Home Health Certification and Plan of Care

Order ID: 1150/20758

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
27318169	07/18/2026	From: 07/18/2026 To: 09/15/2026	1838	217058

6. Patient's Name and Address
Bernadine Harris
72 S. Morley Avenue,
BALTIMORE, MD 21229-
443-844-4730

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 05/18/1957 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
N39.0	Urinary tract infection site not specified	07/18/26

13. ICD	Other Pertinent Diagnoses	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	07/18/26
I50.21	Acute systolic (congestive) heart failure	07/18/26
N18.32	Chronic kidney disease stage 3b	07/18/26
D63.1	Anemia in chronic kidney disease	07/18/26
I48.0	Paroxysmal atrial fibrillation	07/18/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	07/18/26
E11.311	Type 2 diabetes w unsp diabetic retinopathy w macular edema	07/18/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/18/26
E78.5	Hyperlipidemia unspecified	07/18/26
H40.013	Open angle with borderline findings low risk bilateral	07/18/26
A04.72	Enterocolitis d/t Clostridium difficile not spcf as recur (A04.72)	07/18/26
H26.9	Unspecified cataract	07/18/26
F33.0	Major depressive disorder recurrent mild	07/18/26
K21.9	Gastro-esophageal reflux disease without esophagitis	07/18/26
E55.9	Vitamin D deficiency unspecified	07/18/26
Z79.01	Long term (current) use of anticoagulants	07/18/26
Z79.4	Long term (current) use of insulin	07/18/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	07/18/26
Z79.82	Long term (current) use of aspirin	07/18/26
Z89.432	Acquired absence of left foot	07/18/26
Z95.5	Presence of coronary angioplasty implant and graft	07/18/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	07/18/26
Z86.31	Personal history of diabetic foot ulcer	07/18/26
Z86.19	Personal history of other infectious and parasitic diseases	07/18/26

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

ACETAMINOPHEN 325 mg/tablet / Give 2 tablet by mouth every 6 hours as needed for Pain and Temperature greater than 101.F Total Dose 650mg ** DO NOT EXCEED 3 grams in 24 hours**
Amiodarone Hcl - Amiodarone Hydrochloride 200 MG / 1 Tablet by mouth in the morning for abnormal heart rhythm
Amlodipine Besylate - Amlodipine Besylate 10 MG / 1 Tablet by mouth in the morning for HTN
Atorvastatin Calcium - Atorvastatin Calcium 80 MG / 1 Tablet by mouth in the evening for HLD
Digoxin - Digoxin 125 MCG / 1 Tablet by mouth in the morning for HF HOLD FOR APICAL PULSE <60
Escitalopram Oxalate - Escitalopram Oxalate 10 MG / 1 Tablet by mouth one time a day related to MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED (F32.9)
Ferrous Sulfate - Ferrous Sulfate: Folic Acid Delayed Release 325 MG / 1 Tablet by mouth in the morning for ANEMIA
Lasix - Furosemide 40 MG / 1 Tablet by mouth in the morning for HF
Metoprolol Succinate - Metoprolol Succinate Extended Release 100 MG / 1 Tablet by mouth in the morning for HTN
Vitamin D - Ergocalciferol 1.25 MG (50000 UT) / 1 Capsule by mouth one time a day every Tue for Vitamin D Deficiency for 8 Weeks
PRADAXA 150 MG / 1 Capsule by mouth every day and evening shift for DVT PREVENTION
Protonix - Pantoprazole Sodium Delayed Release 40 MG / 1 Tablet by mouth one time a day for GERD *DO NOT CRUSH*
Humalog Kwikpen - Insulin Lispro Recombinant 100 UNIT/ML subcutaneous before meal and at bedtime for DM. Inject as per sliding scale: if 150 - 200 = 0 units CALL PROVIDER IF BS <70; 201 - 250 = 2 units; 251 - 300 = 4 units; 301 - 350 = 6 units; 351 - 400 = 8 units CALL PROVIDER IF BS >400
Lantus Solostar - Insulin Glargine Recombinant 100 UNIT/ML / Inject 10 unit subcutaneously at bedtime for DM II

14. DME and Supplies:
rolling walker, commode, diabetic supplies, cane

15. Safety Measures:
fall precautions, walker precautions, standard precautions, diabetic precautions, ambulates with device

