Home Health Certification and Plan of Care

Order ID: 1150/20830

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1TF1WJ5RT97	07/23/2026	From: 07/23/2026 To: 09/20/2026	28202	217058

6. Patient's Name and Address

Robyn Batts
1835 N. Wolfe Street,
BALTIMORE, MD 21213-
443-206-8906

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 09/29/1959 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J44.89	Other specified chronic obstructive pulmonary disease	07/23/26

13. ICD	Other Pertinent Diagnoses	Date
J96.11	Chronic respiratory failure with hypoxia	07/23/26
I11.9	Hypertensive heart disease without heart failure	07/23/26
I50.30	Unspecified diastolic (congestive) heart failure	07/23/26
E78.49	Other hyperlipidemia	07/23/26
M54.59	Other low back pain	07/23/26
G89.29	Other chronic pain	07/23/26
F41.1	Generalized anxiety disorder	07/23/26
K21.9	Gastro-esophageal reflux disease without esophagitis	07/23/26
F39.	Unspecified mood [affective] disorder	07/23/26
Z99.81	Dependence on supplemental oxygen	07/23/26
Z79.891	Long term (current) use of opiate analgesic	07/23/26
Z87.891	Personal history of nicotine dependence	07/23/26

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

Naloxone Hcl - Naloxone Hydrochloride Nasal Liquid 4 MG/0.1ML / 1 spray Alternating nostrils as necessary every 3 minutes as needed for suspected overdose may repeat once in other nostril if no response in 3 minutes. Call 911.
Fluticasone-Salmeterol 250-50 MCG/ACT Aerosol Powder, breath activated 1 inhalation by mouth two times a day for COPD
AZITHROMYCIN 250 MG / 1 Tablet by mouth one time a day for Chronic Hypoxic Resp Failure, COPD for maintenance
BENZONATATE 100 MG / 1 Capsule by mouth every 8 hours as needed for cough
Cyclobenzaprine Hydrochloride - Cyclobenzaprine Hydrochloride 5 MG / 1 Tablet by mouth every 8 hours as needed for muscle spasms
Dicyclomine Hydrochloride - Dicyclomine Hydrochloride 10 MG / 1 Capsule by mouth every 6 hours as needed for abdominal cramping
DULOXETINE HYDROCHLORIDE Delayed Release 60 MG / 1 Capsule by mouth one time a day for Depression
FAMOTIDINE 10 MG / 1 Tablet by mouth one time a day for GERD
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) MG / 1 Tablet by mouth in the morning every other day for supplement
FUROSEMIDE 40 MG / 1 Tablet by mouth one time a day for CHF
LACTULOSE 10 GM/15ML / Give 45 ml by mouth one time a day for Constipation
MIRTAZAPINE 7.5 MG / 1 Tablet by mouth at bedtime for depression
MONTELUKAST SODIUM 10 MG / 1 Tablet by mouth at bedtime for COPD
Multivitamin-Minerals Give 1 tablet by mouth once a day for vitamin deficiency
ONDANSETRON Disintegrating 4 MG / 1 Tablet by mouth every 8 hours as needed for nausea/vomiting
Oxycodone Hydrochloride - Oxycodone Hydrochloride 10 MG / 1 Tablet by mouth every 8 hours for chronic pain syndrome ***hold for sedation***
Pantoprazole Sodium - Pantoprazole Sodium Delayed Release 40 MG / 1 Tablet by mouth one time a day for GERD
Vitamin D-3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 MCG (1000 UT) / 1 Capsule by mouth one time a day for vitamin d deficiency
Varenicline Tartrate - Varenicline Tartrate 1 MG / 1 Tablet by mouth two times a day for smoking cessation
Tums - Simethicone Chewable 500 mg/tablet / Give 2 tablet by mouth every 8 hours as needed for GERD
Proventil-Hfa - Albuterol Sulfate 108 (90 Base) MCG/ACT / 2 puff inhale orally every 4 hours as needed for Sob/wheezing
Spiriva Respimat - Tiotropium Bromide 2.5 MCG/ACT / 2 puff inhale orally one time a day for COPD
LEVALBUTEROL HYDROCHLORIDE Nebulization Solution 1.25 MG/3ML / 1 vial via vent every 6 hours as needed for SOB/wheezing

