Home Health Certification and Plan of Care

Order ID: 1150/20817

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
691050581	07/24/2026	From: 07/24/2026 To: 09/21/2026	28265	217058

6. Patient's Name and Address

Linda Chambers
9940 LINDEN HILL RD,
OWINGS MILLS, MD 21117-
410-654-0296

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 03/02/1948 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
C54.1	Malignant neoplasm of endometrium	07/24/26

13. ICD	Other Pertinent Diagnoses	Date
G62.0	Drug-induced polyneuropathy	07/24/26
G40.901	Epilepsy unsp not intractable with status epilepticus	07/24/26
I67.83	Posterior reversible encephalopathy syndrome	07/24/26
I10.	Essential (primary) hypertension	07/24/26
I44.1	Atrioventricular block second degree	07/24/26
E78.5	Hyperlipidemia unspecified	07/24/26
E03.9	Hypothyroidism unspecified	07/24/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	07/24/26
M54.16	Radiculopathy lumbar region	07/24/26
Z79.82	Long term (current) use of aspirin	07/24/26

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

Vitamin B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000 MCG tablet by mouth daily
PROCHLORPERAZINE 10 MG tablet by mouth 4 times daily as needed.
PRAVASTATIN 40 mg/tablet / Take 20 mg by mouth nightly. (1/2 tablet)
ONDANSETRON 8 MG tablet by mouth every 8 hours as needed.
LOSARTAN POTASSIUM 50 MG tablet by mouth daily.
LEVOTHYROXINE 25 mcg/tablet / Take 2 tablets by mouth once a day Mondays, Wednesdays, Fridays and Sundays and 3 tablets on Tuesdays, Thursdays and
Saturdays.
LEVETIRACETAM 750 MG tablet by mouth 2 times daily
FAMOTIDINE 40 MG tablet by mouth daily
BENZONATATE 100 mg/capsule / Take 200 mg by mouth every 8 hours as needed.
ASPIRIN 0 Delayed Release 81 MG / 1 Tablet by mouth daily.
Klor-Con M20 - Potassium Chloride 20mg by mouth once a day
Dronabinol - Dronabinol 2.5 mg by mouth twice a day
LOPERAMIDE HYDROCHLORIDE 2 MG Tablet not available not available

14. DME and Supplies:

bath bench, commode, walker, cane

15. Safety Measures:

standard precautions, transfer with assist, walker precautions, medication safety, fall precautions, ambulates with device, ambulates with assistance, bathroom safety, activity supervision

16. Nutrition:

cardiac diet

17. Allergies:

atorvastatin codeine iodinated contract media lisinopril simvastatin sulfa antibic

18.A. Functional Limitations

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

18.B. Activities Permitted

Transfer bed/Chair, Cane, Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: Good

