

Home Health Certification and Plan of Care				Order ID: 1150/19199	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
36716344		05/22/2026		From: 05/22/2026 To: 07/20/2026	
				4. Medical Record No.	
				26127	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Paula Penwell				HomeCentris Healthcare LLC	
4107 Maine Ave,				10 Crossroads Drive, Suite 102	
GWYNN OAK, MD 21207				Owings Mills, MD 21117-8284	
443-572-2526				410-321-8448	
				1487113239	
8. DOB				10/17/1955	
9. Sex				Female	
11. ICD		Principal Diagnosis		Date	
E03.9		Hypothyroidism unspecified		05/22/26	
13. ICD		Other Pertinent Diagnoses		Date	
F02.83		Dem in other dis classd elswhr unsp sev with mood distrb		05/22/26	
F31.9		Bipolar disorder unspecified		05/22/26	
T56.891D		Toxic effect of oth metals accidental (unintentional) subs		05/22/26	
E03.5		Myxedema coma		05/22/26	
E05.00		Thyrotoxicosis w diffuse goiter w/o thyrotoxic crisis		05/22/26	
F17.210		Nicotine dependence cigarettes uncomplicated		05/22/26	
K59.00		Constipation unspecified		05/22/26	
E46.		Unspecified protein-calorie malnutrition		05/22/26	
H35.109		Retinopathy of prematurity unspecified unspecified eye		05/22/26	
Z79.890		Hormone replacement therapy		05/22/26	
Z79.899		Other long term (current) drug therapy		05/22/26	
Z96.1		Presence of intraocular lens		05/22/26	
14. DME and Supplies:				15. Safety Measures:	
None of the above				fall precautions, activity supervision	
16. Nutrition:				17. Allergies:	
regular				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
None of the above				Up As Tolerated	
19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 3. Often, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: Yes					
20. Prognosis: fair					
22. A Rehabilitation Potential:				22.B.Discharge Plans	
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.				family/caregiver will be responsible for managing treatment	
Homebound status: Due to diagnosis of Hypothyroidism unspecified, 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: Physical therapy evaluation was completed for this 70-year-old female with a complex medical history significant for lithium toxicity in January 2026 resulting in myxedema coma, atrial fibrillation, Graves' disease status post iodine therapy with subsequent iodine-induced severe hypothyroidism, bipolar disorder, and retinopathy of prematurity with retinal detachment status post scleral buckle procedure. The patient was recently hospitalized for symptomatic bradycardia, dizziness, failure to thrive, and abnormal thyroid function studies. Upon admission, the patient's heart rate was noted to be in the 40s, with laboratory findings revealing a TSH of 0.015 and elevated free T4 of 2.7 while receiving thyroid replacement therapy. The patient also reports an unintentional weight loss of approximately 70 pounds over the past two years. Prior to hospitalization, she experienced progressive dizziness and increasing difficulty with ambulation, which she associates with the initiation of lithium therapy, although she is unable to recall the exact start date of the medication. At the time of evaluation, the patient demonstrates significant lower extremity weakness with manual muscle testing revealing bilateral lower extremity strength of approximately 3-/5. Functional assessment indicates the patient requires contact guard assistance for transfers and short-distance ambulation without an assistive device. Impairments in strength, balance, and functional mobility place the patient at increased risk for falls and limit her safety and independence with daily activities. Skilled physical therapy services were initiated, including instruction in a home exercise program consisting of seated bilateral lower extremity therapeutic exercises. The patient was able to demonstrate understanding and proper performance of the prescribed exercises following instruction. Education was provided regarding the importance of regular participation in the home exercise program, fall prevention strategies, and safety awareness during mobility tasks. The patient would benefit from ongoing skilled physical therapy intervention to improve lower extremity strength, balance, endurance, and overall functional mobility, with the goal of maximizing safety and independence, reducing fall risk, and facilitating a return to her prior level of function. The plan of care includes progressive therapeutic exercise, gait training, transfer training, balance activities, patient education, and continued assessment of functional status and response to treatment. Date of Order 05/22/2026 Orders Physician Face-to-Face Date: 05/17/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and treat due to Hypothyroidism unspecified 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 - OT Notes: soc - ot PT Eval Notes: Physician Montgomery, Uwa					
SN Careplans				SN Goals	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 05/22/2026					
24. Physician's Name and Address				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.	
Uwa Montgomery				F2F date : 05/17/2026	
800 Linden Ave					
Baltimore, MD 21201					
PHONE: 4108563660 FAX: 14102258938 NPI: 1821416850					
27. Attending Physician's Signature and Date Signed 07/08/2026 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.	
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PT Careplans PT WK1: 3 (05/22/2026 - 05/23/2026), WK2: 1 (05/24/2026 - 05/30/2026), WK4: 1 (06/07/2026 - 06/13/2026), WK6: 1 (06/21/2026 - 06/27/2026) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, 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: 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, gait training on uneven surfaces, 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, 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: To walk better GOALS Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance Chair to Bed to Chair - 06. Independent 1 - Step (curb) - 05. Setup or clean-up assistance 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 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 - 06. Independent Toilet Transfer - 05. Setup or clean-up assistance		
OT Careplans OT WK1: 1 (05/22/26-05/23/26) ,WK3: 1 (05/31/26-06/06/26) ,WK4: 1 (06/07/26-06/13/26) ,WK5: 1 (06/14/26-06/20/26) ,WK6: 1 (06/21/26-06/27/26) 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: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 3. Multiple hospitalizations (2 or more) in the past 6 months, 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, 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		OT Goals PATIENT-STATED GOAL: CG stated to be more I GOALS Toilet Transfer - 06. Independent Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance Chair to Bed to Chair - 06. Independent 1 - Step (curb) - 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 * 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 * depression-prevention strategies including avoidance of isolation * healthy eating * sleeping habits * identification of activities that bring pleasure * preventive care		
Signature of Physician:		Date PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist: Electronically Signed by Messick, Charles RN		Date 05/22/2026		

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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:- PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, M1745 - Behavioral Issues, D0160 - Depression, M1720 - Anxiety, D0700 - Social Isolation, M2020 - Oral Med Management, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, lightheadedness, M1033 - Exhaustion, dizziness/syncope, abnormal thyroid <> 0.40 - 4.50 mIU/mL, M1620 - Bowel Incontinence, nausea/vomiting, daytime fatigue, withdrawal from conversations, headache, lethargy, difficulty sleeping, balance deficit, loss of appetite PROCEDURES: Home exercise program : exe for home, Therapeutic exercise : exe for UE strengthening, Medication review : changges in med list, cough/deep breathing exercises, incentive spirometer, home exercise program, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers 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, * 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 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 - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent			* recalls related medication(s) purpose, schedule patient/caregiver recalls * management of mental health condition including joining a peer group * maintaining regular contact with mental health professional * avoiding known stressors * controlling impulses * recalls related medication(s) purpose, schedule 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 Shower/Bathe Self - 06. Independent Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent patient/caregiver recalls * strategies to increase caloric intake * recalls related medication(s) purpose, schedule patient/caregiver recalls * bowel incontinence management including dietary changes * bowel training * 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 * recalls related medication(s) purpose, schedule patient/caregiver recalls * strategies to increase socialization * recalls related medication(s) purpose, schedule Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Eating - 06. Independent Sit to Stand - 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	05/22/2026