382-0244	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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

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

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

Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/21/2026