22. A Rehabilitation Potential:

SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans

patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Malignant neoplasm of endometrium, 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: Linda Chambers is a 78-year-old female who resides in a single-family home. She has two sons who provide caregiver support. Her primary caregiver, her son Donnald, resides in the home with the patient, while her second son, Darryl, and his wife, Zoenovia, serve as backup caregivers. The home has stairs leading to the bedroom; however, the patient utilizes a chair lift for access. She ambulates with a walker and demonstrates generalized weakness, impaired balance, decreased endurance, and difficulty with transfers, placing her at a high risk for falls. The caregiver reported that the patient has experienced two falls since returning home from the hospital, with no reported injuries. Skilled nursing provided education to the patient and caregiver regarding the use of chairs with armrests to improve transfer safety, proper transfer techniques, fall prevention strategies, and the importance of caregiver supervision during mobility. The patient's past medical history is significant for metastatic endometrial cancer currently undergoing chemotherapy via a right chest Port-a-Cath, hypertension, obstructive sleep apnea, chronic lumbar radiculopathy, chemotherapy-induced peripheral neuropathy, hypothyroidism, and hyperlipidemia. She was hospitalized following a change in mental status, dizziness, and a fall after presenting to Kaiser AUC on 07/10/2026, where she was found to have a hypertensive emergency with a blood pressure of 215/120 mmHg accompanied by left upper extremity weakness. She was transported to the emergency department via 911. During hospitalization, she developed posterior reversible encephalopathy syndrome (PRES) complicated by status epilepticus, requiring endotracheal intubation for airway protection and intensive care unit management before stabilization and discharge home. Since returning home, the patient has experienced a significant decline in functional status. She presents with bilateral lower extremity weakness, impaired balance, decreased endurance, altered gait mechanics, dizziness, poor appetite, and increased risk for dehydration. She demonstrates difficulty with bed mobility, transfers, activities of daily living (ADLs), and safe household ambulation, requiring the use of a walker and increased caregiver assistance for mobility and personal care. She also exhibits decreased bilateral upper extremity strength and endurance, limiting her independence with self-care and other daily functional activities. Her recent hospitalization, seizure activity, generalized deconditioning, chemotherapy-related neuropathy, and recurrent falls contribute to her elevated risk for additional falls, injury, and rehospitalization. Skilled Nursing services are ordered once weekly for comprehensive disease process education, medication management and teaching, fall prevention education, hydration and nutritional monitoring, assessment of ongoing clinical status, and caregiver support. Home Health Aide services are ordered twice weekly to assist with activities of daily living and personal care. Skilled Physical Therapy evaluation determined that therapy is medically necessary to address generalized weakness, impaired balance, gait instability, decreased endurance, transfer deficits, and reduced functional mobility through therapeutic exercises, gait retraining, balance training, transfer training, endurance conditioning, and fall prevention interventions with the goal of maximizing functional independence, improving mobility safety, and reducing the risk of falls and rehospitalization. Skilled Occupational Therapy evaluation further determined that the patient has experienced a decline in ADL performance, functional mobility, bilateral upper extremity strength, and endurance following her seizure episode, hypertensive crisis, and prolonged hospitalization. Skilled OT services are indicated to improve strength, endurance, functional performance, safety with daily activities, and independence, enabling the patient to remain safely in her home environment with caregiver support.
 Date of Order 07/24/2026 Orders Physician Face-to-Face Date: 07/16/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 07/24/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Nkiruka Obioha
2391 Greenspring Drive
Timonium, MD 21093
PHONE: 4108473000 FAX: 8554160980 NPI: 1073650024

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 : 07/16/2026

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: 1150/20817

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
691050581	07/24/2026	From: 07/24/2026 To: 09/21/2026	28265	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Linda Chambers 9940 LINDEN HILL RD, OWINGS MILLS, MD 21117- 410-654-0296	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

& treat ot-eval & treat due to Malignant neoplasm of endometrium Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Obioha, Nkiruka

SN Careplans

SN WK1: 4 (07/22/26-07/25/26) ,WK2: 4 (07/26/26-08/01/26)

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: 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), 4. Multiple emergency department visits (2 or more) in the past 6 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; 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:Refused

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, meal preparation, M2020 - Oral Med Management, dizziness/syncope, M1400 - Dyspnea, M1033 - Exhaustion, lightheadedness, abnormal blood pressure, nausea/vomiting, heartburn/indigestion, M1610 - Urinary Incontinence, limited endurance, limited strength, muscle weakness, B0200 - Hearing Deficit, balance deficit, Pain Interference with ADLs, B1000 - Vision Deficit, weak hand grips, loss of appetite

PROCEDURES: cough/deep breathing exercises, incentive spirometer, bladder training, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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, * 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, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, 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, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: regain stregth

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
* 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/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* 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

meal preparation is available to patient for all meals

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/24/2026

Home Health Certification and Plan of Care

Order ID: 1150/20817

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
691050581	07/24/2026	From: 07/24/2026 To: 09/21/2026	28265	217058

6. Patient's Name and Address
Linda Chambers
9940 LINDEN HILL RD,
OWINGS MILLS, MD 21117-
410-654-0296

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 Careplans

PT WK1: 6 (07/22/26-07/25/26) ,WK2: 6 (07/26/26-08/01/26)

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

PROCEDURES: B LE mm strengthening: 1, home exercise program: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day., gait training/stair training, 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 - 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, 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

PT Goals

PATIENT-STATED GOAL: walk safer at home

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

Sit to Stand - 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

OT Careplans

OT WK2: 2 (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) ,WK7: 1 (08/30/26-09/05/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing

PROCEDURES: ADL training: ADL training, Increase endurance to F+: for all activiites, home exercise program: red theraband ex's and 1-2 lbs weight for ex's program, equipment training, work simplification/energy conservation, 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, 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 - 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, 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, Car Transfer - 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

OT Goals

PATIENT-STATED GOAL: improve function and ambulate without walker

GOALS
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

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 - 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

Car Transfer - 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

HHA Careplans

HHA WK1: 5 (07/22/26-07/25/26) ,WK2: 5 (07/26/26-08/01/26)

HHA Goals

Signature of Physician:

Date

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

Date
07/24/2026