14. DME and Supplies:

oxygen supplies

15. Safety Measures:

medication safety, emergency phone # clearly displayed, smoke detectors , O2 precautions, fall precautions, standard precautions

16. Nutrition:

regular

17. Allergies:

ibuprofen tylenol

18.A. Functional Limitations

Ambulation, Bowel/Bladder Incontinence!Endurance!Dyspnea With Minimal Exertion

18.B. Activities Permitted

Transfer bed/Chair, Exercises Prescribed, 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: 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

SN: family/caregiver will be responsible for managing treatment OT: patient will add discharge plan

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 07/23/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Tarnisha Fitzgerald
7950 Harford Rd
Parkville, MD 21234
PHONE: 8444810217 FAX: 18443101510 NPI: 1164940656

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 : 07/06/2026

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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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 66-year-old female admitted to home health services following hospitalization and subsequent subacute rehabilitation. Her past medical history is significant for chronic obstructive pulmonary disease (COPD) requiring continuous oxygen at 3 L/min via nasal cannula, chronic respiratory failure, congestive heart failure (CHF), hypertension, hyperlipidemia, and chronic back pain managed with opioid therapy. She resides with her daughter, who assists with daily care and medication management. The patient is alert and oriented 4, pleasant, and able to communicate her needs appropriately. Vital signs were within normal limits, respiratory status was stable on prescribed oxygen without acute distress, and no skin integrity issues or pressure injuries were noted. Prior to hospitalization, the patient was independent with self-care, functional transfers, and household ambulation. She now demonstrates decreased standing balance, standing tolerance, bilateral upper extremity strength, and overall activity tolerance, resulting in reduced independence with activities of daily living (ADLs), functional transfers, and mobility. Comprehensive education was provided on medication adherence, safe opioid use, oxygen safety, fall prevention, energy conservation, CHF symptom monitoring, pain management, and reporting concerning symptoms, with both the patient and caregiver verbalizing understanding. The patient requires skilled nursing for ongoing cardiopulmonary assessment, medication management, disease process education, pain management, and home safety reinforcement, as well as skilled occupational therapy to improve strength, endurance, balance, and functional performance to facilitate a safe return to her prior level of independence.
<o:p></o:p> Date of Order<o:p></o:p> 07/23/2026<o:p></o:p> Physician Face-to-Face Date: 07/06/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Other specified chronic obstructive pulmonary disease<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> OT Eval Notes: <o:p></o:p> Physician: Fitzgerald, Tarnisha

SN Careplans

SN WK1: 1 (07/23/26-07/25/26) ,WK2: 1 (07/26/26-08/01/26) ,WK3: 1 (08/02/26-08/08/26) ,WK4: 1 (08/09/26-08/15/26) ,WK5: 1 (08/16/26-08/22/26) ,WK6: 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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 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

SN Goals

PATIENT-STATED GOAL: Patient stated she would like to regain strength

GOALS
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
* 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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/23/2026

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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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, A1250 - Lack of Necessary Transportation, M2102f - Patient Supervision, meal preparation, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, limited endurance, limited strength, balance deficit, Pain Effect on Sleep, Pain Interference with ADLs, B1000 - Vision Deficit

PROCEDURES: cough/deep breathing exercises, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

* 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
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

OT Careplans

OT WK2: 1 (07/26/26-08/01/26) ,WK4: 1 (08/09/26-08/15/26) ,WK6: 1 (08/23/26-08/29/26) ,WK8: 1 (09/06/26-09/12/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, Pain Effect on Sleep, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand

PROCEDURES: Medication Review : Medication reviewed with patient with all medications in the home, cough/deep breathing exercises, home exercise program: Bilateral UE triceps extensions, biceps curls, armchair press-ups and shoulder raises 2-3 sets 8-12 reps, equipment training, work simplification/energy conservation, transfers training: Skilled OT, assist with bathing: Skilled OT, assist with upper body dressing: Skilled OT

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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up

OT Goals

PATIENT-STATED GOAL: Walk better

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

Shower/Bathe Self - 05. Setup or clean-up assistance

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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

07/23/2026

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assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up 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, Eating - 06. Independent, Upper Body Dressing - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

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

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

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
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