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
sulfa drugs

18.A. Functional Limitations
Amputation, Ambulation

18.B. Activities Permitted
Walker, , Cane

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: 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
patient will be responsible for managing treatment

Homebound status:
Due to diagnosis of Urinary tract infection site not specified, 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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/18/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Justin Capasso
815 E Pratt Street
Baltimore, MD 21202
PHONE: 410-637-5700 FAX: 14106375701 NPI: 1457713331

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 : 07/15/2026

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: 1150/20758

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
27318169	07/18/2026	From: 07/18/2026 To: 09/15/2026	1838	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Bernadine Harris 72 S. Morley Avenue, BALTIMORE, MD 21229- 443-844-4730	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

The patient is a 69-year-old homebound individual following a recent hospitalization for a urinary tract infection (UTI) and hyperglycemia. Medical history is significant for dysarthria, hypertension (HTN), cardiovascular disease (CVD), chronic kidney disease (CKD), congestive heart failure (CHF), atrial fibrillation (AFib), diabetes mellitus (DM), transient ischemic attack (TIA), and left transmetatarsal amputation. The patient is alert and oriented 3, with warm, dry, intact skin and bruising noted on both arms from prior IV sites. Lung sounds are clear, respirations are even and unlabored, and the patient voiced no complaints during the assessment. The patient lives with a daughter who works and resides in a home with six steps and a handrail at the entrance. Although the bedroom and primary bathroom are located on the second floor, there is a full bathroom on the first floor, and the patient declined assessment of the second floor. Due to impaired mobility and an increased risk for falls, the patient ambulates approximately 30 feet indoors with a rollator under supervision, negotiates seven steps using a handrail and cane with supervision, and transfers to a chair and toilet with supervision. The therapist did not assess outdoor ambulation or car transfers. The patient is considered homebound because leaving the home requires significant effort, the use of an assistive device, and human assistance, as supported by a Tinetti Balance and Gait Assessment score of 13/28. The patient would benefit from skilled home physical therapy to improve strength, mobility, balance, and progression toward safe ambulation with a cane.<o:p></o:p>   <o:p></o:p> Date of Order<o:p></o:p> 07/18/2026<o:p></o:p> Physician Face-to-Face Date: 07/15/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease progress pt-eval & treat ot-eval & treat dx: Urinary tract infection site not specified<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> PT Eval Notes: <o:p></o:p> Physician: Capasso, Justin

SN Careplans

SN WK1: 1 (07/18/26-07/18/26) ,WK2: 1 (07/19/26-07/25/26) ,WK3: 1 (07/26/26-08/01/26) ,WK4: 1 (08/02/26-08/08/26) ,WK5: 1 (08/09/26-08/15/26) ,WK6: 1 (08/16/26-08/22/26) ,WK7: 1 (08/23/26-08/29/26) ,WK8: 1 (08/30/26-09/05/26)

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: 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.

SN Goals

PATIENT-STATED GOAL: Move around like i use too

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
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* 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/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient/caregiver recalls

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/18/2026

Home Health Certification and Plan of Care

Order ID: 1150/20758

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
27318169	07/18/2026	From: 07/18/2026 To: 09/15/2026	1838	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Bernadine Harris 72 S. Morley Avenue, BALTIMORE, MD 21229- 443-844-4730	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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, D0700 - Social Isolation, M1033 - Exhaustion, M1400 - Dyspnea, M1600 - UTI, muscle weakness, B1000 - Vision Deficit, bruising/discoloration

PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange resources for vision-impaired, 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, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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 patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule

* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

PT Careplans

PT WK2: 1 (07/19/26-07/25/26) ,WK3: 1 (07/26/26-08/01/26) ,WK4: 1 (08/02/26-08/08/26) ,WK5: 1 (08/09/26-08/15/26) ,WK6: 1 (08/16/26-08/22/26) ,WK7: 1 (08/23/26-08/29/26) ,WK8: 1 (08/30/26-09/05/26) ,WK9: 1 (09/06/26-09/12/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170O1 - 12 Steps, 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, GG0170P1 - Picking Up Object, GG0170D1 - Sit to Stand, 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

PROCEDURES: home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, equipment training: Instructed to lock brakes on rollator prior to sitting down, gait training on uneven surfaces, 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, 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: To be able to walk further and not get tired

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

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/18/2026